

CITRIN COOPERMAN ADVISORS LLC  
6550 N. FEDERAL HIGHWAY, 4TH FLOOR  
FT. LAUDERDALE, FL 33308

COMMUNITY FOUNDATION FOR PALM BEACH AND  
MARTIN COUNTIES, INC.  
700 SOUTH DIXIE HIGHWAY, 200  
WEST PALM BEACH, FL 33401

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

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CLIENT'S COPY

## CARRYOVER DATA TO 2024

**Based on the information provided with this return, the following are possible carryover amounts to next year.**

[illegible]



Community Foundation for Palm Beach and  
Martin Counties, Inc.  
700 South Dixie Highway 200  
West Palm Beach, FL 33401

Community Foundation for Palm Beach and:

Enclosed are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 Form 990-T

2023 Florida Form F-1120

A copy of the Organization's tax returns, e-filing authorizations and estimated tax vouchers, if applicable, are being provided to you via SafeSend to ensure proper protection of your personal information. Please download all enclosures and save them to your computer or print them for future reference. Your tax returns will be available in the SafeSend portal for 12 months from the date of the receipt. If applicable, your package will include paper copies of tax returns required to be mailed directly by you to a taxing jurisdiction. Please follow the instructions provided for each return.

These returns were prepared from the information furnished by you. Please review them before filing to ensure there are no omissions or misstatements of material facts.

Please be sure to e-sign and return the e-filing authorization forms to us via SafeSend to ensure timely processing.

We sincerely appreciate the opportunity to serve the Organization. Please contact us if you have any questions concerning the tax return.

Sincerely,

Tyler Johnson

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

June 30, 2024

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**Prepared For:**

Community Foundation for Palm Beach and  
Martin Counties, Inc.  
700 South Dixie Highway 200  
West Palm Beach, FL 33401

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**Prepared By:**

Citrin Cooperman Advisors LLC  
6550 N. Federal Highway, 4th Floor  
Ft. Lauderdale, FL 33308

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

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**Return Must be Mailed On or Before:**

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**Special Instructions:**

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2024

---

**Prepared For:**

Community Foundation for Palm Beach and  
Martin Counties, Inc.  
700 South Dixie Highway 200  
West Palm Beach, FL 33401

---

**Prepared By:**

Citrin Cooperman Advisors LLC  
6550 N. Federal Highway, 4th Floor  
Ft. Lauderdale, FL 33308

---

**Amount Due or Refund:**

No amount is due.

---

**Make Check Payable To:**

No amount is due.

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

**2023**

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

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

EIN or SSN  
**23-7181875**

Name and title of officer or person subject to tax **NIKKI MISKURA  
ACTING CFO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> .....
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>0.</u>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> .....
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> .....
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> .....

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **CITRIN COOPERMAN ADVISORS LLC** to enter my PIN **16348**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65945363792**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **TYLER JOHNSON**

Date **05/20/25**

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>700 SOUTH DIXIE HIGHWAY 200</b> City or town, state or province, country, and ZIP or foreign postal code <b>WEST PALM BEACH, FL 33401</b> <b>F</b> Name and address of principal officer: <b>NIKKI MISKURA</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>23-7181875</b> <b>E</b> Telephone number <b>561-659-6800</b> <b>G</b> Gross receipts \$ <b>139,115,441.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.YOURCOMMUNITYFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1972</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE THE QUALITY OF LIFE FOR ALL RESIDENTS NOW AND FOR FUTURE GENERATIONS; TO BUILD PERMANENT</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>32</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>62</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-217,109.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>23,171,360.</b>	<b>31,750,451.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,985,857.</b>	<b>4,486,787.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-83,024.</b>	<b>-132,058.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>26,074,193.</b>	<b>36,105,180.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,585,235.</b>	<b>23,045,106.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,296,034.</b>	<b>3,608,169.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>1,048,993.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,297,303.</b>	<b>2,306,935.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>21,178,572.</b>	<b>28,960,210.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>4,895,621.</b>	<b>7,144,970.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>244,681,756.</b>	<b>269,794,994.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21,677,746.</b>	<b>23,402,916.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>223,004,010.</b>	<b>246,392,078.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>NIKKI MISKURA, ACTING CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TYLER JOHNSON</b>	Preparer's signature <b>TYLER JOHNSON</b>
	Date <b>05/20/25</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01959117</b>
	Firm's name <b>CITRIN COOPERMAN ADVISORS LLC</b>	Firm's EIN <b>87-2525370</b>
	Firm's address <b>6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL 33308</b>	Phone no. <b>954-771-0896</b>

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



COMMUNITY FOUNDATION FOR PALM BEACH AND  
MARTIN COUNTIES, INC.

Form 990 (2023)

23-7181875 Page **2**

**Part III** Statement of Program Service Accomplishments

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

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

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

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 5,130,769. including grants of \$ 4,512,203. ) (Revenue \$ )  
**COMMUNITY IMPACT**

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 2024, OUR FIELD OF INTEREST FUNDS ADDRESSED PRESSING COMMUNITY NEEDS

**4b** (Code: ) (Expenses \$ 1,767,281. including grants of \$ 1,554,217. ) (Revenue \$ )  
**SCHOLARSHIP PROGRAM**

THIS YEAR, APPROXIMATELY 851 STUDENTS COMPLETED AN APPLICATION FOR THE COMMUNITY FOUNDATION'S SCHOLARSHIP PROGRAM. WITH THE ASSISTANCE OF DEDICATED VOLUNTEERS AND ENTRUSTED DONORS' RESOURCES, FOR THE 2024-2025 ACADEMIC YEAR, WE AWARDED \$1,366,103 IN SCHOLARSHIPS TO 117 DESERVING STUDENTS IN OUR COMMUNITY. THESE STUDENTS RECEIVED AWARDS RANGING FROM \$900 TO \$80,000 TO USE TOWARD THEIR COLLEGE OF CHOICE. RECIPIENTS ARE ATTENDING ALL MAJOR FLORIDA UNIVERSITIES, STETSON UNIVERSITY, DUKE UNIVERSITY, HOWARD UNIVERSITY, AND UNIVERSITY OF NOTRE DAME, JUST TO NAME A FEW. SINCE 1985, THE COMMUNITY FOUNDATION HAS AWARDED NEARLY \$18 MILLION IN SCHOLARSHIPS.

**4c** (Code: ) (Expenses \$ 19,306,248. including grants of \$ 16,978,686. ) (Revenue \$ )  
**OTHER SERVICES**

WITH A WEALTH OF EXPERIENCE SPANNING OVER 50 YEARS, THE COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES ASSISTS ITS DONORS IN REALIZING THEIR PHILANTHROPIC GOALS BY PROVIDING FINANCIAL STEWARDSHIP AND COMMUNITY LEADERSHIP. TOGETHER, WE STRIVE TO TACKLE THE MOST URGENT NEEDS WITHIN OUR COMMUNITIES AND IMPROVE THE QUALITY OF LIFE FOR ALL RESIDENTS. IN THE CURRENT FISCAL YEAR, THE FOUNDATION DISTRIBUTED \$13,028,097 FROM DONOR-ADVISED AND DESIGNATED FUNDS. EACH GRANT UNDERGOES A THOROUGH REVIEW BY OUR STAFF TO ENSURE COMPLIANCE WITH BEST PRACTICES FOR GRANT-MAKING, AS WELL AS LEGAL AND FINANCIAL STANDARDS. THE COMMUNITY FOUNDATION ADMINISTERS CHARITABLE GIVING VEHICLES, SUCH

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

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

**4e** Total program service expenses 26,204,298.

Form **990** (2023)

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

Form 990 (2023)

23-7181875 Page **3**

**Part IV Checklist of Required Schedules**

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

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

Form 990 (2023)

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	<b>24</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>

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

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 32		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	<b>X</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	<b>15</b>		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	<b>16</b>		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	<b>17</b>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <span style="float:right"><b>1a</b> 24</span>			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <span style="float:right"><b>1b</b> 24</span>			
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**THE ORGANIZATION - 561-659-6800**  
**700 SOUTH DIXIE HIGHWAY, 200, WEST PALM BEACH, FL 33401**

**COMMUNITY FOUNDATION FOR PALM BEACH AND  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANITA DEHANEY PRESIDENT AND CEO	45.00			X				399,923.	0.	48,548.
(2) STACEY BELL CFO	45.00				X			223,719.	0.	26,906.
(3) MARY KATHERINE MORALES VP FOR PHILANTHROPIC GIVIN	45.00				X			191,315.	0.	30,508.
(4) JULIE LAUDERBAUGH VP MARKETING	45.00				X			188,760.	0.	16,670.
(5) ELIZABETH PRITCHARD CIO	45.00				X			163,167.	0.	23,718.
(6) DAVID DECKER DRANE CHIEF OF STAFF	45.00					X		124,007.	0.	23,383.
(7) DARYL HOUSTON VP COMMUNITY IMPACT	45.00					X		120,204.	0.	20,691.
(8) NIKKI MISKURA ACTING CFO	45.00					X		122,522.	0.	11,574.
(9) JEFFREY A. STOOBS CHAIR	4.00	X		X				0.	0.	0.
(10) SUSAN P. BROCKWAY VICE CHAIR	4.00	X		X				0.	0.	0.
(11) DENNIS S, HUDSON III TREASURER	4.00	X		X				0.	0.	0.
(12) SHEREE DAVIS CUNNINGHAM SECRETARY	4.00	X		X				0.	0.	0.
(13) JULIE FISHER CUMMINGS IMMEDIATE PAST CHAIR	4.00	X						0.	0.	0.
(14) CHIP DI PAULA DIRECTOR	4.00	X						0.	0.	0.
(15) MICHAEL J. BRACCI DIRECTOR	4.00	X						0.	0.	0.
(16) NANCY G. BRINKER DIRECTOR	4.00	X						0.	0.	0.
(17) TIMOTHY D. BURKE DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PHYLLIS M GILLESPIE DIRECTOR	4.00	X						0.	0.	0.
(19) WILLIAM E. DONNELL DIRECTOR	4.00	X						0.	0.	0.
(20) EARNIE ELLISON, JR. DIRECTOR	4.00	X						0.	0.	0.
(21) DR. DENNIS P GALLON DIRECTOR	4.00	X						0.	0.	0.
(22) DR. JOANNE JULIEN DIRECTOR	4.00	X						0.	0.	0.
(23) GABRIELLE RAYMOND MCGEE DIRECTOR	4.00	X						0.	0.	0.
(24) DAVID MEROT DIRECTOR	4.00	X						0.	0.	0.
(25) TAMMY JACKSON-MOORE DIRECTOR	4.00	X						0.	0.	0.
(26) ELIZABETH R. NEUHOFF DIRECTOR	4.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,533,617.	0.	201,998.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,533,617.	0.	201,998.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PJL ASSOCIATES, 2299 TREASURE ISLE DR. #61, PALM BEACH GARDENS, FL 33410	RECRUITING	218,654.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**COMMUNITY FOUNDATION FOR PALM BEACH AND  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAMELA M RAUCH DIRECTOR	4.00	X						0.	0.	0.
(28) LAURIE SILVERS DIRECTOR	4.00	X						0.	0.	0.
(29) SUSAN S. STAUTBERG DIRECTOR	4.00	X						0.	0.	0.
(30) MEREDITH TRIM DIRECTOR	4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	172,360.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	31,578,091.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,701,002.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			4,314,025.			4314025.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real 740,412.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	(ii) Personal 957,521.				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	-217,109.				
	<b>d</b> Net rental income or (loss) .....			-217,109.		-217,109.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities 102,103,676.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	(ii) Other 101,930,914.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	172,762.				
	<b>d</b> Net gain or (loss) .....			172,762.		172,762.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 172,360. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	135,150.				
	<b>b</b> Less: direct expenses .....	<b>8b</b>	121,826.				
	<b>c</b> Net income or (loss) from fundraising events .....			13,324.		13,324.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> MANAGEMENT FEES .....		900099	71,727.			71,727.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			71,727.			
<b>12 Total revenue.</b> See instructions .....			36,105,180.	0.	-217,109.	4571838.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,045,106.	23,045,106.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	646,285.	402,126.	104,172.	139,987.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,341,361.	1,456,823.	377,394.	507,144.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	202,561.	126,035.	32,651.	43,875.
<b>9</b> Other employee benefits	238,460.	148,372.	38,437.	51,651.
<b>10</b> Payroll taxes	179,502.	111,688.	28,934.	38,880.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	783,635.		783,635.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	407,994.	296,118.	86,791.	25,085.
<b>12</b> Advertising and promotion	405,462.	316,365.	3,872.	85,225.
<b>13</b> Office expenses	138,842.	49,820.	56,731.	32,291.
<b>14</b> Information technology	90,032.	82,889.	3,045.	4,098.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	26,763.	6,865.	11,588.	8,310.
<b>20</b> Interest	52,248.	26,041.	18,915.	7,292.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	149,622.	74,573.	54,168.	20,881.
<b>23</b> Insurance	104,950.	43,892.	10,187.	50,871.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a OUTREACH</b>	82,116.	13,015.	35,698.	33,403.
<b>b MISCELLANEOUS</b>	56,564.		56,564.	0.
<b>c STAFF DEVELOPMENT</b>	8,707.	4,570.	4,137.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	28,960,210.	26,204,298.	1,706,919.	1,048,993.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,292,702.	<b>1</b>	1,952,621.
	<b>2</b> Savings and temporary cash investments .....	11,520,801.	<b>2</b>	16,939,140.
	<b>3</b> Pledges and grants receivable, net .....	5,308,032.	<b>3</b>	14,384,569.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	220,206.	<b>9</b>	307,213.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	12,324,275.		
	<b>b</b> Less: accumulated depreciation .....	5,033,009.		
	<b>11</b> Investments - publicly traded securities .....	7,026,376.	<b>10c</b>	7,291,266.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	215,595,686.	<b>11</b>	227,202,791.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,717,953.	<b>14</b>	1,717,394.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	244,681,756.	<b>15</b>	269,794,994.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	331,834.	<b>16</b>	477,771.
	<b>18</b> Grants payable .....	6,115,386.	<b>17</b>	7,414,768.
	<b>19</b> Deferred revenue .....	98,476.	<b>18</b>	108,163.
	<b>20</b> Tax-exempt bond liabilities .....	4,477,240.	<b>19</b>	4,479,399.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	10,654,810.	<b>24</b>	10,922,815.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	21,677,746.	<b>25</b>	23,402,916.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	75,135,371.	<b>26</b>	87,643,337.
	<b>28</b> Net assets with donor restrictions .....	147,868,639.	<b>27</b>	158,748,741.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	223,004,010.	<b>31</b>	246,392,078.
	<b>33</b> Total liabilities and net assets/fund balances .....	244,681,756.	<b>32</b>	269,794,994.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	36,105,180.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,960,210.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,144,970.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	223,004,010.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,118,489.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	124,609.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	246,392,078.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21154069.	24742414.	19817250.	23249860.	31855601.	120819194
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21154069.	24742414.	19817250.	23249860.	31855601.	120819194
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						9035915.
<b>6 Public support.</b> Subtract line 5 from line 4.						111783279

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	21154069.	24742414.	19817250.	23249860.	31855601.	120819194
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5290092.	3403624.	2919670.	3917791.	4314025.	19845202.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	-226,795.	-15,041.	-141,381.	-127,655.	-213,136.	-724,008.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	71,032.	110,022.	136,579.	90,888.		408,521.
<b>11 Total support.</b> Add lines 7 through 10						140348909
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,780,392.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	79.65 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	79.74 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

Schedule A (Form 990) 2023

23-7181875 Page 6

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

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

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

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

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

**Schedule A (Form 990) 2023**

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

Schedule A (Form 990) 2023

23-7181875 Page 7

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

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

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

Schedule A (Form 990) 2023

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

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

COMMUNITY FOUNDATION FOR PALM BEACH AND  
MARTIN COUNTIES, INC.

