# **PUBLIC DISCLOSURE COPY**

(Not for IRS Filing)

	-	PU	BLIC DISCLOSURE COPY - STATE REGIST			76 OMB No. 1545-0047
For	" <b>9</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			ns) 2016
	-	of the Treasury	Do not enter social security numbers on this form as	-		Open to Public
Interr	nal Reve	enue Service	Information about Form 990 and its instructions is a			Inspection
AF	or th			nding J	UN 30, 2017	
Ba	Check if Ipplicab	le: C Name o	forganization		D Employer identifie	cation number
	Addre chang	adon	t A Family of the Palm Beaches, Inc	4		
	Name		usiness as	-	59-2	471253
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	· · · · · · · · · · · · · · · · · · ·
	Final return termin		Second Avenue North		561-	253-1361
	ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,789,606.
	return Applie		Worth, FL 33460 nd address of principal officer: Garth Rosenkrance		H(a) Is this a group re	
	tiòn pendi		as C above		for subordinates H(b) Are all subordinates in	
1 7	ax-ex	empt status:		527	••	list. (see instructions)
			aafpbc.org		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year o	of formation: 1984 N	A State of legal domicile: <b>FL</b>
Pa	art				hand the second	
e	1		e the organization's mission or most significant activities: <u>To pr</u> s & children experiencing homelessn			
Activities & Governance	2	Check this bo				
over	3				3	15
č	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			15
es {	5		of individuals employed in calendar year 2016 (Part V, line 2a)			74
tiviti	6		of volunteers (estimate if necessary)			85
Act			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34			0.
	<u> </u>	Net unrelateu			Prior Year	Current Year
<b>n</b>	8	Contributions	and grants (Part VIII, line 1h)		4,614,760.	5,985,204.
Pure	9	Program servi	ce revenue (Part VIII, line 2g)		482,332.	463,901.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		2,823.	3,469.
_			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		513,125.	221,261.
_	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		5,613,040. 1,621,348.	<u>6,673,835.</u> 1,799,644.
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	<u> </u>
ý			compensation, employee benefits (Part IX, column (A), lines 5-10)		2,799,469.	3,051,618.
use			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ng expenses (Part IX, column (D), line 25)		1 054 010	
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,274,219. 5,695,036.	1,311,674.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	-81,996.	<u>6,162,936.</u> 510,899.
۲å	10			Bec	inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		8,856,487.	9,239,952.
at As	21		(Part X, line 26)		909,915.	782,481.
	22 rt II	Net assets or t	fund balances. Subtract line 21 from line 20		7,946,572.	8,457,471.
			declare that I have examined this return, including accompanying schedules a	and atotomo	nta and to the heat of mu	knowledge and helief, it is
			Meclaration of preparer other than officer) is based on all information of whic			knowledge and bellel, it is
			from 5 helpeon			2018
Sigr	n	,	of officer)		(Date)	
Here	e		iam Peterson, Chairman			
		/ //	rrint name and title		ate Check	PTIN
Paid		Print/Type prep David J	• Thomas		ate Check 2/23/2018 self-employ	
Prep		Firm's name	Holyfield & Thomas, LLQ	<u> </u>	Firm's EIN	65-1083521
Use		Firm's address				
	-		West Palm Beach, FL 33407		Phone no. ( 5	61) 689-6000
Мау	the IF	RS discuss this	return with the preparer shown above? (see instructions)			X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1	Briefly describe the organization's mission:	X
•	To strengthen families with children in their efforts to achieve	
	stability and self-sufficiency by providing access to all encompassing	
	services.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		No
	If "Yes," describe these new services on Schedule O.	
3		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 \$2,008,399. including grants of \$1,029,430. ) (Revenue \$	
	Senator Philip D. Lewis Homeless Resource Center (HRC): The	
	Organization is a partner agency of Palm Beach County's homeless	
	resource center (HRC) which opened in 2012. The HRC serves as Palm	
	Beach County's "front door" for access to homeless services. The	
	Organization operates the family division and provides homeless	
	families with assessments, case management, access to mainstream	
	resources, vital shelter and housing services, and permanent housing.	
	86% of families who were housed by the HRC maintained stable housing	
	after one year. 7,524 individuals were served during the fiscal year.	
4b	(Code:)(Expenses \$	•
4b	Project S.A.F.E. (Stable, Able, Family Environment): Project SAFE is a permanent supportive housing program for homeless families partially funded by HUD. The program consists of 32 units of agency-owned housing and is currently the largest permanent housing program for homeless families living with a disability in Palm Beach County. The program offers intensive case management and supportive services to all residents. 67% of the families participating in the program increased or maintained their income during the fiscal year. 124 individuals were	
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Form 990 (2016)				of	the	Palm	Beaches,	Inc	59-2471253	Page <b>3</b>
Part IV Checklist of F	Required So	εh€	edules							

			Ver	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	A	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	170		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Form 990 (2016)

Form	990 (2016) Adopt A Family of the Palm Beaches, Inc 59-2471	.253	Р	age <b>4</b>
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
01	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	

 Note. All Form 990 filers are required to complete Schedule O
 38
 X

Form 990 (2016)

Х

Check # Schedule Q contains a response or note to any line in this Part V         1a       Enter the number reports (In Box 3 of Form 1096. Enter -0-1 not applicable       1a       1a <td< th=""><th>Form</th><th></th><th>253</th><th>P</th><th>age 5</th></td<>	Form		253	P	age 5
ta         Inter the number of form V300 clinication line in a Enter 4-0 in not applicable         10         0           c         Deters the number of form V300 clinication line in a Enter 4-0 in not applicable         10         0           c         Deters the number of orm V300 clinication line in a Enter 4-0 in not applicable         10         0           d         Deters the number of orm V300 clinication line in exploration         12         74           D         If all estation is reported on If orm V30. Transmittal of Wage and Tax Statements.         2a         74           D         D of the organization near outpaints the set on the set		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W23 included in line 1a. Enter 0 if not applicable       10 <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
c       Did the organization comply with backgrowthholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prace winnes?       10       X         2       Erfort the number of employees reported on Form W-3, Transmittat of Wage and Tax Statements.       74       74         5       Bit of the calendar year ending with or within the year covered by this return       74       74         5       Bit of the size in separate on the 2, did the organization file all required federal employment tax returns?       20       X         Note. If the sum of lines 1 a and 2 is igreater than 250, you may be required to e_r/lig (see instructions)       3a       X         4       At any time during the calendar year, did the organization have an inferest in, or a signature or rother authorty over, a financial account is oreign country (such as a bank account, securities account)?       4a       X         5       M as the organization have and the variant taw as or is a party to a prohibited tax shelter transaction?       5a       X         5       D d any taxable party notify the organization have and tay by to a prohibited tax shelter transaction?       5a       X         6       D does the organization have annual gross receips statement that such contributions or offts were not tax deductible as charitable contributions?       5a       X         7       V set, indicate the number of Forms 2822 field during the year?       5a       X         7	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a188			
gambing winnings to prize winner?     1c     X       2a     Enter the number of englyses reported on form W3, Transmittal of Wage and Tax Statements.     2a     74       b     It at least one is reported on line 2a, did the organization fiel all required feelral englysment tax returns?     2a     X       b     It at least one is reported on line 2a, did the organization fiel all required to efferial englysment tax returns?     2a     X       b     It is the at one is an off 2a is greater than 250, you may be required to efferial englysment tax returns?     2a     X       b     It is think a Fern 095 for this year?     3a     X       b     It is think a Fern 095 for this year?     3a     X       b     It is think a Fern 095 for this year?     5a     X       b     It is think a Fern 095 for this year?     5a     X       b     It is think a form 095 for this year?     5a     X       b     It is this at find a Fern 095 for this year?     5a     X       b     It is the organization thave annual pross receipts that an entransity to a prohibited tax shells transaction?     5c     5c       c     It is the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions or gifts and party is a perindum on a personal benefit con	b				
22       Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, teal       2a       74         bit of takes one is reported on Inte 2, do the organization file all required federal employment tax returns?       2b       X         Note. If the sum of lines 1 and 2 is greater than 250, you may be required to <i>e</i> _stig (see instructions)       3a       X         bit T 'ves,'' has it filed a form 90-17 or this year? // 'Ves,'' to line 3b, provide an explanation in X-structures?       3b       X         bit T'ves,'' has it filed a form 90-17 or this year? // 'Ves,'' to line 3b, provide an explanation in X-structures?       3b       X         bit T'ves,'' than it filed a form 90-17 or this year? // 'Ves,'' to line 3b, provide an explanation in X-structures?       3a       X         bit T'ves,'' to line face of 5b, did the organization have an interest in, or a signature or other authority over, a financial account is comparization any end the organization face with a shelter transaction?       5b       X         5a       X       Did any taxable party notify the organization have parts that are normally greater than \$100,000, and did the organization solicit any contributions for this greating that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contribution of quantation regime any part of the ave and party tor goods and services provided to the payo?       7a       X         7 U'ves,'' did the organization neaveree asol tand that sole onormally greater than \$100,0	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tied for the calendary year ending with or within the year covered by this return     2a     74       b If at least one is reported on line 2a, did the organization file all required to edge employment tax returns?     2b     X       Note, If the sum of lines 1a and 2a is greater than 250, you may be required to edge tech instructions!     2a     X       3a Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     X       3b     11 "Ves." halt filled a Form 900-16 trith tyse??     3a     X       3b     11 "Ves." halt filled a Form 900-16 trith tyse??     3a     X       3c     2d A ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?     4a     X       3c     Set instructions for filling organization that is was or is a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       3c     V as the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scield.     5a     X       3c     11 "Yes," to line faor 5b, did the organization file form 8860.7     7b     X       3c     V as the organization neckle sputchibes a schartable contributions?     5a     X       3c     V as the organization neckle sputchibe a schartable contributions?     5a     X       3c     V as the organization have anoual gross receipts that are normaling greater		(gambling) winnings to prize winners?	1c	Х	
b       If at least one is reported on line 2a, did the organization fie all required to <i>e-file</i> (see instructions)       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a       X         b       If "Yes," has if filed a Form 990°T for this year? <i>If this</i> , 'to <i>line 3b</i> , <i>provide an explanation in Schedule</i> 0       3b         c       At any time during the calendary year, diff the organization have uninterest in, or signature or other stathority over, a       4a         the I'Yes, 'that if the origin ocurity (such as a bank account, securities account, or other financial account)?       4a         b       I'Yes, 'then the name of the foreign ocurity. (but not as a bank account, securities account, or other financial account)?       5a         Sa       X       Did any taxable party notify the organization the It was or is a party to a prohibited tax shell transaction?       5a         Sa       Vas the organization have annual gross necessity that are normally greater than \$100,000, and did the organization site.       5b         T'Yes, 'to line 6a or 5b, did the organization necessity as a contributions?       5a       X         Di d'Yes, 'di the organization neces appretin texessot \$75 made party as a prohibited tax shell transaction access provided to the party?       5a         T'Yes, 'di the organization neces appretin texes of \$75 made party as a contributions or gifts       5a       X         T'Yes, 'di the organi	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       a       a       x         3a       Diff the organization have unrelated business gross income of \$1,000 more during the year?       as       x         4       Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a timancial account is a tering country (see the as bank account, securities account, or other financial account)?       4a       X         b       If "Yes," enter the name of the foreign country.       5a       X         See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         f       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that ware not tax deductible as chartable contributions or gifts were not tax deductible?       5a       X         f       Organization stat may receive deductible contributions under section 170(c).       7a       X       7b       X         0       Uff the organization notify the dorp of the year of the year?       7a       X       7b       X         0       Uff the organization include with every solicitation and parity for goods and services provided 10 the parity?       7b       X         0       Uff the organization include with every solicitation and parity for goods and services provide		filed for the calendar year ending with or within the year covered by this return 2a 74			
3a     Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     X       b     If Yes, " has if lied a Form 990 T for this year? <i>If No</i> , " to line 3b, provide an explanation in Schedule O     3a       c     At any time during the calendar year, did the organization have an interest in, no signature or other authority over, a     4a       b     If Yes, " that if the organ country (such as a bank account, securities account, or other financial account)?     4a       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       D     Did any taxable party notify the organization file Form 888617     5a       D     Does the organization second was every state an enomality greater than \$100,000, and did the organization second annual gross receipts that are normally greater than \$100,000, and did the organization second annual gross receipts that are normality greater than \$100,000, and did the organization second annual gross receipts that are normality greater than \$100,000, and did the organization second anneatry contributions or gifts were not tax deductible contributions an express statement tha such contributions or gifts were not tax deductible contributions and e	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or other financial account?       4a         b       If "Yes," enter the name of the foreign country.		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a francial account is a bank account, securities account, or other financial account)?       4a         b       If 'Yes,' enter the name of the foreign country: Implements to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       Udd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the taxy set?       5a       X         c       If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If 'Yes,' to line 5a or 5b, did the organization the form 8886-T?       6a       X         c       Do be the organization neicle with every solicitation an express statement that such contributions or gits       6a       X         b       If 'Yes,' did the organization neicle with every solicitation and express statement that such contributions or gits       6b       7a       X         f       Organization sele, apament in exoss of 5/5 made partly as a contribution and partly for goods and services provided to the pary?       7a       X         f       Did the organization necelive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
4a At any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a francial account is a bank account, securities account, or other financial account)?       4a         b       If 'Yes,' enter the name of the foreign country: Implements to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       Udd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the taxy set?       5a       X         c       If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If 'Yes,' to line 5a or 5b, did the organization the form 8886-T?       6a       X         c       Do be the organization neicle with every solicitation an express statement that such contributions or gits       6a       X         b       If 'Yes,' did the organization neicle with every solicitation and express statement that such contributions or gits       6b       7a       X         f       Organization sele, apament in exoss of 5/5 made partly as a contribution and partly for goods and services provided to the pary?       7a       X         f       Did the organization necelive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	b	If "Yes," has it filed a Form 990-T for this year? If "No." to line 3b. provide an explanation in Schedule O	3b		
financial account in a foreign country:       4a       X         b If 'Yes,' ender the name of the foreign country:       5       5         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5         Su as the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         D Id any taxble party notify the organization file Form 8886-17?       5a       X         Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions and the very solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions?       6a       X         7       Organizations that may receive deductible contributions and party for goods and services provided to the party?       7a       X         7       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7a       X         7       D id the organization neceive a contribution of qualified intellectual property, did the organization file form 8282 filed during the year       7d       7a       X         7       If 'Nes,' indicate the number of Forms 8282 filed during the year       7d       7d       7a       X         7       If the organization neceive a contribution of qualified intellectual property, did the organization file a Form 1098-C? <t< th=""><th></th><td></td><td></td><td></td><td></td></t<>					
b       If 'Yes,' enter the name of the foreign country, 'P			4a		x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa       X         5a       Was the organization a party to a prohibited tax shelter transaction?       5a       X         b Did any taxable party notify the organization file form 8886:17       5c       X         c If 'Yes, 'to line 5a or 5b, did the organization file form 8886:17       5c       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         b If 'Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions orgifts were not tax deductible?       6a       X         7       Organizations that may receive deductible contributions under section 170(c).       7a       X       7a       X         11 'Yes, 'i did the organization notity the donor of the value of the goods or services provided?       7a       X       7a       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X       Y       X         11 'Yes, 'indicate the number of Forms 8282 filed during the year       7d       X       X       Y       X       Y       X       Y       X       Y       X       Y       X       X       Y       X       X	b				
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6b       Desche organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         7       Organization shat were not tax deductible contributions under section 170(c).       6b       6a       X         a       Did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X       X         7       Organization static may receive deductible contributions under section 170(c).       7b       X       X         b       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       Did the organization neceive a contribution of tangible personal property for which it was required       7c       X         0       Did the organization neceived a contribution of qualified intellectual property, did the organization fiele form 8282       X       Y       X         f       Did the organization neceived a contribution of cars, bata, aiplanes, or other vhicles, did t					
b       Did any taxable party notify the organization file Form 8886-17       5b       X         c       If "Yes," to line 5 or 5b, did the organization file Form 8886-17       5c       5c         B       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and express statement that such contributions or gifts were not tax deductible as of \$75 mage and y as a omtifuiton and party for goods and services provided to the payof?       7a       X         7       Organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         file the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?       7n       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a	5a		5a		x
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-17       5c         G       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions fat were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Did the organization netwise a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization netwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7a       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Tit the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7a       X         f       Tit the organization make any taxable distributions under section 4966?       9a       9a					
Ga       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?       Ga       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         7 Organizations that may receive deductible contributions under section 170(c).       Did the organization receives of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         bit "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization receives of \$75 made party as a contribution on a personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7t       X         g Did the organization receive any funds, directly or indirectly or pay premiums, directly or more property for which it was required?       7t       X         g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         g If the organization near y taxable distributions under section 4966?       9a       9a       9a         g Sonosoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organizations maintaining donor advis					
any contributions that were not tax deductible as charitable contributions?           b         If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts         6a         X           b         If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts         6a         X           c         Did the organization meterie a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?         7a         X           c         Did the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?         7c         X           d         Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?         7h         X           f         Did the organization maximalianing donor advised funds.         Did the organization maximalianing donor advised funds.         9a         9a         9a           sponsoring organization make a distribution to a donor advisor, or related person?         9b         9a         9a         9a         9a         9a         9a         9a					
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       77       X         f       Did the organization receive any funds, directly or indirectly, no apersonal benefit contract?       7r       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         f       The organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9b       9a       9a       9b       9a       9b       9a	Ua		62		x
were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       10 the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes,' idid the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization scale, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9 Did the sponsoring organization make any taxable distributions under sources against amounts due or reset on shareholders       10a       10a       10a         9 Gross income from onembers or shareholders       10a       10b       11a       10a       10a         10 Section 501(c)(7) organization make ad istribution to a control, contor advisor, or related person?       9b       12a	Ь	•			
7       Organizations that may receive deductible contributions under section 170(c).       a	D		Ch		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       X         8 Sponsoring organizations maintaining doon advised funds.       Did d he organization file a Form 1098-C?       7h       X         9 Sponsoring organization make and distribution to a donor, donor advised, runds.       Did d he sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9a         9 Soction 501(c)(7) organizations. Enter:       10a       10a       10b       11a       10b         11 Section 501(c)(12) organizations. Enter:       10b       11b       12a       12a       12a       12a <t< th=""><th>-</th><th></th><th>00</th><th></th><th></th></t<>	-		00		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8090 as required?       7h       X         g       Sponsoring organization make avoitsed funds.       Did a donor advised funds.       8       9         g       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       90         Did the sponsoring organizations. Enter:       10a       10b       11a       10a       11a       11a       11a       11a       11a       11a       11a       <				v	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.C?       7g       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund supproperty of the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organizations included on Part VIII, line 12       10a       10a       10b         10       the sponsoring organizations. Enter:       10a       10b       10b       10b         11       Socion 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10c         12       Section 501(c)(12) organizations. Enter:       11a       10b       10b       11a       10c       10c       10b       11a       10b <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         8 Sponsoring organizations maintaining door advised funds.       Did a doora advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8       9         9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor adviser, or related person?       9b       9         9 Did the sponsoring organizations. Enter:       10a       10a       10a         11 Section 501(c)(7) organizations. Enter:       10a       10b       12a       12a         12 Section 501(c)(2) organizations. Enter:       11a       12a       12a       12a         13 Gross income from members or shareholders       11a       12a       12a       12a       12a       12a       12a       12a       12a       12a       12a <th></th> <th></th> <th></th> <th>~</th> <th></th>				~	
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         7g       X       7g       X         7g       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9c       9c       9c       9	С				
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7n       X         f       B sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organizations maintaining donor advised funds.       9a       9			7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7n       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization nave excess business holdings at any time during the year?       9a       8       8       9a       9a <th></th> <th></th> <th>-</th> <th></th> <th></th>			-		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       a donor advised funds. Did a donor advised funds.       8       8         9       Sponsoring organizations maintaining door advised funds.       9a       9a       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       9b       <	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organization maintaining donor advised funds.       B       B         9       Sponsoring organization have excess business holdings at any time during the year?       8       B         9       Sponsoring organization make any taxable distributions under section 4966?       9a       B         0       bid the sponsoring organization make any taxable distributions under section 4966?       9a       B         10       Section 501(c)(7) organizations. Enter:       10a       9b       B         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10a         11       Section 501(c)(12) organizations. Enter:       10b       11a       10b       11a       10b       11a       11a       11a       11b       11a       11b       11a       11b       11a       11b       11b       11b       11b       11b       11c	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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	b	It "Yes," has it filed a Form /20 to report these payments? If "No," provide an explanation in Schedule O		000	(00.10