Employer identification number

23-7181875

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

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

Employer identification number

**23-7181875****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,123,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>729,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,082,206.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

**23-7181875****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>1,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>1,062,021.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization

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

Employer identification number

**23-7181875****Part III**

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**23-7181875**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2023

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

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

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

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	158,102,719.	153,514,177.	167,071,244.	128,270,471.	125,715,019.
<b>b</b> Contributions	2,739,795.	2,128,822.	6,139,599.	5,279,041.	6,660,082.
<b>c</b> Net investment earnings, gains, and losses	14,043,292.	9,368,621.	-14,946,541.	38,993,479.	879,881.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	7,995,667.	6,908,901.	4,750,125.	5,471,747.	4,984,511.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	166,890,139.	158,102,719.	153,514,177.	167,071,244.	128,270,471.

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

**a** Board designated or quasi-endowment 14.4460 %

**b** Permanent endowment 62.7200 %

**c** Term endowment 22.8340 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		3,305,312.		3,305,312.
<b>b</b> Buildings		8,910,310.	4,924,356.	3,985,954.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		108,653.	108,653.	0.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,291,266.

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

Schedule D (Form 990) 2023

23-7181875 Page **3**

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	1,294,726.
(3) SECURITY DEPOSITS	34,070.
(4) AGENCY TRANSACTIONS PAYABLE	9,594,019.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,922,815.

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

Schedule D (Form 990) 2023

COMMUNITY FOUNDATION FOR PALM BEACH AND  
MARTIN COUNTIES, INC.**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	49,531,990.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	16,118,489.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	737,974.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	16,856,463.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	32,675,527.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	783,635.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,646,018.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,429,653.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	36,105,180.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	25,990,412.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	737,974.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	737,974.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	25,252,438.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	783,635.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,924,137.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,707,772.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	28,960,210.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE INTERNAL REVENUE SERVICE (THE "IRS") HAS DETERMINED THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. DUE TO THE CARRYOVER OF PRIOR YEAR NET OPERATING LOSSES, THERE IS NO PROVISION FOR INCOME TAXES MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL EXPENSES 616,148.

SPECIAL EVENT EXPENSES 121,826.



Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

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

Employer identification number  
23-7181875

## Part I

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

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

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

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

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

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

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

Schedule G (Form 990) 2023

23-7181875 Page 2

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

		(a) Event #1 FOUNDER ' S LUNCHEON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	307,510.			307,510.
	2 Less: Contributions .....	172,360.			172,360.
	3 Gross income (line 1 minus line 2) .....	135,150.			135,150.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	121,826.			121,826.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				121,826.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				13,324.

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

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

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

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

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

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

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



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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**23-7181875**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> 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)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FEDERATION OF PALM BEACH COUNTY - 1 HARVARD CIR STE 100 - WEST PALM BEACH, FL 33409	59-0948696		73,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
BROWN UNIVERSITY SPORTS FOUNDATION 1 PROSPECT STREET, BOX 1877 PROVIDENCE, RI 02912	05-0258809		25,000.	0.			EDUCATION
UNITED WAY OF MARTIN COUNTY INC. 10 SE CENTRAL PKWY STE 101 STUART, FL 34994	23-7273540		22,685.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
FURRY FRIENDS ADOPTION, CLINIC & RANCH - 100 CAPITAL ST - JUPITER, FL 33458	59-2111273		36,500.	0.			ANIMAL-RELATED
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC. - ST FRANCIS CENTER - 100 W 20TH ST - RIVIERA BEACH, FL 33404	59-2470479		90,000.	0.			HUMAN SERVICES
DELRAY BEACH PUBLIC LIBRARY 100 W ATLANTIC AVE DELRAY BEACH, FL 33444-3662	59-0217683		32,500.	0.			EDUCATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **377.**

**3** Enter total number of other organizations listed in the line 1 table ..... **377.**

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

Schedule I (Form 990) 2023

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

Schedule I (Form 990)

**23-7181875**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALTZ JUPITER THEATRE, INC. 1001 E INDIANTOWN RD JUPITER, FL 33477	65-0985652		11,000.	0.			ARTS, CULTURE, & HUMANITIES
HANLEY FOUNDATION 101 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	20-2871945		100,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
YWCA OF PALM BEACH COUNTY 1016 N DIXIE HWY WEST PALM BEACH, FL 33401	59-0751935		45,000.	0.			HEALTH CARE
CALVARY CHURCH JUPITER 10180 W. INDIANTOWN ROAD JUPITER, FL 33458	65-0788249		6,600.	0.			RELIGION-RELATED
SHARE OUR STRENGTH, INC. 1030 5TH ST, NW, STE 1100 WASHINGTON, DC 20005	52-1367538		20,250.	0.			FOOD, AGRICULTURE & NUTRITION
JMU FOUNDATION, INC. 1031 HARRISON ST, MSC 3606 HARRISONBURG, VA 22807	23-7156305		20,000.	0.			EDUCATION
LIVE LIKE JAKE FOUNDATION, INC. 10311 IRONWOOD RD PALM BEACH GARDENS, FL 33410	47-1163422		32,500.	0.			HUMAN SERVICES
PHIT AMERICA FOUNDATION 1032 15TH ST NW #108 WASHINGTON, DC 20005	46-3861749		30,000.	0.			HUMAN SERVICES
MARY'S SHELTER OF THE TREASURE COAST - 1033 E. 14TH STREET - STUART, FL 34996	26-3714519		30,000.	0.			HOUSING & SHELTER

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7181875

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELRAY CITIZENS FOR DELRAY POLICE, INC. - 1045 E ATLANTIC AVE - DELRAY BEACH, FL 33483	65-0027479		22,000.	0.			CRIME & LEGAL-RELATED
CHAI LIFELINE 106 CLIFTON AVE LAKEWOOD, NJ 08701	11-2940331		10,000.	0.			HEALTH CARE
EL SOL NEIGHBORHOOD RESOURCE CENTER - 106 MILITARY TRAIL - JUPITER, FL 33458	01-0870672		77,500.	0.			HUMAN SERVICES
FRIENDS OF MACARTHUR BEACH STATE PARK INC - 10900 JACK NICKLAUS DR - NORTH PALM BEACH, FL 33408	65-0196497		65,000.	0.			ENVIRONMENT
SELFLESS LOVE FOUNDATION 1095 MILITARY TR #1033 JUPITER, FL 33458	47-4544148		92,500.	0.			HUMAN SERVICES
NEWPORT HOSPITAL FOUNDATION INC. 11 FRIENDSHIP ST NEWPORT, RI 02840	22-2535533		10,000.	0.			HEALTH CARE
BENJAMIN SCHOOL 11000 ELLISON WILSON RD NORTH PALM BEACH, FL 33408	59-1536502		200,218.	0.			EDUCATION
JEFFERSON SCHOLARS FOUNDATION 112 CLARKE CT CHARLOTTESVILLE, VA 22903	31-1755873		20,000.	0.			EDUCATION
FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY, INC. - 1123 CRESTWOOD BLVD - LAKE WORTH, FL 33460	59-1830267		53,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

**23-7181875**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE SERVING AUTISM, INC. 11231 US HWY 1, #158 NORTH PALM BEACH, FL 33408	81-3503417		78,000.	0.			HEALTH CARE
RISE AND SHINE CHRISTIAN ACADEMY INC - 115 US HIGHWAY 27 S - SOUTH BAY, FL 33493	38-3915912		15,000.	0.			EDUCATION
HOBE SOUND EARLY LEARNING CENTER 11580 SE GOMEZ AVE HOBE SOUND, FL 33455	59-1107869		50,000.	0.			HUMAN SERVICES
WATER.ORG 117 W 20TH ST STE 203 KANSAS CITY, MO 64108	58-2060131		10,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
HEROES, INC 1200 29TH ST. N.W. WASHINGTON, DC 20007	52-6057916		12,500.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
THE ARC OF PALM BEACH COUNTY, INC. 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404-6635	59-0883386		100,000.	0.			HUMAN SERVICES
COMMON GROUND COMMUNITY DEVELOPMENT - 1201 S FEDERAL HWY - LAKE WORTH BEACH, FL 33460	76-0789910		15,000.	0.			ARTS, CULTURE, & HUMANITIES
JUPITER MEDICAL CENTER FOUNDATION 1210 S OLD DIXIE HWY JUPITER, FL 33458-7205	65-0132406		100,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
TZOHAR ISRAEL FOUNDATION 122 OAK ST WOODMERE, NY 11598	88-2429876		25,000.	0.			RELIGION-RELATED

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STREETWAVES CORPORATION 1220 SEA GRAPE CIRCLE DELRAY BEACH, FL 33445	27-0264330		25,000.	0.			RECREATION & SPORTS
BANNER LAKE CLUB, INC. 12212 SE LANTANA AVE HOBE SOUND, FL 33455	59-1093236		224,318.	0.			YOUTH DEVELOPMENT
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS CT, 206 CHARLOTTESVILLE, VA 22903	20-5744808		10,000.	0.			EDUCATION
MASSACHUSETTS GENERAL HOSPITAL, MGH FUND - 125 NASHUA ST, STE 540 - BOSTON, MA 02114	04-1564655		25,000.	0.			HEALTH CARE
AMERICAN RED CROSS - PALM BEACH AND TREASURE COAST CHAPTER - 1250 NORTHPOINT PKWY - WEST PALM BEACH, FL 33407	53-0196605		6,767.	0.			HUMAN SERVICES
SAN FRANCISCO CHALLENGE DBA AMERICAONE - 127 UNIVERSITY AVE - BERKELEY, CA 94710	94-3242538		100,000.	0.			RECREATION & SPORTS
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065	91-2154267		10,000.	0.			HEALTH CARE
MIND & MELODY, INC. 12905 SW 132ND ST, #6 MIAMI, FL 33186	47-2714159		25,000.	0.			HEALTH CARE
UNIVERSITY OF FLORIDA 130 SCRIPPS WAY C349 JUPITER, FL 33458	59-6002052		127,000.	0.			MEDICAL RESEARCH

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LIGHT OF THE WORLD CHARITIES, INC. 1300 E 10TH ST, STE B STUART, FL 34996	65-0920003		60,000.	0.			HEALTH CARE
CONNECTIONS EDUCATION CENTER OF THE PALM BEACHES, INC - 1310 OLD CONGRESS AVE STE 100 - WEST PALM BEACH, FL 33409	47-3805751		41,313.	0.			HEALTH CARE
ARTSMART 1315 WALNUT ST STE 320 PHILADELPHIA, PA 19107	81-1536431		100,000.	0.			ARTS, CULTURE, & HUMANITIES
GREATER WASHINGTON COMMUNITY FOUNDATION - 1325 G ST NW, STE 480 - WASHINGTON, DC 20005	23-7343119		5,500.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
LITTLE SMILES 1325 N CONGRESS AVE, 205 WEST PALM BEACH, FL 33401	65-0963754		15,000.	0.			HEALTH CARE
PRISM FL, INC 1327 PARTRIDGE CLOSE POMPANO BEACH, FL 33064	85-0891778		20,000.	0.			EDUCATION
YOUMOM INC. 133 HERON PARKWY ROYAL PALM BEACH, FL 33411	47-1558032		34,000.	0.			HUMAN SERVICES
PROJECT LIFT, INC. 1330 SW 34TH ST PALM CITY, FL 34990	27-3949112		82,000.	0.			YOUTH DEVELOPMENT
FAMILY PROMISE OF THE MIDLANDS 1333 OMAREST DR COLUMBIA, SC 29205	26-4259689		8,000.	0.			HUMAN SERVICES

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NORTH PALM BEACH ROWING CLUB 13425 ELLISON WILSON RD JUNO BEACH, FL 33408	20-8313608		100,000.	0.			RECREATION & SPORTS
TRIANGLE CLUB, INC. 1369 OKEECHOBEE RD WEST PALM BEACH, FL 33401	59-0919735		91,187.	0.			HUMAN SERVICES
BELLA'S ANGELS, INC. 13860 WELLINGTON TRACE 38-111 WELLINGTON, FL 33414	26-1594604		48,034.	0.			HUMAN SERVICES
PALM BEACH POLICE AND FIRE FOUNDATION - 139 N COUNTY RD, STE 26 - PALM BEACH, FL 33480	83-0462654		23,800.	0.			CRIME & LEGAL-RELATED
PALM BEACH CIVIC ASSOCIATION, INC. 139 N COUNTY RD, STE 33 PALM BEACH, FL 33480	59-0542089		2,137,012.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
SANDOWAY DISCOVERY CENTER 142 S OCEAN BLVD DELRAY BEACH, FL 33483	65-0603775		27,000.	0.			ENVIRONMENT
LOGGERHEAD MARINELIFE CENTER, INC. 14200 US HWY 1 JUNO BEACH, FL 33408	59-2445926		55,000.	0.			ANIMAL-RELATED
HISPANIC HUMAN RESOURCES COUNCIL, INC. - 1427 S CONGRESS AVE - WEST PALM BEACH, FL 33406	59-1747012		47,000.	0.			EDUCATION
BIG DOG RANCH RESCUE INC 14444 OKEECHOBEE RD LOXAHATCHEE, FL 33470	26-3184971		15,000.	0.			ANIMAL-RELATED

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EAT BETTER LIVE BETTER, INC. 14451 S MILITARY TR, STE 2 DELRAY BEACH, FL 33484	81-0994119		48,600.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
NORTON MUSEUM OF ART, INC. 1450 S DIXIE HWY WEST PALM BEACH, FL 33401-7162	59-0624432		156,700.	0.			ARTS, CULTURE, & HUMANITIES
AUTISM PROJECT OF PALM BEACH COUNTY INC. - 149 BEACON LN - JUPITER, FL 33469-3504	52-2007008		10,000.	0.			HUMAN SERVICES
FLAMINGO CLAY STUDIO, INC. 15 S J ST LAKE WORTH, FL 33460	20-2847213		10,000.	0.			EDUCATION
NATIONAL PARK FOUNDATION 1500 K ST NW STE 700 WASHINGTON, DC 20005	52-1086761		25,000.	0.			ENVIRONMENT
BOCA HELPING HANDS - REMILLARD FAMILY RESOURCE CENTER - 1500 NW 1ST CT - BOCA RATON, FL 33432	31-1713631		61,500.	0.			FOOD, AGRICULTURE & NUTRITION
PINE CREST PREPARATORY SCHOOL, INC. - 1501 NE 62ND ST - FORT LAUDERDALE, FL 33334	59-0861374		204,072.	0.			EDUCATION
HANDS TOGETHER FOR HAITIANS INC. 1520 10TH AVE N, STE A LAKE WORTH, FL 33460	20-2512245		30,000.	0.			YOUTH DEVELOPMENT
ASCENSION 33 INC. 1540 NW AVE L #101 BELLE GLADE, FL 33430	82-1415702		37,000.	0.			EDUCATION

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YALE UNIVERSITY DEVELOPMENT 157 CHURCH ST 8TH FL NEW HAVEN, CT 06510	06-0646973		10,000.	0.			EDUCATION
HOPE RURAL SCHOOL INC. 15929 SW 150TH ST INDIANTOWN, FL 34956-3406	59-2001615		10,000.	0.			EDUCATION
TEATOWN LAKE RESERVATION INC 1600 SPRING VALLEY RD OSSINING, NY 10562	23-7154985		15,000.	0.			PUBLIC & SOCIETAL BENEFIT
HPS, HELPING PEOPLE SUCCEED INC. 1601 NE BRAILLE PL JENSEN BEACH, FL 34957	59-1051699		30,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
PACE CENTER FOR GIRLS PALM BEACH COUNTY - 1640 S CONGRESS AVE - PALM SPRINGS, FL 33461	59-2414492		73,361.	0.			YOUTH DEVELOPMENT
FAITHFUL FRIENDS ANIMAL SOCIETY 165 AIRPORT RD NEW CASTLE, DE 19720	51-0410508		6,250.	0.			ANIMAL-RELATED
MUTTY PAWS RESCUE 165 LAKE ARBOR DR PALM SPRINGS, FL 33461-2145	84-3458625		7,000.	0.			ENVIRONMENT
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD, STE 1200 JENKINTOWN, PA 19046-3594	23-7825575		70,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
MARTIN CHAMBER FOUNDATION, INC. 1650 S KANNER HWY STUART, FL 34994	92-3970828		40,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING

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NATIONAL CENTER FOR FAMILY PHILANTHROPY INC. - 1667 K ST NW, STE 550 - WASHINGTON, DC 20006	52-2055016		145,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN DR LAKE PLACID, NY 12946	14-6030874		10,000.	0.			ARTS, CULTURE, & HUMANITIES
BIG BROTHERS BIG SISTERS OF PALM BEACH AND MARTIN COUNTIES INC - 1700 KIRK RD - WEST PALM BEACH, FL 33406	59-2676889		22,000.	0.			YOUTH DEVELOPMENT
URBAN LEAGUE OF PALM BEACH COUNTY, INC. - 1700 N AUSTRALIAN AVE - WEST PALM BEACH, FL 33407-5623	59-1533710		80,000.	0.			HUMAN SERVICES
YMCA OF THE TREASURE COAST 1700 SE MONTEREY RD STUART, FL 34996-4109	59-1911653		13,076.	0.			HUMAN SERVICES
ADOPT-A-FAMILY OF THE PALM BEACHES, INC. - 1712 SECOND AVE N - LAKE WORTH, FL 33460-3210	59-2471253		270,447.	0.			HUMAN SERVICES
INSTITUTE OF CONTEMPORARY ART, LOS ANGELES - 1717 E 7TH ST. - LOS ANGELES, CA 90021	95-3992968		15,000.	0.			ARTS, CULTURE, & HUMANITIES
FOR THE CHILDREN, INC. 1718 S DOUGLAS ST LAKE WORTH, FL 33460	65-0950530		40,000.	0.			YOUTH DEVELOPMENT
TRUST FOR THE NATIONAL MALL 1730 PENNSYLVANIA AVE NW STE 240 WASHINGTON, DC 20006	30-0080738		100,000.	0.			PUBLIC & SOCIETAL BENEFIT

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BOUND FOR COLLEGE 1730 S FEDERAL HWY #297 DELRAY BEACH, FL 33483	45-4916115		18,000.	0.			EDUCATION
PALM BEACH OPERA, INC. 1800 S AUSTRALIAN AVE, 301 WEST PALM BEACH, FL 33409	59-1060864		19,500.	0.			ARTS, CULTURE, & HUMANITIES
THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER RD STE 625 PALMETTO BAY, FL 33157	59-3228899		19,931.	0.			ENVIRONMENT
BRIDGE TO HEALING FOUNDATION 18037 SE HERITAGE DR TEQUESTA, FL 33469	27-2165497		140,000.	0.			HEALTH CARE
ANDREW RED HARRIS FOUNDATION , INC. - 18230 RIVER OAK DR - JUPITER, FL 33458	47-1322656		25,000.	0.			EDUCATION
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK RD JUPITER, FL 33458	26-3520396		47,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
GRANDMA'S PLACE, INC. 184 SPARROW DR ROYAL PALM BEACH, FL 33411-1614	65-0821321		66,790.	0.			HUMAN SERVICES
THE PRIORY IN THE USA OF THE ORDER OF ST. JOHN - 1850 M ST NW, STE 1070 - WASHINGTON, DC 20036-5856	13-6161455		10,000.	0.			HEALTH CARE
THE NATIONAL ITALIAN AMERICAN FOUNDATION, INC. - 1860 19TH ST, NW - WASHINGTON, DC 20009	52-1071723		35,000.	0.			ARTS, CULTURE, & HUMANITIES

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ST. PAUL'S EPISCOPAL CHURCH 188 S SWINTON AVE DELRAY BEACH, FL 33444	59-1276272		8,000.	0.			RELIGION-RELATED
LOVIN' SPOONFULS, INC. 189 WELLS AVE., 100 NEWTON, MA 02459	27-1810597		30,000.	0.			HUMAN SERVICES
TAKE STOCK IN CHILDREN PALM BEACH COUNTY - 1896 PALM BEACH LAKES BLVD, STE 103 - WEST PALM BEACH, FL 33409	20-8077416		47,000.	0.			EDUCATION
THE SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318		57,500.	0.			ARTS, CULTURE, & HUMANITIES
LIFE LEARNING CENTER, INC. 20 W 18TH ST COVINGTON, KY 41011	20-3454261		136,400.	0.			HUMAN SERVICES
MAYO CLINIC - DEPARTMENT OF DEVELOPMENT - 200 FIRST ST SW - ROCHESTER, MN 55905	41-6011702		125,000.	0.			HEALTH CARE
JUPITER TEQUESTA ATHLETIC ASSOCIATION - 200 MILITARY TRAIL - JUPITER, FL 33458	65-0016849		9,000.	0.			RECREATION & SPORTS
FLORENCE FULLER CHILD DEVELOPMENT CENTER AKA FULLER CENTER - 200 NE 14TH ST - BOCA RATON, FL 33432-1848	59-1312245		67,375.	0.			HUMAN SERVICES
LUTHERAN SERVICES FLORIDA, INC. 200 S.W. 9TH ST. BELLE GLADE, FL 33430-3232	59-2198911		65,000.	0.			HUMAN SERVICES

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HOLY GROUND SHELTER FOR THE HOMELESS - 200 W 20TH ST - RIVIERA BEACH, FL 33404	26-3342975		38,000.	0.			HOUSING & SHELTER
RIVIERA BEACH COMMUNITY DEVELOPMENT CORPORATION, INC. - 2001 BROADWAY STE 300 - RIVIERA BEACH, FL 33404	45-5191643		75,000.	0.			HOUSING & SHELTER
COMMUNITY PARTNERS OF SOUTH FLORIDA - 2001 W BLUE HERON BLVD - RIVIERA BEACH, FL 33404	59-2704597		149,030.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
PALM BEACH COUNTY FISHING FOUNDATION - 201 5TH ST - WEST PALM BEACH, FL 33401	65-0213715		20,000.	0.			RECREATION & SPORTS
PALM BEACH DRAMAWORKS, INC. 201 CLEMATIS ST WEST PALM BEACH, FL 33401	65-1040048		27,500.	0.			ARTS, CULTURE, & HUMANITIES
COMPASS INC. 201 N DIXIE HWY LAKE WORTH, FL 33460	65-0052657		35,000.	0.			HEALTH CARE
SERVICE NEVER SLEEPS 201 N UNION ST, STE 110 ALEXANDRIA, VA 22314	47-4405178		20,000.	0.			HUMAN SERVICES
GEORGE SNOW SCHOLARSHIP FUND, INC. 201 PLAZA REAL STE 260 BOCA RATON, FL 33432	59-2162597		8,500.	0.			EDUCATION
SAMARITANS 365 FOUNDATION INC AKA KINDNESS MATTERS 365 - 20423 SR 7, STE F6-268 - BOCA RATON, FL 33498	46-5633031		12,500.	0.			YOUTH DEVELOPMENT

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OUR VILLAGE OKEECHOBEE, INC. 205 NE 2ND ST OKEECHOBEE, FL 34974	47-3944280		85,000.	0.			ENVIRONMENT
DIABETES COALITION OF PALM BEACH COUNTY - 2051 MARTIN LUTHER KING JR. BLVD., SUITE 306 - RIVIERA BEACH, FL 33404	82-3062946		20,000.	0.			MEDICAL RESEARCH
THE SALVATION ARMY PALM BEACH COUNTY - 2100 PALM BEACH LAKES BLVD - WEST PALM BEACH, FL 33409	58-0660607		5,100.	0.			RELIGION-RELATED
HOUSING LEADERSHIP COUNCIL OF PALM BEACH COUNTY INC - 2101 VISTA PKWY #258 - WEST PALM BEACH, FL 33411	20-4416008		75,000.	0.			PUBLIC & SOCIETAL BENEFIT
GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW STE 500 WASHINGTON, DC 20007	53-0196603		20,000.	0.			EDUCATION
RUTH & NORMAN RALES JEWISH FAMILY SERVICES - 21300 RUTH & BARON COLEMAN BLV - BOCA RATON, FL 33428	65-1115689		35,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
FIRST CARE FAMILY RESOURCES INC DBA FIRST CARE WOMEN'S CLINIC - 2200 N FLORIDA MANGO RD, STE 102 - WEST PALM BEACH, FL 33409	59-2248369		21,000.	0.			HUMAN SERVICES
SOUTH FLORIDA SYMPHONY ORCHESTRA 2201 WILTON DR, STE 12 WILTON MANORS, FL 33305	65-0846695		20,000.	0.			ARTS, CULTURE, & HUMANITIES
HABILITATION CENTER FOR THE HANDICAPPED, INC. HAB CENTER - 22313 BOCA RIO RD - BOCA RATON, FL 33433	59-1859543		80,000.	0.			HEALTH CARE

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ELIZABETH H. FAULK FOUNDATION, INC. - 22455 BOCA RIO RD - BOCA RATON, FL 33433	23-7153172		97,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 225 N MICHIGAN AVE STE 1700 - CHICAGO, IL 60601	13-3039601		20,300.	0.			HEALTH CARE
THE SYMPHONIA 2285 POTOMAC RD BOCA RATON, FL 33431	20-1454440		50,000.	0.			ARTS, CULTURE, & HUMANITIES
EARLY LEARNING COALITION OF PALM BEACH COUNTY - 2300 HIGH RIDGE RD, 115 - BOYNTON BEACH, FL 33426	65-0974035		33,000.	0.			EDUCATION
PRIME TIME PALM BEACH COUNTY, INC. 2300 HIGH RIDGE ROAD, STE 330 BOYNTON BEACH, FL 33426	65-1071628		20,000.	0.			HUMAN SERVICES
FLORIDA OUTREACH CENTER FOR THE BLIND - 2315 S CONGRESS AVE - PALM SPRINGS, FL 33406	55-0827232		15,000.	0.			HUMAN SERVICES
VOLTA MUSIC FOUNDATION 2318 S CYPRESS BEND DR POMPANO BEACH, FL 33069	83-2167948		20,000.	0.			ARTS, CULTURE, & HUMANITIES
SEA TURTLE ADVENTURES 235 SW 6TH AVE BOYNTON BEACH, FL 33435	81-3999409		11,000.	0.			ANIMAL-RELATED
MADI'S HOUSE 2360 KIPLING AVE CINCINNATI, OH 45239	83-3985385		10,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION

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FUNDACION HERMANOS DE LA CALLE, INC. - 240 CRANDON BLVD STE 263 - KEY BISCAINE, FL 33419	82-1322053		100,000.	0.			HUMAN SERVICES
CENTER FOR CREATIVE EDUCATION 2400 METROCENTRE BLVD WEST PALM BEACH, FL 33407	65-0594599		56,000.	0.			ARTS, CULTURE, & HUMANITIES
PALM BEACH DAY ACADEMY 241 SEAVIEW AVE PALM BEACH, FL 33480-4234	59-0873834		50,000.	0.			EDUCATION
KIDS CANCER FOUNDATION 246 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	01-0551879		42,072.	0.			HEALTH CARE
HOUSE OF HOPE, INC. 2484 SE BONITA ST STUART, FL 34997	59-2422998		70,109.	0.			HUMAN SERVICES
BUSCH WILDLIFE SANCTUARY, INC. 2500 JUPITER PARK DR JUPITER, FL 33458	59-2379003		37,600.	0.			ANIMAL-RELATED
THE NATURE CONSERVANCY 2500 MAITLAND CENTER PKWY, STE 311 MAITLAND, FL 32751	53-0242652		21,500.	0.			ENVIRONMENT
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520		12,500.	0.			FOOD, AGRICULTURE & NUTRITION
FAITH'S PLACE CENTER FOR ARTS EDUCATION INC. - 2508 N AUSTRALIAN AVE - WEST PALM BEACH, FL 33407	80-0812101		50,000.	0.			ARTS, CULTURE, & HUMANITIES

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FLORIDA FISHING ACADEMY, INC. 251 W 11TH ST STE 800 RIVIERA BEACH, FL 33404	16-1775538		50,000.	0.			RECREATION & SPORTS
ANN NORTON SCULPTURE GARDENS, INC. 253 BARCELONA RD WEST PALM BEACH, FL 33401	59-1874060		61,000.	0.			ARTS, CULTURE, & HUMANITIES
DRESS FOR SUCCESS PALM BEACHES, INC. - 2549 S CONGRESS AVE STE 204 - PALM SPRINGS, FL 33406	27-0579164		51,000.	0.			HUMAN SERVICES
MONARCH HEALTH SERVICES INC 2580 METROCENTRE BLVD., SUITE 1 WEST PALM BEACH, FL 33407	35-2640151		8,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
REHABILITATION INSTITUTE OF MICHIGAN FOUNDATION DBA RIM FOUNDATION - 261 MACK AVE STE 509 - DETROIT, MI 48201	38-1417366		15,000.	0.			HEALTH CARE
IMPACT 100 PALM BEACH COUNTY 261 NW 13TH ST BOCA RATON, FL 33432	82-4558049		16,350.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
FLORIDA SHERIFFS ASSOCIATION 2617 MAHAN DR TALLAHASSEE, FL 32308-5448	59-0708112		5,500.	0.			CRIME & LEGAL-RELATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012		6,000.	0.			HEALTH CARE
LOVE, HOPE & HEALING INC. 2620 N AUSTRALIAN AVE STE 109 WEST PALM BEACH, FL 33407	85-2454494		48,000.	0.			HUMAN SERVICES