Form **990** (2016)

Form 990	(2016)
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 Form 990 (2016)
 Adopt A Family of the Palm Beaches, Inc
 59-2471253
 Page 6

 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 in 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15	5		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other			
	officer, director, trustee, or key employee?			2		x
	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
	Did the organization make any significant changes to its governing documents since the prior Form 9					x
	Did the organization become aware during the year of a significant diversion of the organization's ass					X
	Did the organization become aware during the year of a significant diversion of the organization bare members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		- 23
				7-		x
	more members of the governing body?			<u>7a</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			_		
	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at th	e			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	de.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,				
				12a	x	
				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}	,		10	x	
	in Schedule O how this was done			12c		
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with	а			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	501(c)(3)s only)	availabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.	10001011	50 (0)(0)0 011y) (	avanabi	-	
10			,	al £:	:	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	THICT OF INT	erest policy, and	u tinano	ai	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and re	cords: 🕨			
	Dana Perez - 561-253-1361					
	Dana Perez - 561-253-1361 1712 Second Ave. North, Lake Worth, FL 33460				n <b>990</b>	

Adopt A Family of the Palm Beaches, Inc Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

### Employees, and Independent Contractors

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		u ga	i iizai	uon	0011	iper	out			
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position				one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau		1711 US		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1033-10130)		and related
	below	dual t	Institutional trustee	-	Key employee	st co	L.			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) Garth E. Rosenkrance	1.00									
Chairman		х		х				0.	0.	0.
(2) William Peterson	1.00									
Vice Chairman		X		Х				0.	0.	0.
(3) Penny Heller	1.00									
2nd Vice President		Х		Х				0.	0.	0.
(4) James Llende	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Heather B. Ferguson	1.00									
Secretary		Х		Х				0.	0.	0.
(6) Cristina Araujo	1.00									
Member		Х						0.	0.	0.
(7) Sean P. Bresnan	1.00									
Member		Х						0.	0.	0.
(8) Lynda M. Murphy, Esq.	1.00									
Member		Х						0.	0.	0.
(9) Mari Frankel	1.00									
Member		Х						0.	0.	0.
(10) Jeff Preston	1.00									
Member-at-large		Х						0.	0.	0.
(11) Chris Oberlink	1.00									
Member-at-large		Х						0.	0.	0.
(12) John P. Marasco	1.00									
Member		Х						0.	0.	0.
(13) Jay R. Marcus	1.00									
Member		Х						0.	0.	0.
(14) John Elder	1.00									
Member		Х						0.	0.	0.
(15) Kirstin Turner	1.00									
Member		Х						0.	0.	0.
(16) Dana Perez	40.00									10 0-5
Chief Financial Officer		<u> </u>		Х				97,786.	0.	12,056.
(17) Matt Constantine	40.00									10 000
Chief Executive Officer	1	I	I	Х	1	1		116,034.	0.	12,206.

632007 11-11-16

Form 990 (2016)

7

Form									Beaches, Inc	59-2	<u>471:</u>	253	Page <b>8</b>
	t VII Section A. Officers, Directors, Trust (A) Name and title	<b>tees, Key Emp</b> ( <b>B)</b> Average hours per week (list any	(do box offic	not c	(C Posi heck r ss per	<b>C)</b> ition more rson is		ne an	ompensated Employed (D) Reportable compensation from the	S (continued) (E) Reportable compensation from related organization	on d	Estii amo ot	(F) mated ount of ther ensation
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS		fror orgar and i	n the nization related izations
			-										
			-										
	Sub-total Total from continuation sheets to Part VII								213,820.		0.	24	<u>,262.</u> 0.
	Total (add lines 1b and 1c) Total number of individuals (including but no					<u></u>			213,820.	,000 of reportable	0.	24	,262.
3	compensation from the organization	director, or tru	ustee	e, ke	y en	nplo	yee,	orl	highest compensated e	mployee on		Y	⊥ ∕es No
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	Isati	on fr	om a	any	unre	late	ed organization or indivi	dual for services		4 5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t									, ,	oensat	ion from	<u>ו</u>
Mol	(A) Name and business sbee Roofing, Inc.	address							(B) Description of s	services	С	(C) ompens	ation
	South F Street, Lake	Worth,	FL	3	34	60			Replace roof	ing		132	<u>,360.</u>
								_					
2	Total number of independent contractors (ir	-	ot lin	nitec	d to t	thos 1		ed	above) who received m	ore than			
	\$100,000 of compensation from the organiz						-					Form 9	<b>90</b> (2016)

		2016) Adopt A	Famil	y of the	Palm Beach	nes, Inc	59-2471	253 Page
Par	rt VII			P				
		Check if Schedule O contains a	response		An this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	1b 1c 1d 1e 3, 1f 1,	515,937. 371,324. 417,139. 680,804. 51,786.				
anc anc		Total. Add lines 1a-1f			5,985,204.			
				Business Code				
Program Service Revenue	2a b c d	Program Service Re "Grow Tuition" Fee		900099 900099	452,579. 11,322.	452,579. 11,322.		
Progr B		All other program service revenue			463,901.			
	3	Investment income (including divide						
	4 5	other similar amounts) Income from investment of tax-exer Royalties	npt bond p	proceeds	3,469.			3,469
	b c	Gross rents Less: rental expenses Rental income or (loss)						
	7 a	Net rental income or (loss)         Gross amount from sales of assets other than inventory         Less: cost or other basis	Securities	(ii) Other				
		and sales expenses Gain or (loss) Net gain or (loss)		<b>&gt;</b>				
Other Revenue		Gross income from fundraising ever including \$ 371,324. contributions reported on line 1c). S Part IV, line 18 Less: direct expenses	_ of ee a	<u>334,130.</u> 115,771.				
ð		Net income or (loss) from fundraisin		<u> </u>	218,359.			218,359
	9 a	Gross income from gaming activitie Part IV, line 19	s. See a		,,			
		Less: direct expenses						
	10 a	Net income or (loss) from gaming ac Gross sales of inventory, less return and allowances	s a					
		Less: cost of goods sold						
ŀ	C	Net income or (loss) from sales of in Miscellaneous Revenue	veniory	Business Code				
ŀ	11 a	Other Income		900099	2,902.			2,902
	n a b				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	c							
	d							
		Total. Add lines 11a-11d			2,902.			
	12	Total revenue. See instructions.			6,673,835.	463,901.	0.	
	9 11-11-							Form <b>990</b> (201

### 11500223 784176 0017500

### Form 990 (2016) Adopt A Family of the Palm Beaches, Inc 59-2471253 Page 10 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 (C) Management and general expenses **(D)** Fundraising (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 1,799,644. 1,799,644. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 171,239. 249,422. 52,873. 25,310. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,155,726. 1,847,426. 132,808. 175,492. Other salaries and wages 7 8 Pension plan accruals and contributions (include 31,435. 26,441. 2,061. 2,933. section 401(k) and 403(b) employer contributions) 365,893. 441,427. 41,477. 34,057. Other employee benefits 9 173,608. 147,522. 11,341. 14,745. 10 Payroll taxes 11 Fees for services (non-employees): а Management 8,214. 15,306. 3,841. 3,251. b Legal 23,750. 5,960. 12,746. 5,044. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 162,669. 87,300. 40,820. 34,549. column (A) amount, list line 11g expenses on Sch 0.) 7,909. 4,169. 3,540. 200. Advertising and promotion 12 153,150. 97,322. 38,817. 17,011. 13 Office expenses Information technology 14 Royalties 15 23,190. 95,119. 67,572. 4,357. 16 Occupancy 19,345. 17,044. 1,628. 673. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 11,484. 11,484. 20 Interest Payments to affiliates 21 371,282. 349,239. 14,780. 7,263. Depreciation, depletion, and amortization 22 187,205. 125,847. 52,284. 9,074. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 235,323. 206,621. 27,243. Building Maintenance 1,459. а Other Expenses 27,075. 2,260. 21,967. 2,848. b 2,057. 2,057. Program Supplies С d е All other expenses 6,162,936. 5,338,556. 478,694. 345,686. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

10

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#### 11500223 784176 0017500

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11500223 784176 0017500

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

	Adopt	Α	Family	of	the	Palm	Beaches,	Inc	59-247
et									

		Check if Schedule O contains a response or not	e to any				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			500.	1	500.
	2	Savings and temporary cash investments			1,760,435.	2	2,306,765.
	3	Pledges and grants receivable, net			766,803.	3	770,026.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali			-		
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
6		employees' beneficiary organizations (see instr).		· · · · ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	<b>_</b>			111,558.	9	95,126.
		Land, buildings, and equipment: cost or other					
	100	basis Complete Part VI of Schedule D	10a	7.788.380.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,394,748,	4,481,194.	10c	4,393,632.
	11	Investments - publicly traded securities			1,101,1910	11	1,000,0021
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11	1,735,997.	15	1,673,903.		
	16	Total assets. Add lines 1 through 15 (must equ			8,856,487.	16	9,239,952.
	17	Accounts payable and accrued expenses			270,173.	17	288,301.
	18	Grants payable	2/0/1/30	18	200,0010		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		112,857.	21	137,906.	
	22	Loans and other payables to current and former	112/03/1	21	10//0000		
lies	~~	key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrela			179,128.	23	168,682.
	24	Unsecured notes and loans payable to unrelated		E E E E E E E E E E E E E E E E E E E		24	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines	-				
		Schedule D			347,757.	25	187,592.
	26	Total liabilities. Add lines 17 through 25			909,915.	26	782,481.
	20	Organizations that follow SFAS 117 (ASC 958	), chec	k here  X and		20	,
		complete lines 27 through 29, and lines 33 an					
ő	27	Unrestricted net assets			5,121,562.	27	5,712,121.
lan	28				2,825,010.	28	2,745,350.
Ba	29					29	
pun							
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here					
s o	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ec				31	
ĔĂŝ	32	Retained earnings, endowment, accumulated in		Г		32	
Ne	33	Total net assets or fund balances			7,946,572.	33	8,457,471.
	34				8,856,487.	34	9,239,952.
	04	יטנמי המטוונופט מויט רופי מסטפנט/וטויט שממוונופט			0,000,4074	04	Form <b>990</b> (2016)