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PINK QUEEN FOUNDATION, INC. 2635 OLD OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	81-2632425		23,000.	0.			HUMAN SERVICES
YOUTH EMPOWERED TO PROSPER INC 2635 OLD OKEECHOBEE RD WEST PALM BEACH, FL 33409	83-1731712		50,000.	0.			YOUTH DEVELOPMENT
DIGITAL VIBEZ, INC 2635 OLD OKEECHOBEE RD WEST PALM BEACH, FL 33409	46-5032425		38,250.	0.			YOUTH DEVELOPMENT
SOCIETY OF ST. VINCENT DE PAUL COUNCIL OF NORTHERN KENTUCKY INC. - 2655 CRESCENT SPRINGS PIKE - COVINGTON, KY 41017	32-0350542		20,000.	0.			PUBLIC & SOCIETAL BENEFIT
PARKS FOUNDATION OF PALM BEACH COUNTY, INC. - 2700 6TH AVE S - LAKE WORTH, FL 33461	93-2544541		11,024.	0.			RECREATION & SPORTS
VITA NOVA INC. 2724 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	65-0298299		55,250.	0.			HUMAN SERVICES
AVERY HUMANE SOCIETY 279 NEW VALE RD NEWLAND, NC 28657	56-1321762		65,000.	0.			ANIMAL-RELATED
BAPTIST HEALTH FOUNDATION 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435	59-6137805		37,141.	0.			HEALTH CARE
HOMESAFE 2840 SIXTH AVE S LAKE WORTH, FL 33461	59-1935485		153,000.	0.			HUMAN SERVICES

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ST. LUKE CATHOLIC SCHOOL 2892 S. CONGRESS AVE. PALM SPRINGS, FL 33461	59-2438903		10,000.	0.			EDUCATION
IRON LIGHT LABS 300 S. RIVERSIDE PLAZA, STE 1625 CHICAGO, IL 60606	86-1206324		25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ENTERPRISE PALM BEACH INC DBA COLABRIA - 301 W ATLANTIC AVE, STE 0-5 - DELRAY BEACH, FL 33444	37-1875408		19,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
COMMUNITY PARTNERSHIP SCHOOL C/O ADVANCEMENT OFFICE - 3033 W. GLENWOOD AVE - PHILADELPHIA, PA 19121	20-3195763		10,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
THE TALENTED TEEN CLUB, INC. 305 SWAIN BLVD GREENACRES, FL 33463	27-1011735		18,000.	0.			YOUTH DEVELOPMENT
RIVIERA BEACH INTEGRATED CARE INC 31 W 20TH ST STE 100 RIVIERA BEACH, FL 33404	85-1003540		45,000.	0.			HEALTH CARE
SECOND CHANCE INITIATIVE INC. 3100 NW BOCA RATON BLVD, #312 BOCA RATON, FL 33431	83-1405102		35,000.	0.			PUBLIC & SOCIETAL BENEFIT
PEGGY ADAMS ANIMAL RESCUE LEAGUE 3100/3200 N MILITARY TRL WEST PALM BEACH, FL 33409	59-0637811		31,000.	0.			ANIMAL-RELATED
PRESERVATION FOUNDATION OF PALM BEACH, INC. - 311 PERUVIAN AVE - PALM BEACH, FL 33480-4442	59-1989832		129,300.	0.			ARTS, CULTURE, & HUMANITIES

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VISUAL ADJECTIVES SEEDS 313 NE 3RD ST STE 15 DELRAY BEACH, FL 33444	83-0525291		35,000.	0.			EDUCATION
FAITH HOPE LOVE CHARITY INC. 3175 S CONGRESS AVE, 304 LAKE WORTH, FL 33461	65-0464807		38,000.	0.			HUMAN SERVICES
FLORIDA STATE UNIVERSITY FOUNDATION INC. LEGACY HALL FUND (FO1069) - 325 W COLLEGE AVE - TALLAHASSEE, FL 32301	59-6152180		95,000.	0.			EDUCATION
BREAKTHROUGH MIAMI 3250 SW 3RD AVE 6TH FL MIAMI, FL 33129	26-2105534		15,000.	0.			YOUTH DEVELOPMENT
EDUCATION FOUNDATION OF PALM BEACH COUNTY - 3300 FOREST HILL BLVD, C-141 - WEST PALM BEACH, FL 33406	59-2420369		15,000.	0.			EDUCATION
THE SCHOOL DISTRICT OF PALM BEACH COUNTY - 3300 FOREST HILL BLVD, STE A323 - WEST PALM BEACH, FL 33406	59-6000789		80,000.	0.			EDUCATION
CHILDREN'S HEALTHCARE CHARITY, INC. - 3300 PGA BLVD, #800 - PALM BEACH GARDENS, FL 33410-0000	20-4394654		7,850.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
MYFACE - NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTION - 333 E 30TH ST LOBBY OFFICE - NEW YORK, NY 10016	13-6013760		13,558.	0.			HEALTH CARE
CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC. D/B/A FAMILIES FIRST - 3333 FOREST HILL BLVD 2ND FL - WEST PALM BEACH, FL 33406	65-0166352		35,000.	0.			HUMAN SERVICES

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CHILDREN'S HOME SOCIETY OF FLORIDA, PALM BEACH DIVISION - 3335 FOREST HILL BLVD - WEST PALM BEACH, FL 33406	59-0192430		15,000.	0.			HUMAN SERVICES
RHONDA'S PROMISE, INC. 3349 S FEDERAL HWY D BOYNTON BEACH, FL 33435	87-1376986		15,000.	0.			EDUCATION
ROOTS AND WINGS 335 E LINTON BLVD, STE 2219 DELRAY BEACH, FL 33483	38-4008636		85,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
RICO S SCHOLARSHIP FOUNDATION 3361 FAIRLANE FARMS ROAD WELLINGTON, FL 33414	47-1106078		15,000.	0.			EDUCATION
ST. MARK'S EPISCOPAL CHURCH 3395 BURNS RD PALM BEACH GARDENS, FL 33408	59-1276272		12,500.	0.			HUMAN SERVICES
LIVINGSTON'S WAY FOUNDATION - WAVE MAKERS - 340 POINCIANA WAY 314-418 - PALM BEACH, FL 33480	86-1180728		31,000.	0.			HEALTH CARE
CAREERSOURCE PALM BEACH COUNTY 3400 BELVEDERE RD WEST PALM BEACH, FL 33406	65-0709274		10,000.	0.			EMPLOYMENT
SOUTH FLORIDA PBS INC. 3401 S CONGRESS AVE BOYNTON BEACH, FL 33426	59-0737868		17,437.	0.			ARTS, CULTURE, & HUMANITIES
MAKE-A-WISH FOUNDATION OF SOUTHERN FLORIDA - 343 NW 6TH ST - MIAMI, FL 33136	59-2620322		80,000.	0.			HEALTH CARE

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HOMELESS COALITION OF PALM BEACH COUNTY - 345 S CONGRESS AVE - DELRAY BEACH, FL 33445	65-0125852		32,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
BREVARD MUSIC CENTER 349 ANDANTE LN BREVARD, NC 28712	56-0729350		17,500.	0.			ARTS, CULTURE, & HUMANITIES
CANCER LEGAL CARE 3503 HIGH POINT DR, STE 270 OAKDALE, MN 55128	02-0736402		24,000.	0.			CRIME & LEGAL-RELATED
DELRAY BEACH COMMUNITY DEVELOPMENT CORPORATION AKA DELRAY BEACH CDC - 3505 LOWSON BLVD - DELRAY BEACH, FL 33445	65-0384313		75,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA RD KALAHEO, HI 96741	52-6057064		100,000.	0.			ENVIRONMENT
PALM BEACH COUNTY MEDICAL SOCIETY SERVICES, INC. - 3540 FOREST HILL BLVD, STE 101 - WEST PALM BEACH, FL 33406	65-1048299		25,000.	0.			HEALTH CARE
HEALTHNETWORK FOUNDATION 3550 LANDER RD STE 225 PEPPER PIKE, OH 44124	04-3804600		10,000.	0.			HEALTH CARE
ESPERANZA COMMUNITY CENTER 3600 BROADWAY AVE, #20 WEST PALM BEACH, FL 33407	83-3986715		18,000.	0.			HUMAN SERVICES
GULF STREAM SCHOOL INC. 3600 GULFSTREAM RD GULF STREAM, FL 33483	59-0977808		25,000.	0.			EDUCATION

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COMMUNITY GREENING CORP - SOCIAL IMPACT LAB AT LYNN UNIVERSITY - 3601 N MILITARY TRAIL - BOCA RATON, FL 33431-5507	81-3559159		52,000.	0.			ENVIRONMENT
HISPANIC ENTREPRENEUR INITIATIVE AT LYNN UNIVERSITY - 3601 N. MILITARY TRAIL - BOCA RATON, FL 33431	84-3662332		20,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
FIGURE SKATING IN HARLEM, INC. 361 W 125TH ST, 4TH FL NEW YORK, NY 10027	13-3945168		20,000.	0.			RECREATION & SPORTS
WEST END SCHOOL 3628 VIRGINIA AVE LOUISVILLE, KY 40211	04-3798875		8,000.	0.			EDUCATION
LITERACY COALITION OF PALM BEACH COUNTY - 3651 QUANTUM BLVD - BOYNTON BEACH, FL 33426	65-0169781		43,000.	0.			EDUCATION
CROS MINISTRIES 3677 23RD AVE S, B-101 LAKE WORTH, FL 33461	59-1802917		70,000.	0.			RELIGION-RELATED
DETROIT SYMPHONY ORCHESTRA INC 3711 WOODWARD AVE DETROIT, MI 48201	38-1385132		113,372.	0.			ARTS, CULTURE, & HUMANITIES
LIGHTHOUSE ARTCENTER, INC. 373 TEQUESTA DR TEQUESTA, FL 33469	59-1118672		545,000.	0.			ARTS, CULTURE, & HUMANITIES
EQUITY ENTREPRENEUR CENTER, INC. 380 COLUMBIA DR STE 100 WEST PALM BEACH, FL 33409	86-2100512		15,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS

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THE GOOD PEOPLE FUND, INC. 384 WYOMING AVE MILLBURN, NJ 07041	26-1887249		36,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
FUTURE GENERATIONS UNIVERSITY 400 ROAD LESS TRAVELED FRANKLIN, WV 26807	45-2208063		40,000.	0.			EDUCATION
CENTER FOR TECHNOLOGY, ENTERPRISE & DEVELOPMENT - 401 W ATLANTIC AVE STE 09 - DELRAY BEACH, FL 33444	65-0362710		85,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
ST. MATTHEW'S EPISCOPAL CHURCH 404 SW 3RD. ST DELRAY BEACH, FL 33444	23-7272688		13,000.	0.			RELIGION-RELATED
FRIENDS OF FOSTER CHILDREN OF PALM BEACH COUNTY, INC. - 4100 OKEECHOBEE BLVD - WEST PALM BEACH, FL 33409	59-2487590		90,000.	0.			HUMAN SERVICES
CENTER FOR FAMILY SERVICES 4101 PARKER AVE WEST PALM BEACH, FL 33405	59-1084179		43,000.	0.			HUMAN SERVICES
WEST PALM BEACH LIBRARY FOUNDATION 411 CLEMATIS ST 3RD FL WEST PALM BEACH, FL 33401	65-1068311		45,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
HOSPICE OF OKEECHOBEE INC 411 SE 4TH ST OKEECHOBEE, FL 34974	59-2831397		10,000.	0.			HUMAN SERVICES
FIRST UNITED METHODIST CHURCH OF GAINESVILLE - 419 NE 1ST ST - GAINESVILLE, FL 32601	59-0624388		30,000.	0.			RELIGION-RELATED

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YMCA OF THE PALM BEACHES 4200 S CONGRESS AVE WEST PALM BEACH, FL 33461	59-0624470		100,000.	0.			HUMAN SERVICES
UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 E FOWLER AVE ALC100 - TAMPA, FL 33620	59-0879015		36,000.	0.			EDUCATION
STETSON UNIVERSITY 421 N WOODLAND BLVD, UNIT 286 DELAND, FL 32723	59-0624416		8,000.	0.			EDUCATION
SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH STREET EAST PALMETTO, FL 34221	59-2252352		30,000.	0.			HUMAN SERVICES
LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC. - 423 FERN ST STE 200 - WEST PALM BEACH, FL 33401-5817	59-6046994		58,000.	0.			CRIME & LEGAL-RELATED
PRESERVATION SOCIETY OF NEWPORT COUNTY - 424 BELLEVUE AVE - NEWPORT, RI 02840	05-0252708		13,000.	0.			ARTS, CULTURE, & HUMANITIES
THE ARC OF THE GLADES, INC. 4250 NW 16TH ST BELLE GLADE, FL 33430	59-1760374		50,000.	0.			HUMAN SERVICES
NORTH PALM YOUTH SYMPHONY 4260 APPLECREST DR PALM BEACH GARDENS, FL 33410	87-1669121		10,000.	0.			EDUCATION
COMMUNITY FOUNDATION OF TAMPA BAY, INC. - 4300 W CYPRESS ST STE 700 - TAMPA, FL 33607	59-3001853		12,803.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING

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TOWN OF PALM BEACH UNITED WAY, INC. - 44 COCOANUT ROW, M-201 - PALM BEACH, FL 33480-1141	59-0637885		28,900.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
AUDUBON FLORIDA C/O NATIONAL AUDUBON SOCIETY - 4500 BISCAYNE BLVD STE 350 - MIAMI, FL 33137-3233	59-0245495		15,000.	0.			ENVIRONMENT
YOUTH SAILING FOUNDATION OF THE PALM BEACHES - 4600 N FLAGLER DR - WEST PALM BEACH, FL 33407	47-4838678		17,000.	0.			YOUTH DEVELOPMENT
PALM BEACH HARVEST, INC. 4601 S FLAGLER DR WEST PALM BEACH, FL 33405	90-0508579		30,000.	0.			EDUCATION
PALM BEACH COUNTY FOOD PROJECT 471 N. LYRA CIRCLE JUNO BEACH, FL 33408	36-4818170		11,395.	0.			FOOD, AGRICULTURE & NUTRITION
THE PROMISE FUND OF FLORIDA 477 S ROSEMARY AVE STE 226 PALM BEACH, FL 33480	83-0535519		120,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
UNITED WAY OF PALM BEACH COUNTY, INC. - 477 S ROSEMARY AVE, 230 - WEST PALM BEACH, FL 33401	59-0683258		80,724.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
HAMETOWN CHRISTIAN ACADEMY, INC. 4774 S HAMETOWN RD BARBERTON, OH 44203	87-1753754		60,000.	0.			EDUCATION
COX SCIENCE CENTER AND AQUARIUM 4801 DREHER TRAIL NORTH WEST PALM BEACH, FL 33405	59-0915177		1,261,000.	0.			ARTS, CULTURE, & HUMANITIES

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EMPOWER HEALTHCARE 491 E MAIN ST PAHOKEE, FL 33476	85-2591676		50,000.	0.			HEALTH CARE
COMMUNITY LAND TRUST OF PALM BEACH COUNTY, INC. - 4938 DAVIS RD - LAKE WORTH, FL 33461	20-5090958		35,000.	0.			ENVIRONMENT
MISSION CLINIC OF PALM SPRINGS, INC. - 4949 S. CONGRESS AVE, B-2 - PALM SPRINGS, FL 33461	47-3441097		40,000.	0.			HEALTH CARE
BOCA RATON MUSEUM OF ART 501 PLAZA REAL MIZNER PARK BOCA RATON, FL 33432	59-6019851		11,326.	0.			ARTS, CULTURE, & HUMANITIES
CHRISTIAN STUDENT FELLOWSHIP, INC. AKA CSF AT THE UNIVERSITY OF KENTUCKY - 502 COLUMBIA AVE - LEXINGTON, KY 40508	61-0711889		100,000.	0.			EDUCATION
NICHOLAS AND CHRISTEN THOMPSON FOUNDATION - 5028 MISTY MORN RD - PALM BEACH GARDENS, FL 33418	84-4644229		10,000.	0.			EDUCATION
PARTNERS FOR HOUSING PALM BEACH COUNTY - 510 24TH ST STE A - WEST PALM BEACH, FL 33407	35-2826504		75,000.	0.			EDUCATION
THE ANIMAL MEDICAL CENTER 510 E 62ND ST NEW YORK, NY 10065	13-5505367		125,000.	0.			ANIMAL-RELATED
HEALTHY AQUATICS MARINE INSTITUTE OF FLORIDA INC DBA REEF INSTITUTE - 520 24TH ST - WEST PALM BEACH, FL 33407	81-3369434		25,000.	0.			ENVIRONMENT

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NAMI OF PALM BEACH COUNTY, INC. MOLLIE WILMOT CENTER- PALM HEALTHCARE PAVILION - 5205 GREENWOOD AVE., STE 110 - WEST	59-2301320		40,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
YES INSTITUTE 5275 SUNSET DR SOUTH MIAMI, FL 33143	65-0646667		15,000.	0.			EDUCATION
LOWELL CATHOLIC HIGH SCHOOL 530 STEVENS ST LOWELL, MA 01851	04-2563657		205,000.	0.			EDUCATION
CHRIST FELLOWSHIP CHURCH INC. 5343 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	59-2468077		108,500.	0.			RELIGION-RELATED
NORTHWESTERN MEMORIAL FOUNDATION 541 N FAIRBANKS CT, RM 1630 CHICAGO, IL 60611	36-3155315		50,000.	0.			HEALTH CARE
SWEET DREAM MAKERS, INC. 55 NE 5TH AVE, STE 400 BOCA RATON, FL 33432	81-3693206		21,700.	0.			HUMAN SERVICES
ACHIEVEMENT CENTERS FOR CHILDREN AND FAMILIES - 555 NW 4TH ST - DELRAY BEACH, FL 33444-2734	59-1264435		66,545.	0.			EDUCATION
BOYS & GIRLS CLUBS OF THE PLATEAU 558 FRANK ALLEN RD CASHIERS, NC 28717	46-5336895		50,000.	0.			YOUTH DEVELOPMENT
LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES - 5601 CORPORATE WAY STE #210 - WEST PALM BEACH, FL 33407	59-6008622		10,000.	0.			HUMAN SERVICES

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STONELEIGH-BURNHAM SCHOOL 574 BERNARDSTON RD GREENFIELD, MA 01301	04-2163044		10,000.	0.			EDUCATION
SUITS FOR SENIORS INC 5762 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417	81-2028864		12,700.	0.			YOUTH DEVELOPMENT
MOTHERS AGAINST MURDERERS ASSOCIATION, INC. - 5840 CORPORATE WAY STE 112 - WEST PALM BEACH, FL 33407	13-4257073		32,000.	0.			HUMAN SERVICES
ALPERT JEWISH FAMILY & CHILDREN'S SERVICE - 5841 CORPORATE WAY, 200 - WEST PALM BEACH, FL 33407	59-1520581		25,000.	0.			HUMAN SERVICES
AMERICAN ASSOCIATES OF THE NATIONAL THEATRE - 600 FIFTH AVE 2ND FLOOR - NEW YORK, NY 10020	13-4140412		25,000.	0.			ARTS, CULTURE, & HUMANITIES
INLET GROVE COMMUNITY HIGH SCHOOL, INC. - 600 WEST 28TH ST - RIVIERA BEACH, FL 33404	20-0350216		25,000.	0.			EDUCATION
FRIENDS OF MANATEE LAGOON 6000 NORTH FLAGLER DR, STE 202 WEST PALM BEACH, FL 33407	82-5477621		25,000.	0.			ANIMAL-RELATED
CULTURAL COUNCIL FOR PALM BEACH COUNTY - 601 LAKE AVE - LAKE WORTH BEACH, FL 33460	59-1862336		53,043.	0.			ARTS, CULTURE, & HUMANITIES
12TH STREET MINISTRIES COGOP 601 SE 12TH ST BELLE GLADE, FL 33430	47-3026754		20,000.	0.			RELIGION-RELATED

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MARINE EDUCATION INITIATIVE, INC. 604 BANYAN TR, #810102 BOCA RATON, FL 33481	45-3862555		15,000.	0.			YOUTH DEVELOPMENT
POWERUP SCHOLARSHIP FUND, INC. 6100 LAKE FORREST DR, STE 300 ATLANTA, GA 30328	82-0885331		25,000.	0.			YOUTH DEVELOPMENT
ST. MARY'S EPISCOPAL CHURCH 623 SE OCEAN BLVD STUART, FL 34994	59-1005086		9,000.	0.			RELIGION-RELATED
P.E.F. ISRAEL ENDOWMENT FUNDS INC. 630 THIRD AVE, 15TH FL NEW YORK, NY 10017	13-6104086		10,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
FRESH AIR FUND 633 THIRD AVE, 14TH FL NEW YORK, NY 10017	13-1656653		30,000.	0.			RECREATION & SPORTS
AMERICAN ASSOCIATION OF CAREGIVING YOUTH - 6401 CONGRESS AVE STE 200 - BOCA RATON, FL 33487	65-0866677		54,000.	0.			HUMAN SERVICES
ACADEMIC RESTORATION PLAN 650 ROYAL PALM BEACH BLVD #4 ROYAL PALM BEACH, FL 33411	87-2235866		15,000.	0.			EDUCATION
MARINER SANDS CHAPEL 6500 SE CONGRESSIONAL WY STUART, FL 34997-8664	59-2349297		5,615.	0.			RELIGION-RELATED
CHILDREN'S BEREAVEMENT CENTER, INC. - 6619 S DIXIE HWY #302 - MIAMI, FL 33143	65-0918564		25,000.	0.			HUMAN SERVICES

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YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S BOCA RATON, FL 33433	59-1416281		27,500.	0.			HUMAN SERVICES
CHASIN A DREAM FOUNDATION INC. 6694 SE YORKTOWN DR HOBE SOUND, FL 33455	82-2066748		11,395.	0.			HUMAN SERVICES
CENTER FOR TRAUMA COUNSELING, INC. 6801 LAKE WORTH RD, STE 307 LAKE WORTH, FL 33467	45-4708248		35,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
GIRL SCOUTS OF SOUTHEAST FLORIDA, INC - 6944 LAKE WORTH RD - LAKE WORTH, FL 33467	59-0657327		25,000.	0.			YOUTH DEVELOPMENT
THE MILAGRO CENTER INC. 695 AUBURN AVE DELRAY BEACH, FL 33444	65-0804625		150,000.	0.			ARTS, CULTURE, & HUMANITIES
JUNIOR ACHIEVEMENT OF THE PALM BEACHES AND TREASURE COAST - 700 ROSEMARY AVE STE 204 - WEST PALM BEACH, FL 33401	59-2333738		30,000.	0.			EDUCATION
PALM HEALTH FOUNDATION, INC. 700 S DIXIE HWY STE 103 WEST PALM BEACH, FL 33401	59-2391119		51,000.	0.			HEALTH CARE
XCEL MENTORING NETWORK 700 S ROSEMARY SQ STE 204 WEST PALM BEACH, FL 33401	93-4355322		50,000.	0.			YOUTH DEVELOPMENT
EMANUEL JACKSON SR PROJECT INC 700 W ATLANTIC AVE DELRAY BEACH, FL 33444	47-1912341		63,000.	0.			YOUTH DEVELOPMENT

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PALM BEACH COUNTY FOOD BANK, INC 701 BOUTWELL RD, SUITE A-2 LAKE WORTH BEACH, FL 33461	90-0788707		87,500.	0.			FOOD, AGRICULTURE & NUTRITION
RAYMOND F. KRAVIS CENTER FOR THE PERFORMING ARTS - 701 OKEECHOBEE BLVD - WEST PALM BEACH, FL 33401-6309	59-2245054		88,500.	0.			ARTS, CULTURE, & HUMANITIES
YOUNG SINGERS OF THE PALM BEACHES 701 OKEECHOBEE BLVD, 305 WEST PALM BEACH, FL 33401	30-0193514		30,000.	0.			ARTS, CULTURE, & HUMANITIES
ANGARI FOUNDATION, INC. 701 S OLIVE AVE STE 2010 WEST PALM BEACH, FL 33401	81-1526218		25,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
ICU BABY 711 CRANDON BLVD, PH1 KEY BISCAINE, FL 33149	83-0693300		10,000.	0.			HEALTH CARE
EDNA W. RUNNER TUTORIAL CENTER 7187 CHURCH ST JUPITER, FL 33458	65-0137715		132,875.	0.			EDUCATION
NORTHEND RISE INC. 723 39TH ST WEST PALM BEACH, FL 33407	83-2779001		52,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
NATIONAL AUTISM REGISTRY INC 7261 160TH ST N PALM BEACH GARDENS, FL 33418	65-1061465		14,434.	0.			HUMAN SERVICES
MILKEN INSTITUTE 730 15TH ST NW WASHINGTON, DC 20005	95-4240775		298,000.	0.			YOUTH DEVELOPMENT

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GOLD COAST DOWN SYNDROME ORGANIZATION, INC. - 7300 N FEDERAL HWY STE 100 - BOCA RATON, FL 33487	59-2350275		17,500.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
EPILEPSY ALLIANCE FLORIDA 7300 N KENDALL DR MIAMI, FL 33156	59-2164525		42,000.	0.			ARTS, CULTURE, & HUMANITIES
WHITE HOUSE HISTORICAL ASSOCIATION 740 JACKSON PL NW WASHINGTON, DC 20006	52-0749685		10,000.	0.			ARTS, CULTURE, & HUMANITIES
BEAST PHILANTHROPY DBA MRCHARITY INC. - 740 SE GREENVILLE BLVD STE 400-229 - GREENVILLE, NC 27858	85-2067214		50,000.	0.			FOOD, AGRICULTURE & NUTRITION
THE HELLENIC INITIATIVE 750 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	45-5301968		50,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110		25,000.	0.			HUMAN SERVICES
STUDENT ACES, INC. 7750 ARBOR CREST WAY PALM BEACH GARDENS, FL 33412	46-3081102		72,000.	0.			YOUTH DEVELOPMENT
MARINE MEGAFUNA FOUNDATION 7750 OKEECHOBEE BLVD STE 4 PMB 3038 WEST PALM BEACH, FL 33411	46-0645082		22,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
AMERICAN FRIENDS OF TZFAT INC. 781 EASTERN PKWY BROOKLYN, NY 11213	76-0745710		10,000.	0.			PUBLIC & SOCIETAL BENEFIT

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TREASURE HOUSE 7815 W ASPERA BLVD GLENDALE, AZ 85308	80-0836112		14,538.	0.			HOUSING & SHELTER
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DR BAY HARBOR, MI 49770	46-4121514		10,000.	0.			ARTS, CULTURE, & HUMANITIES
BOCA RATON REGIONAL HOSPITAL FOUNDATION AT BAPTIST HEALTH S FL - 800 MEADOWS RD - BOCA RATON, FL 33486	59-1006663		27,000.	0.			HEALTH CARE
BOYS & GIRLS CLUBS OF PALM BEACH COUNTY, INC. - 800 NORTHPOINT PKWY STE 204 - WEST PALM BEACH, FL 33407-1946	23-7060561		374,782.	0.			YOUTH DEVELOPMENT
ALZHEIMER'S COMMUNITY CARE, INC. 800 NORTHPOINT PKWY, 101B WEST PALM BEACH, FL 33407	31-1481653		83,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
HEARTS FOR MOMS, INC. 801 NORTHPOINT PKWY, STE 75 WEST PALM BEACH, FL 33407	82-1615669		5,500.	0.			HUMAN SERVICES
PALM BEACH STATE COLLEGE FOUNDATION - 812 FERN ST - WEST PALM BEACH, FL 33401	59-1818556		93,947.	0.			EDUCATION
SICKLE CELL FOUNDATION OF PALM BEACH COUNTY TREASURE COAST, INC - 815 PALM BEACH LAKES BLVD - WEST PALM BEACH, FL 33401	59-1975315		30,000.	0.			HEALTH CARE
THE SALVATION ARMY OF MARTIN COUNTY - 821 SE MARTIN LUTHER KING BLVD - STUART, FL 34994	13-5562351		35,615.	0.			HEALTH CARE

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FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE NATIONAL WILDLIFE REFUGE - 821 SW 33RD PL - BOYNTON BEACH, FL 33426	59-2152926		25,000.	0.			ARTS, CULTURE, & HUMANITIES
HISTORICAL SOCIETY OF MARTIN COUNTY, INC. - 825 NE OCEAN BLVD - STUART, FL 34996	59-0913326		50,615.	0.			ARTS, CULTURE, & HUMANITIES
FEED THE HUNGRY PANTRY OF PALM BEACH COUNTY - 8306 155TH PLACE N - PALM BEACH GARDENS, FL 33418	82-3760456		108,500.	0.			FOOD, AGRICULTURE & NUTRITION
ST. VINCENT FERRER CATHOLIC CHURCH 840 GEORGE BUSH BLVD DELRAY BEACH, FL 33483-5733	59-2438903		38,543.	0.			RELIGION-RELATED
FAMILY PROMISE OF SOUTH PALM BEACH COUNTY, INC. - 840 GEORGE BUSH BLVD, BLDG D - DELRAY BEACH, FL 33483	56-2656166		50,000.	0.			RELIGION-RELATED
XCEL STRATEGIES 8401 ROYAL OAK DR SAVANNAH, GA 31406	46-0987967		40,000.	0.			YOUTH DEVELOPMENT
ARVADA COMMUNITY FOOD BANK, INC. AKA COMMUNITY TABLE - 8555 W 57TH AVE - ARVADA, CO 80002	74-2250374		20,000.	0.			HUMAN SERVICES
CARIDAD CENTER, INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472-4415	65-0149423		84,320.	0.			HUMAN SERVICES
RYAN LICHT SANG BIPOLAR FOUNDATION, INC. - 875 N MICHIGAN AVE, STE 3100 - CHICAGO, IL 60611	20-1750379		10,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION

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NORWOOD SCHOOL, INC. 8821 RIVER RD BETHESDA, MD 20817	52-0901098		26,080.	0.			EDUCATION
CENTER FOR CHILD COUNSELING 8895 N MILITARY TRL STE 300C PALM BEACH GARDENS, FL 33410	65-0932032		47,500.	0.			HEALTH CARE
BASCOM PALMER EYE INSTITUTE, UM HEALTH - 900 NW 17TH ST, STE 6 - MIAMI, FL 33136	59-0624458		15,381.	0.			EDUCATION
TYKES & TEENS INC. 900 SE OCEAN BLVD BLDG E STE 340 STUART, FL 34994	65-0570899		63,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
PALM BEACH ATLANTIC UNIVERSITY - PRESIDENTS OFFICE - 901 S FLAGLER DR - WEST PALM BEACH, FL 33401	59-1092732		10,000.	0.			EDUCATION
PLACE OF HOPE 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	65-0841384		289,000.	0.			HUMAN SERVICES
BEST FOOT FORWARD FOUNDATION INC. 9080 KIMBERLY BLVD STE 10 BOCA RATON, FL 33434	30-0598378		95,000.	0.			YOUTH DEVELOPMENT
MENTAL HEALTH AMERICA OF PALM BEACH COUNTY, INC. - 909 FERN ST - WEST PALM BEACH, FL 33401-5717	59-0760220		58,530.	0.			MENTAL HEALTH, CRISIS INTERVENTION
W.A.M.Y. COMMUNITY ACTION, INC. 925 BIRCH ST, STE 2 BOONE, NC 28607	56-0816296		50,000.	0.			HUMAN SERVICES