1253 Page 11

Form 990 (2016)
Part X Balance She

Form	Adopt A Family of the Palm Beaches, Inc	59-24	471253	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,673		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,162	2,93	36.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,940	5,5'	72.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,45	7,4'	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>

Form **990** (2016)

SCH	EDULE A				d D. d				OMB No. 1545-0047
(Form 990 or 990-EZ) C		Z) Public Charity Status and Public Support						2016	
		Co	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						<b>ZU IO</b>
Departme	nt of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public	
Internal R	evenue Service	Information	ion about Schedule A (	(Form 990 or 990-EZ) and i	ts instructi	ons is at w	/ww.irs.gov/fo	rm990.	Inspection
Name	of the organizati	on						Employer	identification number
		Adop	t A Family	of the Palm	Beach	nes, 1	Inc	5	9-2471253
Part	I Reason	for Public (	Charity Status	All organizations must co	mplete th	is part.) Se	ee instructions	3.	
The org	anization is not a	a private found	lation because it is: (l	For lines 1 through 12, c	neck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>-</sup>	1)(A)(i).		
2	A school des	cribed in <b>sect</b>	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).		
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
_	city, and stat								
5	An organizat	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
_	section 170	(b)(1)(A)(iv).(	Complete Part II.)						
6			•	nental unit described in			.,		
7 2	•			ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in
_			Complete Part II.)						
8 _				(1)(A)(vi). (Complete Par	-				
9	•			in section 170(b)(1)(A)(	<i>·</i> ·				•
	or university	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10 🗌				than 33 1/3% of its sup					
				ct to certain exceptions,					
				(less section 511 tax) fro	m busines	sses acqui	red by the org	janization a	after June 30, 1975.
<b>4</b> 4 [	_		mplete Part III.)				00(-)(4)		
11 <u></u>		-	-	ively to test for public sa	•				
12 🗌	-	-		ively for the benefit of, to				-	
				ed in section 509(a)(1) of four section section (1) of the section of the section (1) of					
2		-	•••	f supporting organizatior upervised, or controlled				-	aivina
a			-	gularly appoint or elect a	• • • •	-			
		•	complete Part IV, Se	• • • • •	majority c				pporting
b	ĭ		•	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s) by hay	vina
				anization vested in the sa			-		-
		-	st complete Part IV,					ge the supp	Joned
c	ĭ	. ,	•	g organization operated	in connect	tion with.	and functional	llv integrate	ed with.
		-	• •	). You must complete I				.,	,
d		•	.,.	porting organization oper				ted organi;	zation(s)
•		-		ation generally must sat				0	
			•	nplete Part IV, Sections	•		•		
e		-		written determination fro				II, Type III	
				nally integrated supporti					
fΕ	inter the number		·						
g F	Provide the follow	ing information	n about the supporte	ed organization(s).					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organizatior	1		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Total							1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

### Schedule A (Form 990 or 990-EZ) 2016 Adopt A Family of the Palm Beaches, Inc 59-2471253 Page 2 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.)

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4976222.	5053410.	4683373.	4614760.	5985204.	25312969.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1056000					0 = 0 4 0 0 4 0	
	Total. Add lines 1 through 3	4976222.	5053410.	4683373.	4614760.	5985204.	25312969.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
-	column (f)						25212060	
	Public support. Subtract line 5 from line 4.						25312969.	
		(-) 0010	(1-) 0010	(-) 001 (	(1) 0015	(-) 0010	(0) Tabal	
	ndar year (or fiscal year beginning in)	(a) 2012 4976222.	(b) 2013 5053410.	(c) 2014 4683373.	(d) 2015 4614760.	(e) 2016	(f) Total 25312969.	
	Amounts from line 4 Gross income from interest.	49702220	2022410.		4014/00.	5505204.		
0								
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources		311.	2,490.	2,823.	3,469.	9,093.	
9	Net income from unrelated business		511.	2,4900	2,025.	5,405.	5,055.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						25322062.	
	Gross receipts from related activities,	etc. (see instructio	uns)			12 3	,377,035.	
	First five years. If the Form 990 is for	,	,				<u></u>	
	organization, check this box and stop	-			•			
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.96 %	
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	99.92 %	
						ore, check this bo	x and	
	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	<b>b 33 1/3% support test - 2015.</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							
17a	<b>17a 10% -facts-and-circumstances test - 2016.</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 stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization			
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶∐	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►	
					Sche	dule A (Form 990	) or 990-EZ) 2016	

632022 09-21-16

### Schedule A (Form 990 or 990-EZ) 2016 Adopt A Family of the Palm Beaches, Inc 59-2471253 Page 3 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		-		1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
						<b>&gt;</b>
Section C. Computation of Publ	ic Support Per	rcentage			, ,	
15 Public support percentage for 2016 (	line 8, column (f) di	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	016 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2015. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che	eck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
- 632023 09-21-16				Sch	edule A (Form 990	0 or 990-EZ) 2016
		15	5			

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### Schedule A (Form 990 or 990 EZ) 2016 Adopt A Family of the Palm Beaches, Inc 59-2471253 Page 4 Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2016

Yes No

1

2

3a

3b

3c

4a

4b

4c

## Schedule A (Form 990 or 990-EZ) 2016 Adopt A Family of the Palm Beaches, Inc 59-2471253 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes, " describe in Part VI the role played by the organization in this regard.	3b		L
632025	5 09-21-16 Schedule A (Form 9	90 or 99	0-EZ)	2016

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Sche Pa	dule A (Form 990 or 990-EZ) 2016 Adopt A Family of the Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting			59-2471253 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI ) See instructions All
•	other Type III non-functionally integrated supporting organizations must cor			art vi.) See instructions. An
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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### Schedule A (Form 990 or 990-EZ) 2016 Adopt A Family of the Palm Beaches, Inc 59-2471253 Page 7

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	npt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in <b>Part VI</b> ). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount		1				
		(i)	(ii)	(iii) Diatributable			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required- explain in Part VI). See instructions						
_3	Excess distributions carryover, if any, to 2016:						
<u>a</u>							
<u>b</u>	E						
	From 2013						
	From 2014						
	From 2015						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions)						
;	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
-	line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
-	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
_	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c						
8	Breakdown of line 7:						
а							
b	Excess from 2013						
с	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A Part VI	Supplemental Information. Pro	A Family of the Palm Beac vide the explanations required by Part II, line 10; 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,	Part II, line 17a or 17b; Part III, line 12;
	line 1; Part IV, Section D, lines 2 and 3; I	Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part IV, Section E, lines 2, 5, and 6. Also complete this p	art V, line 1; Part V, Section B, line 1e; Part V,
632028 09-21-1	16		Schedule A (Form 990 or 990-EZ) 2016
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Schedule R (For or 9 Depa Intern

**\*\* PUBLIC DISCLOSURE COPY** 

### Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.jrs.gov/form990 .

OMB No 1545-0047

Employer identification number

m 990, 990-EZ, 90-PF)	
rtment of the Treasury al Revenue Service	

I

Name of the organization

Ad	dopt A Family of the Palm Beaches, Inc	59-2471253
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

### General Rule

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

### Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

59-2471253

### Adopt A Family of the Palm Beaches, Inc

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 469,202. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Person Payroll 2,561,003. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Х Person Payroll Noncash 135,116. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 275,438. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 240,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Х 6 Person Payroll 251,818. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Employer identification number

59-2471253

### Adopt A Family of the Palm Beaches, Inc

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 7 X Person Payroll 350,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Employer identification number

Adopt A Family of the Palm Beaches, Inc

59-2471253

(a) No. from Part I	Noncash Property (See instructions). Use duplicate copies of Pa (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-  		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	

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### 11500223 784176 0017500

Name of org	anization			Employer identifica	tion number
Adopt	A Family of the Palm Be	aches Inc		59-24712	253
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations des	cribed in section	1 501(c)(7), (8), or (10) that total more t	han \$1,000 for
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	COIUMNS (a) through (e) and the contributions of \$	10 10110WING 1100 1,000 or less for the	entry. For organizations year. (Enter this info. once.) \$	
	Use duplicate copies of Part III if addition	al space is needed.			
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift	t is held
Part I	(-)	(-, 3.		(-)	
		(e) Transfer	of gift		
			Б	lationabia of transformer to transfor	
F	Transferee's name, address, a		יח	elationship of transferor to transfer	ee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift	t is held
F		(e) Transfer	of gift		
			or girt		
L	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transfer	ee
(a) No. from	(b) Purpose of gift	(c) Use of gif		(d) Description of how gift	t is held
Part I	(2) ·	(0) 000 01 g.	-	( <i></i> ) <i>2 000 i p</i> 0 i i on give	
L					
		(e) Transfer	of gift		
	Transferee's name, address, a	ad <b>7</b> ID $\pm 4$	P	elationship of transferor to transfer	
F					
		-			
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift	t is held
F		(e) Transfer	of gift		
		(-) 112110101			
	Transferee's name, address, a	nd <b>ZI</b> P + 4	R	elationship of transferor to transfer	ee
		.			
		-			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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2016.05050 ADOPT A FAMILY OF THE PAL 00175001