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PEDIATRIC ONCOLOGY SUPPORT TEAM, INC. - 927 45TH ST, STE 203 - WEST PALM BEACH, FL 33407	45-4769367		46,385.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
CREATIVE CITY COLLABORATIVE OF DELRAY BEACH, INC. DBA ARTS GARAGE - 94 NE 2ND AVE - DELRAY BEACH, FL 33444	26-3210202		91,000.	0.			ARTS, CULTURE, & HUMANITIES
MAUI UNITED WAY 95 MAHALANI ST STE 24 WAILUKU, HI 96793	99-0086524		11,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
FRIENDS OF ADERES HATORAH, INC. 953 E 10TH ST BROOKLYN, NY 11230	51-0589445		20,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
MARTIN COUNTY HEALTHY START COALITION, INC. - 963 SE FEDERAL HWY - STUART, FL 34994	65-0359999		75,000.	0.			HEALTH CARE
VICTORY NURSING, INC. 965 WEDGWORTH RD BELLE GLADE, FL 33430	83-3791258		45,000.	0.			EDUCATION
EPIC FOUNDATION 9684 E HORIZON DR SCOTTSDALE, AZ 85262	86-3228600		18,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
ISRALIGHT SOUTH FLORIDA/ORAYTA 9687 PAVAROTTI TERRACE, 102 BOYNTON BEACH, FL 33437	65-0915662		15,000.	0.			RELIGION-RELATED
PHILANTHROPY TANK INC 9858 CLINT MOORE ROAD, SUITE C111 BOCA RATON, FL 33496	46-3206074		15,939.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING

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QUANTUM HOUSE, INC. 987 45TH ST WEST PALM BEACH, FL 33407	65-0898326		33,050.	0.			HEALTH CARE
MAX PLANCK FLORIDA INSTITUTE FOR NEUROSCIENCE - ONE MAX PLANCK WAY - JUPITER, FL 33458-2906	26-2117502		50,000.	0.			MEDICAL RESEARCH
RESTORATION DESTINATION INC. P O BOX 294 PAHOKEE, FL 33476	83-1554251		27,000.	0.			HOUSING & SHELTER
KINDWAY P O BOX 443 WESTERVILLE, OH 43068	27-0254185		24,000.	0.			HUMAN SERVICES
CAMBRIDGE IN AMERICA P O BOX 9123 JAF BLDG NEW YORK, NY 10087	52-6071299		50,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
THE FUND FOR WEST PALM BEACH POLICE - P. O. BOX 851 - WEST PALM BEACH, FL 33402	59-2293239		10,000.	0.			CRIME & LEGAL-RELATED
UNIVERSITY OF MIAMI P.O. BOX 025551, LOCATION 20 MIAMI, FL 33102	59-0624458		10,000.	0.			EDUCATION
INTERNATIONAL LEADERSHIP INSTITUTE, INC. - P.O. BOX 1005 - CARROLLTON, GA 30112	31-1803122		25,000.	0.			RELIGION-RELATED
SYNERGY CAMP INC. P.O. BOX 221912 WEST PALM BEACH, FL 33422	83-3812146		20,000.	0.			EDUCATION

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FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC - P.O. BOX 3091 - BOCA RATON, FL 33431-0991	59-0917284		105,500.	0.			EDUCATION
SUNFEST OF PALM BEACH COUNTY P.O. BOX 425 WEST PALM BEACH, FL 33402	59-1864355		10,000.	0.			ARTS, CULTURE, & HUMANITIES
PARTNERSHIP FOR ENVIRONMENTAL EDUCATION - P.O. BOX 7674 - JUPITER, FL 33458	65-0599576		25,000.	0.			ENVIRONMENT
ST. GEORGE'S CENTER, INC. DBA ST. GEORGE TABLE - PO BOX 10584 - WEST PALM BEACH, FL 33419-0584	30-1293022		25,000.	0.			RELIGION-RELATED
PIPER'S ANGELS FOUNDATION PO BOX 1104 JUPITER, FL 33468	81-2697278		41,113.	0.			HEALTH CARE
SOUTHERN SUN FARM SANCTUARY, INC. PO BOX 111 GLENDALE SPRINGS, NC 28629	45-4274518		7,000.	0.			ANIMAL-RELATED
UNIVERSITY OF FLORIDA FOUNDATION, INC - PO BOX 14425 - GAINESVILLE, FL 32604-2425	59-0974739		258,790.	0.			EDUCATION
BRAHMAN ATHLETIC ASSOCIATION, INC. PO BOX 1543 OKEECHOBEE, FL 34973	37-1711439		37,500.	0.			RECREATION & SPORTS
THE PARADISE FUND INC. PO BOX 2020 PALM BEACH, FL 33480	26-0381941		46,352.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING

Schedule I (Form 990)

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

Schedule I (Form 990)

23-7181875

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF LEKET ISRAEL, INC. - PO BOX 2090 - TEANECK, NJ 07666	20-8202424		150,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
FRIENDS OF THE ACADEMY OF ENVIRONMENTAL SCIENCE AND TECHNOLOGY - PO BOX 21686 - WEST PALM BEACH, FL 33416	65-0788164		10,000.	0.			EDUCATION
OUR COMMUNITY TABLE PALM CITY PO BOX 2180 PALM CITY, FL 34991	85-2575312		10,000.	0.			EDUCATION
UNIVERSITY OF KENTUCKY PO BOX 23552 LEXINGTON, KY 40506-0015	61-6001218		100,000.	0.			EDUCATION
FIRST CHURCH OF GOD SOUTH BAY PO BOX 247 SOUTH BAY, FL 33493	35-6064030		15,000.	0.			RELIGION-RELATED
MEALS ON WHEELS OF THE PALM BEACHES - PO BOX 247 - WEST PALM BEACH, FL 33402-0247	27-2891297		27,500.	0.			FOOD, AGRICULTURE & NUTRITION
PALM BEACH ATLANTIC UNIVERSITY - FINANCIAL AID OFFICE - PO BOX 24708 901 S FLAGLER DR - WEST PALM BEACH, FL 33416-4708	59-1092732		220,000.	0.			EDUCATION
BOCA RATON ROTARY FUND PO BOX 272641 BOCA RATON, FL 33486	59-6151047		12,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
GARDEN CLUB OF PALM BEACH PO BOX 2791 PALM BEACH, FL 33480	59-0702820		17,500.	0.			ENVIRONMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

**23-7181875**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION OF MARTIN COUNTY - PO BOX 291 - STUART, FL 34995	65-0304639		49,615.	0.			EDUCATION
STOP CHILDRENS CANCER OF PALM BEACH COUNTY INC - PO BOX 30161 - PALM BEACH GARDENS, FL 33420	65-0082013		10,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
THE LORD'S PLACE INC PO BOX 3265 WEST PALM BEACH, FL 33402	59-2240502		121,650.	0.			HUMAN SERVICES
CANCER ALLIANCE OF HELP AND HOPE PO BOX 3292 PALM BEACH, FL 33480	90-0101236		86,856.	0.			EDUCATION
TOWN OF HARTLAND RECREATION DEPARTMENR - PO BOX 349 - HARTLAND, VT 05048	03-6000507		17,900.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
211 PALM BEACH TREASURE COAST PO BOX 3588 LANTANA, FL 33465	23-7153017		38,919.	0.			MENTAL HEALTH, CRISIS INTERVENTION
VILLAGE PROJECT AFRICA PO BOX 382 NOBLESVILLE, IN 46061	27-1484750		24,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
HISTORICAL SOCIETY OF PALM BEACH COUNTY - PO BOX 4364 - WEST PALM BEACH, FL 33402	59-6158821		5,851.	0.			ARTS, CULTURE, & HUMANITIES
MARY QUEEN OF HEAVEN INC. PO BOX 4866 COVINA, CA 91723	26-1247887		10,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

**23-7181875**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATH TO COLLEGE FOUNDATION, INC. PO BOX 487 LAKE WORTH, FL 33460	81-5228014		57,200.	0.			EDUCATION
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47404	35-6018940		100,000.	0.			EDUCATION
HEALTHY MOTHERS/HEALTHY BABIES COALITION OF PBC, INC. - PO BOX 5689 - LAKE WORTH, FL 33466	59-2657051		58,500.	0.			HEALTH CARE
LEAGUE OF WOMEN VOTERS OF PALM BEACH COUNTY EDUCATION FUND - PO BOX 6208 - DELRAY BEACH, FL 33482-6209	46-2821816		10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MIRACLE LEAGUE OF PALM BEACH COUNTY - PO BOX 7211 - DELRAY BEACH, FL 33482	65-1248741		9,000.	0.			RECREATION & SPORTS
ATLANTIC SALMON FEDERATION INC. PO BOX 807 CALAIS, ME 04619	13-2618801		25,000.	0.			ANIMAL-RELATED
CITYHOUSE, INC. PO BOX 8451 DELRAY BEACH, FL 33482-8451	46-3890624		73,000.	0.			HOUSING & SHELTER
CHILD EVANGELISM FELLOWSHIP INC PO BOX 861 MOUNT VERNON, OH 43050	34-0898549		63,000.	0.			YOUTH DEVELOPMENT
RIDE CINCINNATI FOUNDATION PO BOX 862 CINCINNATI, OH 45040-0862	20-4899800		8,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

Schedule I (Form 990)

Page 1

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COMMUNITY FOUNDATION FOR PALM BEACH AND  
MARTIN COUNTIES, INC.

23-7181875

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PROPOSALS ARE RECEIVED AND REVIEWED BY VICE PRESIDENT FOR COMMUNITY

INVESTMENT. PROPOSALS ARE APPROVED BY THE BOARD OF DIRECTORS. COMMUNITY

INVESTMENT STAFF VISITS AND MEETS WITH GRANTEEES. GRANTEE'S REPORTS REQUEST

ARE EVALUATED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2023

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANITA DEHANEY PRESIDENT AND CEO	(i)	346,883.	53,040.	0.	33,783.	14,765.	448,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STACEY BELL CFO	(i)	207,719.	16,000.	0.	12,160.	14,746.	250,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY KATHERINE MORALES VP FOR PHILANTHROPIC GIVIN	(i)	177,315.	14,000.	0.	15,872.	14,636.	221,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE LAUDERBAUGH VP MARKETING	(i)	175,032.	13,728.	0.	15,375.	1,295.	205,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH PRITCHARD CIO	(i)	151,167.	12,000.	0.	9,120.	14,598.	186,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023



## 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.

[illegible]

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

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

Employer identification number  
**23-7181875**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>PALM BEACH COUNTY, A FLORIDA</b>	<b>59-6000785</b>	<b>000696547</b>	<b>03/04/04</b>	<b>10996138.</b>	<b>FINANCE DEVELOPMENT</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired .....	<b>6,400,000.</b>							
<b>2</b> Amount of bonds legally defeased .....								
<b>3</b> Total proceeds of issue .....	<b>10,996,138.</b>							
<b>4</b> Gross proceeds in reserve funds .....								
<b>5</b> Capitalized interest from proceeds .....								
<b>6</b> Proceeds in refunding escrows .....								
<b>7</b> Issuance costs from proceeds .....	<b>157,063.</b>							
<b>8</b> Credit enhancement from proceeds .....	<b>10,879.</b>							
<b>9</b> Working capital expenditures from proceeds .....								
<b>10</b> Capital expenditures from proceeds .....	<b>2,899,196.</b>							
<b>11</b> Other spent proceeds .....								
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....	<b>2005</b>							
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	<b>X</b>							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		<b>X</b>						
<b>16</b> Has the final allocation of proceeds been made? .....	<b>X</b>							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	<b>X</b>							

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

Schedule K (Form 990) 2023

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

Schedule K (Form 990) 2023

23-7181875

Page 2

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		<b>X</b>						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>d</b> 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? ...								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		<b>X</b>						
<b>8a</b> 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?		<b>X</b>						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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? .....	<b>X</b>							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		<b>X</b>						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		<b>X</b>						
<b>b</b> Exception to rebate? .....		<b>X</b>						
<b>c</b> No rebate due? .....		<b>X</b>						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	<b>X</b>							



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	3,701,002.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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

332142 09-11-23

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR PALM BEACH AND  
MARTIN COUNTIES, INC.

Employer identification number  
23-7181875

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

ENDOWMENTS, TO PROVIDE COMMUNITY LEADERSHIP ON RELEVANT ISSUES, AND TO  
ADDRESS NEEDS THROUGH GRANTMAKING. AS PART OF OUR STRATEGIC PLAN, THE  
COMMUNITY FOUNDATION'S GRANTMAKING FOCUSES ON DISCOVERING COLLECTIVE  
IMPACT PARTNERSHIPS AND LISTENING CLOSELY TO THE NEEDS OF OUR LOCAL  
COMMUNITY.

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

GRANTMAKING FOCUSES ON DISCOVERING COLLECTIVE IMPACT PARTNERSHIPS AND  
LISTENING CLOSELY TO THE NEEDS OF OUR LOCAL COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

THROUGH OUR FY24 COMPETITIVE GRANT PROCESS, WITH THE SUPPORT OF  
UNRESTRICTED AND FIELD OF INTEREST FUNDS, 136 GRANTS WERE AWARDED FOR  
\$5,045,259 TO NONPROFITS IN THE PALM BEACH COUNTY AND MARTIN COUNTY  
GEOGRAPHICAL REGION.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number	23-7181875
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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 NONPROFITS' CAPACITY. BY STRENGTHENING OUR NONPROFIT SYSTEMS AND STRUCTURES, THEY CAN WORK MORE EFFICIENTLY AND EFFECTIVELY, RESULTING IN INCREASED COMMUNITY IMPACT. THROUGH A COLLABORATIVE PARTNERSHIP WITH SEVEN OTHER COMMUNITY FUNDERS, WE WERE ABLE TO SUPPORT 94 NONPROFIT PARTNERS TO COMPLETE PROJECTS LIKE SOCIAL MEDIA SETUPS, STRATEGIC PLAN DEVELOPMENT, FUNDRAISING ASSESSMENTS, WEBSITE VISUAL DESIGNS, PRINT MATERIAL DESIGNS, DATABASE MIGRATION PROJECTS, DATA COLLECTION PLANS, AND MORE. WE ALSO SUPPORTED A COHORT OF NONPROFITS TO ENGAGE IN PROGRAMMING TO HELP BUILD THEIR KNOWLEDGE, DIVERSIFY THEIR FUNDING OPPORTUNITIES, AND TRACK THEIR IMPACT. WE ARE EXCITED TO REPORT THIS COHORT HAS BEEN ABLE TO MORE EFFECTIVELY MANAGE THEIR BOARDS, RUN THEIR PROGRAMS, AND POSITION THEIR ORGANIZATIONS TO SECURE ALTERNATIVE FUNDING AS A RESULT OF THIS PROGRAM.

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. THE COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES IS ADDING A WRAP-AROUND SERVICES PROGRAM TO SUPPORT SCHOLARSHIP RECIPIENTS BY PROVIDING THEM WITH TOOLS TO ADDRESS CHALLENGES THAT MAY OTHERWISE HAVE AN IMPACT ON



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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AS DONOR-ADVISED AND DESIGNATED FUND TYPES, TO FACILITATE THE  
PHILANTHROPIC INTENTIONS OF INDIVIDUALS AND GROUPS. THE ADMINISTRATIVE  
PROCESS INVOLVES PROCESSING AND DISBURSING GRANTS TO NONPROFIT ENTITIES  
IN ACCORDANCE WITH THE TERMS OF EACH INDIVIDUAL FUND. WE PROVIDE  
ADMINISTRATIVE SERVICES FOR OVER 307 DAF DONOR-ADVISED AND DESIGNATED  
FUNDS AND WORK CLOSELY WITH OUR FUNDHOLDERS TO MAKE GRANTS TO THE  
CHARITIES THEY SUPPORT, WHILE ALSO INTRODUCING THEM TO CHARITIES THAT  
ALIGN WITH THEIR GIVING PREFERENCES. OUR DUE DILIGENCE PROCESS INCLUDES  
CONFIRMING THE EIN/501(C)(3) STATUS OF ORGANIZATIONS THROUGH GUIDESTAR  
CHARITY CHECK AND THE IRS.GOV WEBSITE TO ENSURE THEIR VALIDITY. A KEY  
BENEFIT OF OUR DONOR-ADVISED FUND PROGRAM IS OUR ONLINE PORTAL, WHICH  
PROVIDES REAL-TIME ACCESS TO FUND INFORMATION AND ENABLES INDEPENDENT  
GRANT-MAKING BY FUNDHOLDERS. THROUGH OUR DONOR-CENTRIC SERVICES, WE CAN  
MAXIMIZE THE IMPACT OF GRANT-MAKING DOLLARS ON IMPORTANT PROGRAMS AND  
IMMEDIATE CRITICAL NEEDS. ONE OF THE CORE COMPONENTS OF THE COMMUNITY  
FOUNDATION'S MISSION IS TO ASSIST NONPROFITS IN ESTABLISHING A  
SUSTAINABLE SOURCE OF INCOME, ENSURING THE CONTINUITY OF THEIR PROGRAMS  
AND SERVICES FOR YEARS TO COME. WE ARE DEDICATED TO STRENGTHENING AND  
SUPPORTING OUR NONPROFIT COMMUNITY AND MANAGING ASSETS AND RESERVES FOR  
NONPROFIT ORGANIZATIONS, WITH 91 NONPROFIT FUNDS REPRESENTING  
\$9,594,018 MILLION CURRENTLY UNDER OUR STEWARDSHIP.

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.

Name of the organization	COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST STATEMENT IS COMPLETED AND SUBMITTED ANNUALLY BY THE OFFICERS, DIRECTORS AND KEY EMPLOYEES FOR REVIEW BY THE CFO FOR POTENTIAL CONFLICTS OF INTEREST. THE FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO THE BEGINNING OF THE FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

CEO AND OFFICER'S SALARIES ARE DETERMINED FROM RESEARCH OF OTHER LOCAL AREA NONPROFIT COMPENSATION RECORDS AND ALSO FROM PUBLISHED SALARY SURVEY DATA FOR HUMAN RESOURCE MANAGEMENT PURPOSES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-82,875.
AGENCY TRANSACTIONS- AMOUNTS RECEIVED	-2,563,143.
AGENCY TRANSACTIONS- DISTRIBUTIONS TO AGENCIES	2,924,137.
CHANGE IN VALUE OF INTEREST RATE SWAP	-89,924.
TRANSFER TO OTHER NONPROFIT ORGANIZATIONS	-63,586.
TOTAL TO FORM 990, PART XI, LINE 9	124,609.

FORM 990, PART XII, LINE 2C

THERE IS NO CHANGE FORM PRIOR YEAR.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.</b>	Employer identification number <b>23-7181875</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFPBMC HOLDINGS, LLC - 20-0047844 700 SOUTH DIXIE HWY SUITE 200 WEST PALM BEACH, FL 33401	FURTHER THE CHARITABLE PURPOSE OF CFPBMC.	FLORIDA			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

## Part III

## Part III

## Part IV

## Part IV

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

Schedule R (Form 990) 2023

23-7181875 Page 3

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

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

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

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

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

## Schedule R (Form 990) 2023

Page 4

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.

Schedule R (Form 990) 2023

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

Type and Entity: COMMERCIAL RENTAL INCO POST-2017 NO  
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

	Year Originated		Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018		113,126.									
B	2019		49,683.									
C	2021		85,959.									
D	2022		74,155.									
E	2023		127,566.									
F												
G												
H												
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	Detail Type		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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FEIN: 23-7181875

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Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

	Year Originated	Original Carryover Amount		Total Amount Used	Amount Used for 06/30/24	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2003	663,915.		535,184.	535,184.							
B	2004	91,803.										
C	2005	102,176.										
D	2006	575,922.										
E	2007	410,698.										
F	2008	706,515.										
G	2009	538,461.										
H	2010	512,328.										
I	2011	420,478.										
J	2012	625,161.										
K	2013	464,787.										
L	2014	355,322.										
M	2016	24,292.										
N	2017	90,580.										
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P												
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R												
S												
T												
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W												
	Detail Type	E S B C	Amount Used for		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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FEIN: 23-7181875

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DETAIL CARRYOVER SCHEDULE												
Type and Entity: NOL FL												
Section 382 Annual Limitation			Section 382 Carryover									
Year Originated	Original Carryover Amount		Total Amount Used	Amount Used for 06/30/24	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2003	663,915.	663,915.	663,915.								
B	2004	91,803.	91,803.	91,803.								
C	2005	102,176.	102,176.	102,176.								
D	2006	575,922.	575,922.	575,922.								
E	2007	410,698.	410,698.	410,698.								
F	2008	706,515.	706,515.	706,515.								
G	2009	538,461.	538,461.	538,461.								
H	2010	512,328.	512,328.	512,328.								
I	2011	420,478.	420,478.	420,478.								
J	2012	625,161.	625,161.	625,161.								
K	2013	464,787.	464,787.	464,787.								
L	2014	355,322.	355,322.	355,322.								
M	2016	24,292.	24,292.	24,292.								
N	2017	90,580.	90,580.	90,580.								
O	2018	146,084.										
P	2019	226,795.										
Q												
R												
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Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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FEIN: 23-7181875

Type and Entity: CONTRIBUTION - 50% CASH FL

### DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

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

OMB No. 1545-0047

**2023**For calendar year 2023 or other tax year beginning **JUL 1, 2023**, and ending **JUN 30, 2024**Department of the Treasury  
Internal Revenue ServiceGo to **www.irs.gov/Form990T** for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>700 SOUTH DIXIE HIGHWAY, 200</b> City or town, state or province, country, and ZIP or foreign postal code <b>WEST PALM BEACH, FL 33401</b> <b>C</b> Book value of all assets at end of year ..... <b>269,794,994.</b>	<b>D</b> Employer identification number  <b>23-7181875</b> <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>THE ORGANIZATION</b> Telephone number <b>561-659-6800</b>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	535,338.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	535,338.
4 Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	535,338.
6 Deduction for net operating loss. See instructions <b>STATEMENT 3</b> .....	6	535,338.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

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

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a		
b Other credits (see instructions) .....	1b		
c General business credit. Attach Form 3800 (see instructions) .....	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	1d		
e <b>Total credits.</b> Add lines 1a through 1d .....	1e		
2 Subtract line 1e from Part II, line 7 .....	2		0.
3a Amount due from Form 4255 .....	3a		
b Amount due from Form 8611 .....	3b		
c Amount due from Form 8697 .....	3c		
d Amount due from Form 8866 .....	3d		
e Other amounts due (see instructions) .....	3e		
f <b>Total amounts due.</b> Add lines 3a through 3e .....	3f		0.
4 <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5		0.

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

<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>		
<b>j</b>	Other (see instructions) .....	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b> .....	<b>11</b>		

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

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	<b>Yes</b>	<b>No</b>
			<b>X</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		<b>X</b>
	If "Yes," see instructions for other forms the organization may have to file.		
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <u>5,582,438.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017 NOL carryover		
	531120 \$ 469,007.		
	525990 \$ 944,407.		
	\$		
	\$		
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	TYLER JOHNSON	TYLER JOHNSON	05/20/25	P01959117
	Firm's name CITRIN COOPERMAN ADVISORS LLC	Firm's EIN		87-2525370
	Firm's address 6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL 33308	Phone no.		954-771-0896

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
---

Form **990-T** (2023)

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	1.	
CHARITABLE CONTRIBUTIONS - TIFF PRIVATE EQUITY PARTNERS 2008, LLC	N/A	1.	
CHARITABLE CONTRIBUTIONS - LANDMARK EQUITY PARTNERS XIV, LP	N/A	2.	
CHARITABLE CONTRIBUTIONS - MREP GLOBAL III, LP	N/A	2.	
CHARITABLE CONTRIBUTIONS - LANDMARK EQUITY PARTNERS XV, LP	N/A	8.	
CHARITABLE CONTRIBUTIONS - VIA ENERGY III, LP	N/A	61.	
CHARITABLE CONTRIBUTIONS - JUNIPER CAPITAL II, LP	N/A	79.	
TOTAL TO FORM 990-T, PART I, LINE 4		154.	



## 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 2018  
FOR TAX YEAR 2019  
FOR TAX YEAR 2020  
FOR TAX YEAR 2021  
FOR TAX YEAR 2022

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 154

TOTAL CONTRIBUTIONS AVAILABLE 154

TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 154

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 154

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 5,582,438.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 535,338.

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

1	0.
2	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 535,338.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
 EXPIRING NET OPERATING LOSSES 128,731.  
 CARRY FORWARD OF NET OPERATING LOSS 4,918,369.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/03	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.
NOL CARRYOVER AVAILABLE THIS YEAR			5,582,438.	5,582,438.

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

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

OMB No. 1545-0047

**2023**

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b> 465,423.	<b>592,989.</b>	<b>-127,566.</b>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 465,423.	<b>592,989.</b>	<b>-127,566.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>0.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>-127,566.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>-127,566.</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

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

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>	700 S. DIXIE HWY, WEST PALM BEACH, FL 33401			
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....	0.			
b	Other deductions (attach statement) <u>STMT 8</u> .....	943,348.			
c	Total deductions (add lines 3a and 3b, columns A through D) .....	943,348.			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <u>STMT</u> .....	74,500,000.			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) <u>STMT 9</u> .....	7,158,821.			
6	Divide line 4 by line 5 .....	62.860 %	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....	465,423.			
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	465,423.			
9	Allocable deductions. Multiply line 3c by line 6 .....	592,989.			
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	592,989.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

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

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

## Nonexempt Controlled Organizations

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

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

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

Totals

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

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

Schedule A (Form 990-T) 2023

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A 

**B** ☐

C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

<b>2</b>	Gross advertising income .....				
	Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

**a**

<b>3</b>	Direct advertising costs by periodical				
----------	--	--	--	--	--

**a**

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

[illegible]

## 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 less than line 6, enter -0-

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

**a**

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

Part II, line 13 ..... 0.

<b>Part X</b>	<b>Compensation of Officers, Directors, and Trustees</b> (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 0.

<b>Part XI</b>	<b>Supplemental Information</b> (see instructions)
----------------	--

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

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

TO FORM 990-T, SCHEDULE A, LINE E

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

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	146,084.	0.	146,084.	146,084.
06/30/19	113,126.	0.	113,126.	113,126.
06/30/20	49,683.	0.	49,683.	49,683.
06/30/22	85,959.	0.	85,959.	85,959.
06/30/23	74,155.	0.	74,155.	74,155.
NOL CARRYOVER AVAILABLE THIS YEAR			469,007.	469,007.

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

## STATEMENT 7

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

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

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
DEPRECIATION EXP		91,232.		
UTILITIES		373,652.		
INTEREST EXPENSES		31,858.		
INSURANCE		105,233.		
RENTAL MANAGEMENT FEES		341,373.		
- SUBTOTAL -	1	943,348.	1.00	943,348.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				943,348.



FORM 990-T (A)

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
700 S. DIXIE HWY, WEST PALM BEACH, FL 33401		7,158,821.	
- SUBTOTAL -	1		7,158,821.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			7,158,821.

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

Department of the Treasury  
Internal Revenue Service

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

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

2  
OMB No. 1545-0047

**2023**

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

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

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

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b> 7,126.		7,126.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 10</b>		<b>5</b> 528,211.		528,211.
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 11</b>		<b>12</b> 1.		1.
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 535,338.		535,338.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	535,338.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	535,338.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

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

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

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

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

  

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

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

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

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

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

Schedule A (Form 990-T) 2023

2023.05080 COMMUNITY FOUNDATION FOR 239175 2

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION		NET INCOME OR (LOSS)
ROCKEFELLER ACCESS FUND I, LLC - ORDINARY BUSINESS INCOME (LOSS)		873.
ROCKEFELLER ACCESS FUND I, LLC - OTHER INCOME (LOSS)		-5.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)		199.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - NET RENTAL REAL ESTATE INCOME		-1,038.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)		328.
LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS)		436.
LANDMARK EQUITY PARTNERS XIV, LP - NET RENTAL REAL ESTATE INCOME		-28.
LANDMARK EQUITY PARTNERS XIV, LP - INTEREST INCOME		110.
MREP GLOBAL III, LP - ORDINARY BUSINESS INCOME (LOSS)		-99.
MREP GLOBAL III, LP - NET RENTAL REAL ESTATE INCOME		-1,027.
MREP GLOBAL III, LP - INTEREST INCOME		171.
MREP GLOBAL III, LP - DIVIDEND INCOME		224.
MREP GLOBAL III, LP - OTHER PORTFOLIO INCOME (LOSS)		3,454.
MREP GLOBAL III, LP - OTHER INCOME (LOSS)		-4,501.
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)		30,383.
LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE INCOME		-270.
LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME		67.
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME		25.
LANDMARK EQUITY PARTNERS XV, LP - ROYALTIES		66.
LANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME (LOSS)		6.
LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)		494.
GEM REALTY FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)		-174.
GEM REALTY FUND V, LP - NET RENTAL REAL ESTATE INCOME		-13,786.
GEM REALTY FUND V, LP - OTHER INCOME (LOSS)		-9,613.
GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)		-1,483.
GEM REALTY FUND VI, LP - NET RENTAL REAL ESTATE INCOME		-3,991.
GEM REALTY FUND VI, LP - OTHER INCOME (LOSS)		-1,314.
VIA ENERGY III, LP - ORDINARY BUSINESS INCOME (LOSS)		192,935.
VIA ENERGY III, LP - NET RENTAL REAL ESTATE INCOME		-65.
VIA ENERGY III, LP - INTEREST INCOME		3,356.
VIA ENERGY III, LP - DIVIDEND INCOME		5,196.
VIA ENERGY III, LP - ROYALTIES		3,336.
VIA ENERGY III, LP - OTHER PORTFOLIO INCOME (LOSS)		-8.
OLD IRONSIDES ENERGY FUND II-A, LP - ORDINARY BUSINESS INCOME (LOSS)		249,126.
OLD IRONSIDES ENERGY FUND II-A, LP - ROYALTIES		6,723.
OLD IRONSIDES ENERGY FUND II-A, LP - OTHER INCOME (LOSS)		-222,643.
JUNIPER CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS)		674,874.
JUNIPER CAPITAL II, LP - OTHER INCOME (LOSS)		-377,969.
LEGACY VENTURE VIII, LLC - ORDINARY BUSINESS INCOME (LOSS)		-7.
LEGACY VENTURE VIII, LLC - OTHER PORTFOLIO INCOME (LOSS)		438.
LEGACY VENTURE VIII, LLC - OTHER INCOME (LOSS)		-3,157.