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 154	45-0047						
(Forn	Form 990) 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.											
	ment of the Treasury	e Treasury Attach to Form 990.										
	I Revenue Service e of the organizati		m 990) and its instructions is at <u>www.irs.gov/f</u>		0. Inspection							
Nam	e of the organizati		the Palm Beaches, Inc		59-24712							
Par	rt I Organiza		d Funds or Other Similar Funds or Ac	cour								
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		·							
			(a) Donor advised funds	( <b>b)</b> Fur	nds and other accour	nts						
1		nd of year										
2		f contributions to (during year)										
3		f grants from (during year)										
4		t end of year										
5	-		writing that the assets held in donor advised fund									
6			exclusive legal control? dvisors in writing that grant funds can be used o		Yes	└── No						
6			ovisors in writing that grant funds can be used o or donor advisor, or for any other purpose conferr									
				-	Yes	No No						
Par	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.		1						
1		servation easements held by the organization										
		n of land for public use (e.g., recreation or e		impor	tant land area							
	Protection o	f natural habitat	Preservation of a certified hi									
	Preservation	n of open space										
2	Complete lines 2a	through 2d if the organization held a quality	fied conservation contribution in the form of a co	nserva	tion easement on the	e last						
	day of the tax year				Held at the End of the	e Tax Year						
а				2a								
b	-			2b								
с			ucture included in (a)	2c								
d			after 8/17/06, and not on a historic structure	0.4								
3			eased, extinguished, or terminated by the organi	2d	l during the tax							
3	year	vation casements mounied, transferred, rel	eased, exanguished, or terminated by the organi	zaliUN								
4		where property subject to conservation eas	sement is located									
5		tion have a written policy regarding the per										
-		orcement of the conservation easements if			Yes	🗌 No						
6			handling of violations, and enforcing conservation		·····	ar						
	▶		_		- ,							
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	semen	ts during the year							
	▶\$											
8	Does each conser		re satisfy the requirements of section 170(h)(4)(B)									
-	and section 170(h)					No						
9		•	on easements in its revenue and expense statem			d						
		•	tion's financial statements that describes the org	anızati	on's accounting for							
Par	conservation ease		f Art, Historical Treasures, or Other S	imila	r Assets.							
		f the organization answered "Yes" on Form										
1a			SC 958), not to report in its revenue statement an	d bala	nce sheet works of a	urt.						
	0	, 1	nibition, education, or research in furtherance of			,						
		tnote to its financial statements that descri			, , , , , , , , , , , , , , , , , , ,	,						
b			SC 958), to report in its revenue statement and ba	alance	sheet works of art, h	istorical						
	-		ducation, or research in furtherance of public ser									
	relating to these it	ems:										
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$							
	.,				\$							
2	-		asures, or other similar assets for financial gain, I	provide	e							
	-	unts required to be reported under SFAS 1										
a					\$							
b	Assets included in	i Form 990, Part X			\$							

LHA	For Paperwork Reduction A	ct Notice, see the Instructions for Form 99	0.
632051	08-29-16		
		26	

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2016.05050 ADOPT A FAMILY OF THE PAL 00175001

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 Adopt A	Family of						59 - 24			<sub>age</sub> 2
	-									,	
3	Using the organization's acquisition, accessio	on, and other record	s, check	any of the	following that	t are a si	gnificant i	use of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Part	XIII.		
5	During the year, did the organization solicit or		-						-		-
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" on	Form 99	0, Part IV, I	ine 9, or		
			ion (for o	ontribution	o or other co	anto pot	included				
Ia	Is the organization an agent, trustee, custodia							X	Yes		
L	on Form 990, Part X?							A	lites		No
a	If "Yes," explain the arrangement in Part XIII a	and complete the loi	iowing ta	able.				1	Amoun	+	
•	Paginning balance						1c		Amoun 1 1	2,83	1.8
	Additions during the year									2,04	
	Additions during the year									7,50	
-	Distributions during the year									7,30	
f	Ending balance Did the organization include an amount on Fo							Γ <u>γ</u>	Yes	<u>, , , , , , , , , , , , , , , , , , , </u>	No
	If "Yes," explain the arrangement in Part XIII.								1 165	X	_
Par							10	<u></u>	<u></u>	23	
		(a) Current year		rior year	(c) Two yea			vears hack	(a) Fou	Veare	hack
10	Beginning of year balance	(a) ourient year	(0)11	nor year		13 DUCK		yours buok		yours	DUCK
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. /!		))						
2	Provide the estimated percentage of the curre	,	. 0	, column (a	i)) heid as:						
-	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
•	The percentages on lines 2a, 2b, and 2c should be the second seco	•									
за	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held a	nd administer	red for th	ne organiz	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
-	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		wment fu	inds.							
I ai	Complete if the organization answered			lina 11a C	Soo Form 000	Dort V	line 10				
	Description of property	(a) Cost or o			t or other	, <u>,</u>		ad	(d) Dee		
	Description of property	basis (investr		• •	(other)		ccumulat preciatior		( <b>d)</b> Boo	k value	e
1a	Land				6,998.				73	6,9	98.
	Buildings				6,295.	2.	995,0	36.	3,56		
	Leasehold improvements			.,			- , •			, = .	
	Equipment			37	1,702.		329,6	47.	4	2,0	55.
	Other				3,385.		70,0			3,32	
	. Add lines 1a through 1e. (Column (d) must ed		X colum		-	1			4,39		
1010		juai runni 990, Farl		п (р), Ше Т	00./					- 000\	

Schedule D (Form 990) 2016

Schedule D	(Form 990) 2016	Adopt	A Fam	ily of	the	Paln	n Beaches,	, Inc	59-2471253	Page 3
Part VII	Investments -	Other Secu	rities.							
	Complete if the org					, line 11				
(a) Descrip	tion of security or cate	GOTY (including name	e of security)	(b) Bo	ok value		(c) Method of v	aluation: Cost	or end-of-year market val	ue
. ,										
	held equity interests									
( <b>3)</b> Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F) (G)										
(G) (H)										
	b) must equal Form 990	D Part X col (B)	line 12 ) 🕨							
	Investments -			1						
	Complete if the org	-		on Form 99	0. Part IV	line 11	c. See Form 990. I	Part X. line 13.		
	(a) Description of				ok value	,			or end-of-year market val	ue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)						_				
	b) must equal Form 990	0, Part X, col. (B)	line 13.) ►							
Part IX	Other Assets.									
	Complete if the org	anization answe		On Form 99 Description		, line 11	d. See Form 990,	Part X, line 15.	(b) Book valu	IP
(1) CO	mmunity La	nd Trust	. ,						1,665,7	
	rketable S									750.
	ft Cards	00022020	<u> </u>							370.
	curity Dep	osits -	AAF							018.
(5)	<u> </u>									
(6)										
(7)										
(8)										
(9)										
Total. (Colu	mn (b) must equal Fo		col. (B) line	<u>e 15.)</u>					🕨 1,673,9	903.
Part X	Other Liabilitie	es.								
	Complete if the org			on Form 99	0, Part IV			990, Part X, lii	ne 25.	
1.	<b>(a)</b> D	escription of lial	oility			(b)	Book value			
	eral income taxes							-		
	ase Obliga						61,929.	-		
(3) Re	fundable A	dvances					125,663.	-		
(4)								-		
(5)								-		
(6)								-		
(7)										
(8)										
(9) Tatal (2) (							187,592.			
	mn (b) must equal Fo		. ,	,		- <b>1</b> - 1				
	•						0		ents that reports the peen provided in Part XIII	X

Schedule D (Form 990) 2016

632053 08-29-16

	dule D (Form 990) 2016 Adopt A Family of the Palm H				2471253 Pag	<sub>ge</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	6,789,60	6.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	115,771.			
е	Add lines 2a through 2d			2e	115,77	1.
3	Subtract line 2e from line 1			3	6,673,83	5.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,673,83	5.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With E	xpenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	6,278,70	7.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	115,771.			
е	Add lines 2a through 2d			2e	115,77	1.
3	Subtract line 2e from line 1			3	6,162,93	6.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,162,93	6.
Pa	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b an	d 2b; Part V, line 4	; Part )	K, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additic	onal informat	ion.			

### Part IV, line 2b:

The	e Se	rvice	Enric	hed	Housi	ng Prog	ram re	quires	s part	ticipa	ints	to co	ontrib	ute
to	an	escrov	v accor	unt	onai	monthly	basis	once	base	rent	has	been	paid.	The
esc	crow	accou	unt is	use	d for	credit	repai	r, hoi	ne owi	nershi	.p ac	ctivit	cies, a	and
ger	lera	l weal	th bu	ildi	ng.									

Part X, Line 2:

The organization follows FASB ASC 740-10-00, "Accounting for Uncertainty

in Income Taxes." This pronouncement seeks to reduce the diversity in

practice associated with certain aspects of measurement and recognition in

accounting for income taxes. It prescribes a recognition threshold and

### measurement attribute for financial statement recognition and measurement 632054 08-29-16 Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 Adopt A Family of the Palm Beaches, Inc 59-2471253 Page 5 Part XIII Supplemental Information (continued)
of a tax position that an entity takes or expects to take in a tax return.
An entity may only recognize or continue to recognize tax positions which
meet a "more likely than not" threshold. The organization assesses its
income tax positions based on management's evaluation of the facts,
circumstances and information available at the reporting date. The
organization uses the prescribed "more likely than not" threshold when
making its assessment. The organization has not accrued any interest
expense or penalties related to tax positions for the year ended June 30,
2017, and there are currently no open federal or state tax years under
audit.
Part XI, Line 2d - Other Adjustments:
Special Fundraising Event Expenses 115,771.
Part XII, Line 2d - Other Adjustments:
Special Fundraising Events Expenses 115,771.