COMMUNITY FOUNDATION FOR PALM BEACH AND	23-7181875
SEPSTONE VC OPPORTUNITIES IV - ORDINARY BUSINESS INCOME (LOSS)	-3,431.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	528,211.

FORM 990-T (A)	OTHER INCOME	STATEMENT 11
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - LANDMARK EQUITY PARTNERS XV, LP		1.
TOTAL TO SCHEDULE A, PART I, LINE 12		1.

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

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	728,487.	0.	728,487.	728,487.
06/30/20	177,112.	0.	177,112.	177,112.
06/30/22	38,808.	0.	38,808.	38,808.
NOL CARRYOVER AVAILABLE THIS YEAR			944,407.	944,407.





23-7181875

**SCHEDULE D**  
**(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2023**

Name

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

Employer identification number

**23-7181875**

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> 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 .....				-32.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	-32.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> 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 .....				-1,649.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	8,807.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	7,158.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	7,126.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	7,126.

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

Form **4797**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](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2023**Attachment  
Sequence No. **27**

Name(s) shown on return

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

Identifying number

**23-7181875**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

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

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>SEE STATEMENT 14</b>							

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

**3****4****5****6****7****8,807.**

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

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

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

**8****9****8,807.****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**11****12****13****14****15****16****17****18a****18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

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

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

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 14

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC						-346.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						966.
LANDMARK EQUITY PARTNERS XIV, LP						92.
MREP GLOBAL III, LP						-215.
LANDMARK EQUITY PARTNERS XV, LP						1,493.
GEM REALTY FUND VI, LP						622.
VIA ENERGY III, LP						6,195.
TOTAL TO 4797, PART I, LINE 2						8,807.

## SCHEDULE D

(Form 1120)

Department of the Treasury  
Internal Revenue Service

## Capital Gains and Losses

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

OMB No. 1545-0123

2023

Name

COMMUNITY FOUNDATION FOR PALM BEACH AND  
MARTIN COUNTIES, INC.

Employer identification number

23-7181875

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts  
to enter on the lines below.This form may be easier to complete if you  
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> 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 .....				-32.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	-32.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**See instructions for how to figure the amounts  
to enter on the lines below.This form may be easier to complete if you  
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> 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 .....				-1,649.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	8,807.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	7,158.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	7,126.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	7,126.

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) 2023



23-7181875



Form **4797**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](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2023**Attachment  
Sequence No. **27**

Name(s) shown on return

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

Identifying number

**23-7181875**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

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

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>SEE STATEMENT 15</b>							
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b> <b>8,807.</b>
<b>Partnerships and S corporations.</b> 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.  <b>Individuals, partners, S corporation shareholders, and all others.</b> 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.							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....						<b>9</b> <b>8,807.</b>

**Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7 .....						<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable .....						<b>12</b>
<b>13</b>	Gain, if any, from line 31 .....						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a .....						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						<b>16</b>
<b>17</b>	Combine lines 10 through 16 .....						<b>17</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. <b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....						<b>18a</b>
	<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....						<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

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

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

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 15

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC						-346.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						966.
LANDMARK EQUITY PARTNERS XIV, LP						92.
MREP GLOBAL III, LP						-215.
LANDMARK EQUITY PARTNERS XV, LP						1,493.
GEM REALTY FUND VI, LP						622.
VIA ENERGY III, LP						6,195.
TOTAL TO 4797, PART I, LINE 2						8,807.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.</b>	Taxpayer identification number (TIN)  <b>23-7181875</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>700 SOUTH DIXIE HIGHWAY, 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WEST PALM BEACH, FL 33401</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**The books are in the care of **THE ORGANIZATION****700 SOUTH DIXIE HIGHWAY, 200 - WEST PALM BEACH, FL 33401**Telephone No. **561-659-6800**

Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2024)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.</b>	Taxpayer identification number (TIN)  <b>23-7181875</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>700 SOUTH DIXIE HIGHWAY, 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WEST PALM BEACH, FL 33401</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**The books are in the care of **THE ORGANIZATION****700 SOUTH DIXIE HIGHWAY, 200 - WEST PALM BEACH, FL 33401**Telephone No. **561-659-6800** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2024)

# TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

June 30, 2024

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**Prepared For:**

Community Foundation for Palm Beach and  
Martin Counties, Inc.  
700 South Dixie Highway 200  
West Palm Beach, FL 33401

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**Prepared By:**

Citrin Cooperman Advisors LLC  
6550 N. Federal Highway, 4th Floor  
Ft. Lauderdale, FL 33308

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**To be Signed and Dated By:**

Not applicable

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**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

---

**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the Florida DOR, please contact our office. We will then submit your electronic return to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

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

1019  
F-7004  
R. 01/17  
Rule 12C-1.051, F.A.C.  
Effective 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](http://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:

B. Type of federal return filed: 990-T  
Contact person for questions: NIKKI MISKURA  
Telephone number: 561-659-6800  
Contact Person email address: NMISKURA@CFPBMC.ORG

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

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

**Make checks payable and mail to:**

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

344961  
10-13-23

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

1019  
F-7004  
R. 01/17

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

FEIN **23-7181875**  
Taxable Year End **06/30/24**  
FILING STATUS Partnership ☐ S-corporation ☒  
All other federal returns to be filed ☒  
Tentative Tax Due \$ **0.00**

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

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

237181875	0	0	0
3	0	0	0
20240630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8433 0 20240630 0002005030 7 3237181875 0000 3



## Florida Corporate Income/Franchise Tax Return

FEIN 23-7181875For calendar year 2023  
or tax year beginningJUL 1, 2023  
endingJUN 30, 2024

1019

F-1120, R. 01/24

Rule 12C-1.051  
Florida Administrative Code  
Effective 01/24  
Page 1 of 6

843302024063000020050370323718187500003

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

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

## Computation of Florida Net Income Tax

- |  |                        |          |               |
|--|------------------------|----------|---------------|
| 1. Federal taxable income (see instructions) - <b>Attach pages 1-5 of federal return</b>   | Check here if negative | _____    | 0.00          |
| 2. State income taxes deducted in computing federal taxable income<br>(attach schedule)  | Check here if negative | _____    |               |
| 3. Additions to federal taxable income (from Schedule I)   | Check here if negative | _____    | 535,338.00    |
| 4. Total of Lines 1, 2 and 3   | Check here if negative | _____    | 535,338.00    |
| 5. Subtractions from federal taxable income (from Schedule II)   | Check here if negative | _____    | 5,582,438.00  |
| 6. Adjusted federal income (Line 4 minus Line 5)   | Check here if negative | <u>X</u> | -5,047,100.00 |
| 7. Florida portion of adjusted federal income (see instructions)   | Check here if negative | <u>X</u> | -5,047,100.00 |
| 8. Nonbusiness income allocated to Florida (from Schedule R)   | Check here if negative | _____    |               |
| 9. <b>Florida exemption</b>  |                        |          | 0.00          |
| 10. Florida net income (Line 7 plus Line 8 minus Line 9)   |                        |          | 0.00          |
| 11. Tax due: 5.5% of Line 10   |                        |          | 0.00          |
| 12. Credits against the tax (from Schedule V)  |                        |          |               |
| 13. Total corporate income/franchise tax due (Line 11 minus Line 12)   |                        |          | 0.00          |
| 14. a) Penalty: F-2220 _____ b) Other _____<br>c) Interest: F-2220 _____ d) Other _____  | Line 14 Total ▶        |          |               |
| 15. Total of Lines 13 and 14   |                        |          |               |
| 16. Payment credits: Estimated tax payments 16a \$ <input type="text"/><br>Tentative tax payment 16b \$ <input type="text"/>   |                        |          |               |
| 17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.<br>If the amount is negative (overpayment), enter on Line 18 and/or Line 19 |                        |          |               |
| 18. Credit: Enter amount of overpayment <b>credited</b> to next year's estimated tax here and on payment coupon  |                        |          |               |
| 19. Refund: Enter amount of overpayment to be <b>refunded</b> here and on payment coupon   |                        |          |               |

344081 11-28-23

## Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 06/30/241019  
F-1120  
R. 01/24

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

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

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

237181875	53533800	0	0
20230701	558243800	0	0
20240630	-504710000	0	0
00000000	0.000000	0	0
012	558243800	0	0
201	0	0	0
0	0	0	0
0	0	0	0

0

8433 0 20240630 0002005037 0 3237181875 0000 3





## COMMUNITY FOUNDATION FOR PALM BEACH

FEIN 23-7181875

1019  
F-1120  
R. 01/24  
Page 2 of 6  
06/30/24**This return is considered incomplete unless a copy of the federal return is attached.**

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

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

Sign here	Signature of officer (must be an original signature)	Date	Title	ACTING CFO	
Paid preparers only	Preparer's signature	TYLER JOHNSON	Date	05/20/25	Preparer's PTIN
	Firm's name (or yours if self-employed) and address			CITRIN COOPERMAN ADVISORS LLC 6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL	FEIN 87-2525370 ZIP 33308

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

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

**Remember:**

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

**If Filing Paper Return****Where to Send Payments and Returns**

Make check payable to and mail with return to:

Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135If you are requesting a **refund** (Line 19), send your return to:Florida Department of Revenue  
PO Box 6440  
Tallahassee FL 32314-6440



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/24

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3. 535,338.00
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6. STATEMENT 2
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high-crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.
13. New worlds reading initiative credit	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15. Live local program credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Research and development tax credit	18.
19. Experiential learning tax credit program	19.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22. s. 168(k), IRC, special bonus depreciation	22.
23. Depreciation of qualified improvement property (see instructions)	23.
24. Expenses for business meals provided by a restaurant (see instructions)	24.
25. Film, television, and live theatrical production expenses (see instructions)	25.
26. Other additions (attach schedule)	26.
27. Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.	27. 535,338.00

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ Total ▶	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	STMT 3
3. Florida net operating loss carryover deduction (see instructions) STATEMENT 1	3. 5,582,438.00
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9.
10. Depreciation of qualified improvement property (see instructions)	10.
11. Film, television, and live theatrical production expenses (see instructions)	11.
12. Other subtractions (attach schedule)	12.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13. 5,582,438.00



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/24

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

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



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/24

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. Live local program credit (attach certificate)	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Research and development tax credit	18.
19. Experiential learning tax credit	19.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22. Other credits (attach schedule)	22.
23. Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.

Schedule R - Nonbusiness Income		
<b>Line 1. Nonbusiness income (loss) allocated to Florida</b>		
Type		Amount
Total allocated to Florida	1.	
(Enter here and on Page 1, Line 8)		
<b>Line 2. Nonbusiness income (loss) allocated elsewhere</b>		
Type	State/country allocated to	Amount
Total allocated elsewhere	2.	
<b>Line 3. Total nonbusiness income</b>		
Grand total. Total of Lines 1 and 2	3.	
(Enter here and on Schedule II, Line 7)		



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/24

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

- |  |    |    |                      |
|--|----|----|----------------------|
| 1. Florida income expected in taxable year .....   | 1. | \$ | <u>-5,047,100.00</u> |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... | 2. | \$ | _____                |
| 3. Estimated Florida net income (Line 1 less Line 2) .....   | 3. | \$ | _____                |
| 4. Total Estimated Florida tax (5.5% of Line 3) .....  |    | \$ | _____                |
| Less: Credits against the tax .....  | 4. | \$ | _____                |
- 
5. Computation of installments:
- |                       |  |           |
|-----------------------|--|-----------|
| Payment due dates and | If 6/30 year end, last day of 4th month,                     |           |
| payment amounts:      | otherwise last day of 5th month - Enter 0.25 of Line 4 ..... | 5a. _____ |
|                       | Last day of 6th month - Enter 0.25 of Line 4 .....           | 5b. _____ |
|                       | Last day of 9th month - Enter 0.25 of Line 4 .....           | 5c. _____ |
|                       | Last day of fiscal year - Enter 0.25 of Line 4 .....         | 5d. _____ |

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

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

**References**

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.*

*The forms are available online at [floridarevenue.com/forms](http://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-1120A	Florida Corporate Short Form Income Tax Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 1

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2003	0%	0.	663,915.	0.	663,915.00
2004	0%	0.	91,803.	0.	91,803.00
2005	0%	0.	102,176.	0.	102,176.00
2006	0%	0.	575,922.	0.	575,922.00
2007	0%	0.	410,698.	0.	410,698.00
2008	0%	0.	706,515.	0.	706,515.00
2009	0%	0.	538,461.	0.	538,461.00
2010	0%	0.	512,328.	0.	512,328.00
2011	0%	0.	420,478.	0.	420,478.00
2012	0%	0.	625,161.	0.	625,161.00
2013	0%	0.	464,787.	0.	464,787.00
2014	0%	0.	355,322.	0.	355,322.00
2016	0%	0.	24,292.	0.	24,292.00
2017	0%	0.	90,580.	0.	90,580.00
2018	0%	0.	146,084.	0.	146,084.00
2019	0%	0.	226,795.	0.	226,795.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					5,955,317.00

FL F-1120

FEDERAL CARRYOVER DEDUCTIONS

STATEMENT 2

## CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME

AMOUNT

NET OPERATING LOSS

535,338.00

NET CAPITAL LOSS

EXCESS CHARITABLE CONTRIBUTION

EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION

FL F-1120

NET OPERATING LOSS DEDUCTION

STATEMENT 3

1. FLORIDA TAXABLE INCOME BEFORE NOL

535,338.

2. PRE-2018 NOL AVAILABLE

5,582,438.

100% OF PRE-2018 NOL DEDUCTION

5,582,438.

3. POST-2017 NOL AVAILABLE

372,879.

80% OF LINE 1

428,270.

POST-2017 NOL DEDUCTION

0.

(LESSER OF POST-2017 AVAILABLE OR 80% OF TAXABLE INCOME)

4. NOL DEDUCTION (LINE 2 PLUS LINE 3)

5,582,438.



COMMUNITY FOUNDATION FOR PALM BEACH AND

1019  
F-1120  
R. 01/24

FEIN 23-7181875  
DATA Page 1 of 2

237181875	0	0	558243800
53533800	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	53533800	0	0
2	0	0	0
2	0	0	0
2	0	0	0
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COMMUNITY FOUNDATION FOR PALM BEACH AND

1019  
F-1120  
R. 01/24

FEIN 23-7181875  
DATA Page 2 of 2

237181875	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
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**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

FLORIDA

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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

ENTITY

1

OMB No. 1545-0047

**2023**

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b> 465,423.	<b>592,989.</b>	<b>-127,566.</b>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> 465,423.	<b>592,989.</b>	<b>-127,566.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>-127,566.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>-127,566.</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

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

Department of the Treasury  
Internal Revenue Service

FLORIDA

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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

ENTITY

2

OMB No. 1545-0047

**2023**

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

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

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

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b> 7,126.		7,126.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 528,211.		528,211.
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 535,337.		535,337.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	535,337.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	535,337.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023