Schedule D (Form 990) 2016

632055 08-29-16

SCHEDULE G	lomo	ntol Infor	motio		ordina	Euro	Iroioi	<b>n</b> a or	Goming	otiv	ition	OMB No. 1545-0047
(Form 990 or 990-EZ) 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										2016 Open to Public		
organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ.												
Internal Revenue Service Information	ation a	bout Schedul							sat <u>www.irs.</u> g	gov/fo		Inspection
e e e e e e e e e e e e e e e e e e e	t A	Famil	y of	the	Palı	n Be	each	nes,	Inc		59-247	dentification number
Part I Fundraising Activities required to complete the	ities.	Complete i								line 1	7. Form 990-I	EZ filers are not
<ol> <li>Indicate whether the organization</li> <li>a Mail solicitations</li> <li>b Internet and email solicit</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a wrkey employees listed in Form S</li> <li>b If "Yes," list the 10 highest pair compensated at least \$5,000 b</li> </ol>	tations ritten c 990, P d indiv	or oral agreer art VII) or en viduals or en	nent wit tity in cc tities (fu	e f g th any in	Solicitat Solicitat Special dividual n with pr	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnm nment events ficers, o undrais	nent grants grants directors, trus ing services?	stees,	<b>Y</b>	es 🗌 No be
(i) Name and address of individu or entity (fundraiser)	al		(ii) Acti	vity		(iii) fundr have c or cor contrib	ustody itrol of	1 · ·	ross receipts m activity	tò (e	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	
						Yes	No					
Total									haan natifiad			
3 List all states in which the organ or licensing.	nizatio	in is registere				CITITIO	utions	ornas	been notilied		exempt from	registration
LHA For Paperwork Reduction Ac	ct Noti	ice, see the	Instruct	tions for	r Form 9	90 or	990-E	<b>Z</b> .		Sche	dule G (Form	990 or 990-EZ) 2016

Schedule G (Form 990 or 990 EZ) 2016 Adopt A Family of the Palm Beaches, Inc 59-2471253 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.

	of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			• •		(d) Total events
				5	(add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	490,028.	143,101.	72,325.	705,454
2	Less: Contributions	239,823.	131,501.		371,324
3	Gross income (line 1 minus line 2)	250,205.	11,600.	72,325.	334,130
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	43,396.	31,602.		74,998
7	Food and beverages				
8	Entertainment				
9		4 5 0 0 5	8,717.	16,071.	40,773
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	115,771
11	Net income summary. Subtract line 10 from	line 3, column (d)			218,359
		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	<b>(c)</b> Other gaming	(d) Total gaming (add col. (a) through col. (d
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	└── Yes % └── No	Yes %	Yes % No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
8	Net gaming income summary. Subtract line	7 from line 1, column (d)		▶	
ls t	he organization licensed to conduct gaming a	ctivities in each of these s	tates?		
	2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 11 1 2 3 4 5 6 7 8 9 10 11 11 1 1 1 1 1 1 1 1 1 1	<ul> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 throug</li> <li>11 Net income summary. Subtract line 10 from</li> <li>rt III</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 1</li> </ul>	I       Gross receipts       490,028.         2       Less: Contributions       239,823.         3       Gross income (line 1 minus line 2)       250,205.         4       Cash prizes       250,205.         4       Cash prizes       43,396.         5       Noncash prizes       43,396.         6       Rent/facility costs       43,396.         7       Food and beverages       43,396.         8       Entertainment       15,985.         9       Other direct expenses       15,985.         10       Direct expense summary. Add lines 4 through 9 in column (d)         11       Net income summary. Subtract line 10 from line 3, column (d)         11       Net income summary. Subtract line 10 from line 3, column (d)         11       Rent/facility costs       (a) Bingo         1       Gross revenue       (a) Bingo         1       Gross revenue       (b) Bingo         2       Cash prizes       (a) Bingo         3       Noncash prizes       (a) Bingo         4       Rent/facility costs       (a) Bingo         5       Other direct expenses       (b) No         6       Volunteer labor       No         7	1       Gross receipts       490,028.       143,101.         2       Less: Contributions       239,823.       131,501.         3       Gross income (line 1 minus line 2)       250,205.       11,600.         4       Cash prizes	Treelighting Tournament       5         (event type)       (event type)       (total number)         1       Gross receipts       490,028.       143,101.       72,325.         2       Less: Contributions       239,823.       131,501.         3       Gross income (line 1 minus line 2)       250,205.       11,600.       72,325.         4       Cash prizes

Sch	edule G (Form 990 or 990 EZ) 2016 Adopt A Family of the Palm Beaches, Inc 59-2	471253	Page 3
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 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
_			
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party  \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>
_	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year ► \$ <b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lire	nes 9, 9b, 10	o. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		.,,
63208	33 09-12-16 Schedule G (Forn	n 990 or 990	-EZ) 2016
	33		

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2016.05050 ADOPT A FAMILY OF THE PAL 00175001

Schedule G (Form 990 or 990 Part IV Supplementa	-EZ) al Inform	Adopt	A Family	of	the	Palm	Beaches,	Inc	59-2471253	Page 4
Cappionion			jnunued)							
632084 04-01-16								Sch	nedule G (Form 990 or	<sup>-</sup> 990-EZ)

SCHEDULE I	Grants and Other Assistance to Organizations,							OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		2016
Department of the Treasury Internal Revenue Service		Informati	on about Schedule I	Attach to For (Form 990) and its		www.irs.aov/form99	0.	Open to Public Inspection
Name of the organization		amily of	the Palm Bea	aches, Inc	5			Employer identification number $59-2471253$
Part I General In	formation on Grants a	nd Assistance						
criteria used to av	ation maintain records t ward the grants or assis V the organization's pro	stance?				-		
	d Other Assistance to					anization answered "Y	es" on Form 990, Par	IV, line 21, for any
recipient th	at received more than	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			•
	dress of organization ernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total number	er of section 501(c)(3) a er of other organization	s listed in the line 1	table					Cale a della L (Farma 000) (0040)

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

59-2471253

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
oject Grow	225	17,107.	0.		
nator Philip D. Lewis Homeless Resource Center	10529	1,029,430.	0.		
using Stabilization Program	756	308,994.	0.		
Place Called Home	42	39,649.	٥.		
oject Safe	94	31,829.	٥.		
Part IV Supplemental Information. Provide the information re	autirad in Dart L lin	e 2. Part III. column	(b): and any other ad	ditional information	

Adopt-A-Family's finance department and grant compliance team monitor all

grant fund expenditures. The teams work collaboratively to ensure that

grant proceeds are spent on allowable expenses defined through contracts

and/or grant agreements.

Schedule I (Form 990) Adopt A Famil	y of the Pa	alm Beaches	s, Inc		59-2471253 Page
Part III Continuation of Grants and Other Assistance to Inc	lividuals in the Unite	d States (Schedule	e I (Form 990), Part III	.)	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ervice Enriched Housing	116.	8,231.	٥.		
iley Reynolds	116.	8,231.	0.		
SP2 Housing assistance	80.	7,118.	0.		
		,,110.			

Schedule I (Form 990)

	HEDULE M			Nonc	ash Co	ntri	ibutions			OMB No.	1545-004	17
(Fo	rm 990)	• • • • •								20	16	5
	ment of the Treasury I Revenue Service	<ul> <li>Attach to Fo</li> <li>Information</li> </ul>			(Eorm 990) a	nd ite	instructions is	at			o Publ ection	IC
Name	e of the organizatior		about		(FOIII 990) a	nuna		sat <u>www.irs.g</u>		/er identificati		nber
	0	Adopt A	Fami	lv of	the Pal	m I	Beaches,	Inc	. ,	59-2471		
Par	tl Types of	Property		-			•					
	·			(a) Check if applicable		s or	(c) Noncash coi amounts rep Form 990, Part	ntribution ported on		<b>(d)</b> nod of determin contribution a	•	s
1	Art - Works of art							_				
2	Art - Historical trea	isures										
3		erests										
4		ations								~ ~ ~	-	
5		ehold goods		X				5,273.T				<u> </u>
6		nicles		X		1	2	6,513.K	elly B	lue Boo	ĸ	
7												
8		ty										
9		y traded										
10		y held stock										
11	Securities - Partne trust interests	rship, LLC, or										
12		laneous										
13	Qualified conserva											
	Historic structures											
14	Qualified conserva	tion contribution - O	ther									
15	Real estate - Resid	lential										
16	Real estate - Comr	nercial										
17	Real estate - Other	ſ										
18	Collectibles											
19												
20	Drugs and medica	l supplies										
21												
22												
23		ns										
24		acts										
25	Other (		)									
26 07	Other (		)									
27 29	Other ► (		)									
<u>28</u> 29	Other (	8283 received by the		I zation during	I the tax year	for or	I					
23		nization completed I	U U					29				
	isi which the organ	uton completed I	0111 02	,		moug					Yes	No
30a	During the year di	d the organization re	eceive h	v contributio	on any propert	v ren	orted in Part I li	ines 1 through :	28. that it			
004		-		-	• • • •	•		-				
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?						30a		x			
b		the arrangement in F										
31		tion have a gift acce		policy that re	equires the rev	/iew d	of any nonstand	ard contribution	ns?	31		X
32a		tion hire or use third	•		•		· • ·					v
Ŀ										<u>32a</u>		X
	If "Yes," describe i		untin -	olume (a) fo	rotupo of re-	no.4	for which colum	nn (a) is shaster	d			
33		didn't report an amo	ount in C	:01 (C) 10	r a type of pro	perty	or which colur	nn (a) is checke	u,			
LHA	describe in Part II.	Reduction Act Noti	00.000	the leature	tions for Ecr	n 000	)		Cabo	edule M (Form		2016
LLIA	FOR Paperwork	neduction Act NOt	ce, see			11 990			Sche	sucie ivi (Form	ເອສບ) (	2010)

Schedule M	(Form 990) (2016)	Adopt	A Fam	ily o	f the	Palm	Beaches	, Inc	59-2471253	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	Informati	i <b>on.</b> Provi ), the numb	de the info per of cont	prmation r ributions,	equired by the numb	Part I, lines 30b er of items receiv	, 32b, and 3 ved, or a con	3, and whether the organizan bination of both. Also com	ation Iplete
632142 08-23-1	6								Schedule M (Form	990) (2016)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ, and its instructions is at www.jrs.gov/f	2016 Open to Public
Name of the organization Adopt A Family of the Palm Beaches, Inc	Employer identification number $59-2471253$
	55 2471255
Form 990, Part III, Line 2, New Program Services:	1
Program REACH: The Organization operates Palm Beach County	
emergency shelter serving homeless families with minor chi	ldren.
Program REACH (REACH) provides 19 units of 90-day immediat	e and safe
housing paired with support services and resources as fami	lies seek a
permanent housing solution. Homeless families enter REACH	through HRC.
96% of the families remained housed for three months after	exiting the
shelter.	
Form 990, Part III, Line 3, Changes in Program Services:	
A Place Called Home discontinued: A Place Called Home, a p	ermanent
supportive housing program for homeless families funded by	HUD. HUD did
not re-award the program during the fiscal year and as a r	esult, the
program ended on September 30, 2016.	
Form 990, Part III, Line 4d, Other Program Services:	
Bridges to Success: Bridges to Success is a permanent supp	ortive
housing program for homeless families funded by HUD. The	program
offers scattered site housing in western Palm Beach County	to homeless
families living with a disability. The program offers inte	nsive case
management and supportive services to all residents and is	one of the
only options for homeless families residing in Belle Glade	, Pahokee,
and others areas in western Palm Beach County. This is a c	ollaborative
program with other not-for-profit agencies for residents is	n Palm Beach
County. 100% of participating families remained stably ho	used during
the fiscal year. 26 individuals were served during the fisLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Sched632211 08-25-16632211 08-25-16	cal year. Iule O (Form 990 or 990-EZ) (2016)

<sup>40</sup> 2016.05050 Adopt a family of the pal 00175001

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Adopt A Family of the Palm Beaches, Inc	Employer identification number 59-2471253
Expenses \$ 236,960. including grants of \$ 227,131. Rev	enue \$ 0.
Project Grow: Project GROW is the agency's licensed	
afterschool/out-of-school program serving children in kind	ergarten
through fifth grade. Most children attending are formerly	homeless and
reside in one of the agency's housing programs. The progra	m is
customized to meet the unique needs of formerly homeless c	hildren and
focuses on building the children's social, emotional, and	educational
skills. 98% of the children attending Project GROW were p	romoted to
the next grade level during the school year ended during J	une 2017. 165
individuals were served during the fiscal year.	
Expenses \$ 454,709. including grants of \$ 17,107. Reve	nue \$ 11,322.
Service Enriched Housing (S.E.H.): The Service Enriched Ho	using program
offers housing to low-income families who are on the path	to home
ownership. The program consists of 30 two-bedroom apartmen	t units
located adjacent to the Organization's Family Resource Cen	ter. Rent is
based on 30% of the family's income. The Organization capt	ures the
first \$525 as the base rent with all additional funds plac	ed in escrow
and used for credit repair, home ownership activities, and	general
wealth building. \$36,595 of participating family's collec	tive debt was
eliminated during the fiscal year. In addition, collective	ly they saved
\$60,640 during the fiscal year. 93 individuals were served	during the

fiscal year.

Expenses \$ 319,588. including grants of \$ 31,829. Revenue \$ 171,830.

A Place Called Home (A.P.C.H.): A Place Called Home is a permanent

supportive housing program for homeless families primarily funded by 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 41 2016.05050 ADOPT A FAMILY OF THE PAL 00175001

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization Adopt A Family of the Palm Beaches, Inc	Employer identification number 59-2471253
the U.S. Department of Housing and Urban Development (HUD)	. The program
offers scattered site housing in Lake Worth to homeless fa	milies with a
head-of-household living with a disability. The program of	fers
intensive case management and supportive services to all r	esidents.
HUD did not re-award the program during the fiscal year an	d as a
result, the program ended on September 30, 2016. At the en	d of the
operating year, 89% of the families participating in the	program
exited to permanent housing program. 28 individuals were s	erved during
the fiscal year.	
Expenses \$ 65,261. including grants of \$ 39,649. Reven	ue \$ 0.
Neighborhood Stabilization Program 2 (NSP2): The organizat	ion, in
partnership with the Lake Worth Community Redevelopment Ag	ency (CRA),
was one of 56 awardees in 2010 to be awarded funding throu	gh HUD's NSP2
funding competition. The goal of the program was to stabil	ize
neighborhoods through the acquisition and rehabilitation o	of foreclosed
properties. The organization rehabilitated and constructe	d a total of
forty-one housing units in the City of Lake Worth as a res	ult of this
opportunity. Since the award, a total of seventeen units w	vere sold by
the organization to income-qualified households between 20	10 and 2014.
Twenty-four units were retained by the organization and ar	e currently
being used as rental properties for low-income families.	The program
maintained a 97% occupancy rate during the fiscal year. 71	individuals
were served during the fiscal year.	
Expenses \$ 221,398. including grants of \$ 7,118. Reven	ue \$ 177,021.

<u>Community Lar</u>	nd Trust Progra	m/Wiley Reynolds	Apartments	: The		
organization	's Community La	nd Trust Program	combined w	ith the		
632212 08-25-16				Schedule O (For	rm 990 or 990-EZ) (2016)	
		42				
1500223 784176	0017500	2016.050	50 ADOPT A F	FAMILY OF	THE PAL 0017500	1

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rapists
(Form 990 or 990-EZ) (2016

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>			
Name of the organization Adopt A Family of the Palm Beaches, Inc	Employer identification number 59-2471253			
due to barriers such as lack of transportation, acceptable	health			
coverage, financial requirements and provider availability	. In			
addition, the onsite therapist is available for crisis int	ervention,			
de-escalation and provides guidance to case managers of th	e families.			
77% of the clients enrolled in the program have shown impr	oved mental			
health based on scores in the DSM-5 Cross Cutting Symptom	Measures			
tool. 77 individuals were served during the fiscal year.				
Expenses \$ 97,285. including grants of \$ 15,262. Revenue \$ 0.				
Form 990, Part VI, Section B, line 11b:				
The organization's CFO/CPA prepares the return, reviews th	e draft of the			
return with the CEO, then provides the reviewed draft to t	he independent			
CPA firm for review. The Independent CPA firm then presents the final draft				
to the committee comprised of members from the board of di	rectors for the			
committee's approval. The committee then presents the fina	l draft of the			
return to the entire Board of Directors for review and app	roval prior to			

filing the return.

Form 990, Part VI, Section B, Line 12c:
Each member of the board of directors reviews the conflict of interest
policy annually at the first board meeting of the fiscal year. Their
understanding of the policy is confirmed in writing and maintained in the
administrative board records of the organization.
Form 990, Part VI, Section B, Line 15:
The chairman of the board of directors (the "Chairman") is responsible for

the supervision of the CEO and shall conduct an annual evaluation and

recommend salary increases; provided however, the Chairman may conduct a
632212 08-25-16
Schedule O (Form 990 or 990-EZ) (2016)
44

± ±

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Adopt A Family of the Palm Beaches, Inc	Employer identification number 59-2471253
semi-annual evaluation if he/she determines that in consid	eration of all
the facts and circumstances such evaluation would be appro	priate. The
Chairman utilizes data of comparable compensation for simi	larly qualified
individuals functioning in comparable positions at similar	ly situated
organizations. Records of the deliberations and decisions	are retained by
the Chairman.	

The CEO shall consult with the president or board of directors in the selection, hiring, termination of staff and the creation or elimination of positions but the CEO retains the final approval in these matters. For key employees, the CEO utilizes data of comparable positions at similarly situated organizations. Records of deliberations and decisions are retained by the CEO.

Form 990, Part VI, Section C, Line 19:

The organization's audited financial statements and Form 990 are posted on the agency's website. The organization's governing documents and conflict of interest policy are available to the public upon request.

Part XII Line 2C

The audit report is reviewed at the annual audit committee meeting as presented by the organization's independent auditor. The process has not changed from the prior year.

632212 08-25-16

632161	09-06-16	LHA

Part II Identification of Related Tax-Exempt Organization organizations during the tax year.	ions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34 be	cause it had one
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))

(e) (f) Public charity Direct controlling

ause it had one or more related tax-exempt (g) Section 512(b)(13)

Name of the organization Adopt A Family of the Palm Beaches, Inc

Rental Activity

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

Related

## ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(b)

Primary activity

Department of the Treasury Internal Revenue Service

LW NSP2 - 27-5044026 1712 Second Ave. North

Lake Worth, FL 33486

(a)

Name, address, and EIN (if applicable)

of disregarded entity

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

Part I

Open to Public Inspection

Employer identification number

59-2471253

(f)

Direct controlling

entity

Adopt-A-Family of the

2,473,810. Palm Beaches, Inc.

entity

Schedule R (Form 990) 2016

controlled

entity?

No

Yes

OMB No. 1545-0047 2016

Organizations and	Unrelated	Partnerships
organizations and	Omenated	i ai ai ci si iips

Florida

(c)

Legal domicile (state or

foreign country)

(d)

Total income

177,021

(e)

End-of-year assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener manag partn	<sup>Il or</sup> Percentage <sup>ing</sup> ownership er?	
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10	
										+		
	•		•			-		•				

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

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

# Schedule R (Form 990) 2016 Adopt A Family of the Palm Beaches, Inc

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

Note:         Complete line 1 if any entity is listed in Parts II, III, or V of this schedule.         Yes         No           1         During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?         1a         1a <t< th=""><th>Net</th><th>er Complete ling 1 if anv antity is listed in Darts II. III. av IV of this schodule</th><th></th><th>Yes</th><th>No</th></t<>	Net	er Complete ling 1 if anv antity is listed in Darts II. III. av IV of this schodule		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity       1a         b Gift, grant, or capital contribution to related organization(s)       1b         c Gift, grant, or capital contribution from related organization(s)       1c         c Loans or loan guarantees to or for related organization(s)       1d         e Loans or loan guarantees by related organization(s)       1d         f Dividends from related organization(s)       1e         g Sale of assets to related organization(s)       1f         g Sale of assets to related organization(s)       1g         i Exchange of assets from related organization(s)       1i         j Lease of facilities, equipment, or other assets from related organization(s)       1i         j Lease of facilities, equipment, or other assets from related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1i         n Performance of services or membership or fundraising solicitations for related organization(s)       1i         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1in         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1in         n Performance of services or membership or fundrai				res	NO
b Gift, grant, or capital contribution to related organization(s)       1b         c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to or for related organization(s)       1d         e Loans or loan guarantees to or grantation(s)       1e         f Dividends from related organization(s)       1e         g Sale of assets to related organization(s)       1g         n Purchase of assets from related organization(s)       1g         i Exchange of assets from related organization(s)       1h         j Lease of facilities, equipment, or other assets to related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1k         g Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         p Reimbursement paid to related organization(s)       1m         r       1g       1         o Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         n Sharing of paid employees with related organization(s)       1m         g Reimbursement paid to related organiza	1				
c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to ro for related organization(s)       1d         e Loans or loan guarantees by related organization(s)       1e         f Dividends from related organization(s)       1f         g Sale of assets to related organization(s)       1f         h Purchase of assets to related organization(s)       1f         j Lease of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets to related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1i         m Performance of services or membership or fundraising solicitations for related organization(s)       1i         m Performance of services or membership or fundraising solicitations for related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of paid employees with related organization(s)       1m         g Reimbursement paid to related organization(s) for expenses       1p         g Reimbursement paid by related organization(s)       1m         g Reimbursement paid by related organization(s)       1m         g Reimbursem					<u> </u>
d Loans or loan guarantees to or for related organization(s)       1d         e Loans or loan guarantees by related organization(s)       1e         f Dividends from related organization(s)       1f         g Sale of assets to related organization(s)       1g         h Purchase of assets from related organization(s)       1h         j Lease of facilities, equipment, or other assets to related organization(s)       1j         j Lease of facilities, equipment, or other assets from related organization(s)       1k         m Performance of services or membership or fundraising solicitations for related organization(s)       1k         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         p Reimbursement paid to related organization(s)       1m         g Reimbursement paid to related organization(s)       1m					<u> </u>
e       Loans or loan guarantees by related organization(s)       1e         f       Dividends from related organization(s)       1f       1         g       Sale of assets to related organization(s)       1g       1         h       Purchase of assets from related organization(s)       1h       1         i       Exchange of assets with related organization(s)       1i       1         j       Lease of facilities, equipment, or other assets to related organization(s)       1i       1         k       Lease of facilities, equipment, or other assets from related organization(s)       1k       1         n       Performance of services or membership or fundraising solicitations for related organization(s)       1i       1         n       Performance of services or membership or fundraising solicitations by related organization(s)       1m       1         n       Performance of services or membership or fundraising solicitations by related organization(s)       1m       1         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m       1         p       Reimbursement paid to related organization(s) for expenses       1p       1         n       Other transfer of cash or property to related organization(s)       1r       1         s       Other transfer of	С	Gift, grant, or capital contribution from related organization(s)	1c		<u> </u>
f       Dividends from related organization(s)       1f         g       Sale of assets to related organization(s)       1g         h       Purchase of assets from related organization(s)       1h         i       Exchange of assets with related organization(s)       1i         j       Lease of facilities, equipment, or other assets from related organization(s)       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1k         n       Performance of services or membership or fundraising solicitations for related organization(s)       1n         m       Performance of services or membership or fundraising solicitations by related organization(s)       1n         o       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         n       Sharing of paid employees with related organization(s)       1n         p       Reimbursement paid to related organization(s) for expenses       1p         r       Other transfer of cash or property to related organization(s)       1r         s       Other transfer of cash or property from related organization(s)       1r	d	Loans or loan guarantees to or for related organization(s)	1d		
g Sale of assets to related organization(s)       1g         h Purchase of assets from related organization(s)       1h         i Exchange of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets to related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1k         l Performance of services or membership or fundraising solicitations for related organization(s)       1k         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         p Reimbursement paid to related organization(s) for expenses       1g         r Other transfer of cash or property to related organization(s)       1g         s Other transfer of cash or property from related organization(s)       1r	е	Loans or loan guarantees by related organization(s)	1e		
g Sale of assets to related organization(s)       1g         h Purchase of assets from related organization(s)       1h         i Exchange of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets to related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1k         l Performance of services or membership or fundraising solicitations for related organization(s)       1k         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         p Reimbursement paid to related organization(s) for expenses       1g         r Other transfer of cash or property to related organization(s)       1g         s Other transfer of cash or property from related organization(s)       1r					
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i       Exchange of assets with related organization(s)       1i       1i         j       Lease of facilities, equipment, or other assets to related organization(s)       1j       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1k       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1k       1i         i       Performance of services or membership or fundraising solicitations for related organization(s)       1i       1i         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m       1i         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n       1i         o       Sharing of paid employees with related organization(s)       1o       1i         p       Reimbursement paid to related organization(s) for expenses       1p       1i         q       Reimbursement paid by related organization(s) for expenses       1q       1i         r       Other transfer of cash or property to related organization(s)       1r       1i         s       Other transfer of cash or property from related organization(s)       1s       1s	g	Sale of assets to related organization(s)	1g		
i       Exchange of assets with related organization(s)       1i       1i         j       Lease of facilities, equipment, or other assets to related organization(s)       1j       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1k       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1k       1i         i       Performance of services or membership or fundraising solicitations for related organization(s)       1i       1i         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m       1i         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n       1i         o       Sharing of paid employees with related organization(s)       1o       1i         p       Reimbursement paid to related organization(s) for expenses       1p       1i         q       Reimbursement paid by related organization(s) for expenses       1q       1i         r       Other transfer of cash or property to related organization(s)       1r       1i         s       Other transfer of cash or property from related organization(s)       1s       1s	h	Purchase of assets from related organization(s)	1h		
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k       Lease of facilities, equipment, or other assets from related organization(s)       1k       1k         I       Performance of services or membership or fundraising solicitations for related organization(s)       11       1         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m       1         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n       1         o       Sharing of paid employees with related organization(s)       10       1         p       Reimbursement paid to related organization(s) for expenses       1p       1         q       Reimbursement paid by related organization(s) for expenses       1q       1         r       Other transfer of cash or property to related organization(s)       1r       1         s       Other transfer of cash or property from related organization(s)       1r       1	j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
I       Performance of services or membership or fundraising solicitations for related organization(s)       11         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p         q       Reimbursement paid by related organization(s) for expenses       1q         r       Other transfer of cash or property to related organization(s)       1r         s       Other transfer of cash or property from related organization(s)       1s					
I       Performance of services or membership or fundraising solicitations for related organization(s)       11         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p         q       Reimbursement paid by related organization(s) for expenses       1q         r       Other transfer of cash or property to related organization(s)       1r         s       Other transfer of cash or property from related organization(s)       1s	k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
m       Performance of services or membership or fundraising solicitations by related organization(s)       1m       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n       1         o       Sharing of paid employees with related organization(s)       1o       1         p       Reimbursement paid to related organization(s) for expenses       1p       1         q       Reimbursement paid by related organization(s) for expenses       1q       1         r       Other transfer of cash or property to related organization(s)       1r       1         s       Other transfer of cash or property from related organization(s)       1s       1	I.		11		
o       Sharing of paid employees with related organization(s)         p       Reimbursement paid to related organization(s) for expenses         q       Reimbursement paid by related organization(s) for expenses         r       Other transfer of cash or property to related organization(s)         s       Other transfer of cash or property from related organization(s)	m		1m		
o       Sharing of paid employees with related organization(s)         p       Reimbursement paid to related organization(s) for expenses         q       Reimbursement paid by related organization(s) for expenses         r       Other transfer of cash or property to related organization(s)         s       Other transfer of cash or property from related organization(s)	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
p       Reimbursement paid to related organization(s) for expenses         q       Reimbursement paid by related organization(s) for expenses         r       Other transfer of cash or property to related organization(s)         s       Other transfer of cash or property from related organization(s)			10		
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q Reimbursement paid by related organization(s) for expenses       1q         r Other transfer of cash or property to related organization(s)       1r         s Other transfer of cash or property from related organization(s)       1s	р	Reimbursement paid to related organization(s) for expenses	1p		
r       Other transfer of cash or property to related organization(s)         s       Other transfer of cash or property from related organization(s)			1q		
s Other transfer of cash or property from related organization(s)	•				
	r	Other transfer of cash or property to related organization(s)	1r		
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.	s	Other transfer of cash or property from related organization(s)	1s		
	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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
(5)				
<u>(6)</u>				

### Schedule R (Form 990) 2016 Adopt A Family of the Palm Beaches, Inc

#### 59-2471253 Page 4

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners : 501(c)(i orgs.? Yes N	sec. (3) ?	<b>(f)</b> Share of total income	(F Dispr tior alloca	n) opor- iate tions? No	(j) General managir partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016		Family	of	the	Palm	Beaches,	Inc	59-2471253	Page 5
Part VII Supplemental Info	ormation.								
			~						

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

	Schedul	e R (Form 990) 201
50	Schedule	201

(Rev. January 2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

					er 3 fachtaryn	
Type or print	Name of exempt organization or other filer, see instru	Employe	r identificatior	n number (EIN) or		
•	Adopt A Family of the Palm		59-247	1253		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	Social se	ecurity numbe	r (SSN)		
filing your return. See	1712 Second Avenue North					
instructions.	City, town or post office, state, and ZIP code. For a for Lake Worth, FL 33460	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)·BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	)-T (trust other than above)	06	Form 8870			12
<ul> <li>If this</li> <li>box</li> <li>1</li> <li>I reform</li> <li>form</li> <li>Image: the second second</li></ul>	quest an automatic 6-month extension of time until         the organization named above. The extension is for the or         calendar year       or         X       tax year beginning       JUL       1, 2016         ne tax year entered in line 1 is for less than 12 months, c	Group Exe and atta May organizatic , an	mption Number (GEN) I ch a list with the names and EINs of <u>y 15, 2018</u> , to file on's return for: d ending <b>JUN 30, 2017</b>	f this is fo all memb	r the whole gr ers the extens npt organizatio	sion is for.
	Change in accounting period				1	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any	0	¢	0.
	nrefundable credits. See instructions.		e en feren el e la la coma el tra coma el	<u>3a</u>	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069			0.	<b>^</b>	0.
	imated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa			3c	¢	0.
	using EFTPS (Electronic Federal Tax Payment System).					-
instruction:	If you are going to make an electronic funds withdrawal ns.	(uirect det	אונו נחוג Form 8808, see Form 84	193-EU an	iu rorm 8879-	EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 88	868 (Rev. 1-2017)

Mail to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045

623841 01-11-17