

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: C Name of organization: ADOPT A FAMILY OF THE PALM BEACHES, INC. D Employer identification number: 59-2471253 E Telephone number: 561-253-1361 G Gross receipts \$: 3,986,702. H(a) Is this a group return for affiliates? H(b) Are all affiliates included? I Tax-exempt status: X 501(c) (3) J Website: HTTP://WWW.ADOPTAFAMILYPBC.ORG/ K Form of organization: X Corporation L Year of formation: 1984 M State of legal domicile: FL

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown (Total revenue: 3,647,240), and net assets (Total assets: 4,950,371).

Part II Signature Block

Sign Here: Signature of Officer JOHN C. CASTRONUOVO, PRESIDENT, Date 3-31-2011. Preparer's signature: David Thomas CPA, Date 3/10/11, Firm: HOLYFIELD & THOMAS, LLC, 125 BUTLER STREET, WEST PALM BEACH, FL 33407.

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ADOPT-A-FAMILY IS DEDICATED TO RESTORING FAMILIES IN CRISIS TO STABILITY AND SELF-SUFFICIENCY BY PROVIDING ACCESS TO ALL-ENCOMPASSING SERVICES TO FAMILIES AND THEIR CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 749,427. including grants of \$ 432,042. ) (Revenue \$ )

RAPID RE-HOUSING IS A FEDERALLY FUNDED PROGRAM UNDER TITLE XII OF THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (RECOVERY ACT). THE GOAL IS TO ASSIST PERSONS EXPERIENCING HOMELESSNESS TO BE QUICKLY RE-HOUSED AND STABILIZED. PRIORITY IS GIVEN TO HOUSEHOLDS RESIDING IN EMERGENCY SHELTERS AND TRANSITIONAL HOUSING. A KEY GOAL FOR RAPID RE-HOUSING IS TO SHORTEN THE LENGTH OF STAY IN A SHELTER. HOMELESS HOUSING PROVIDERS IDENTIFY INDIVIDUALS AND FAMILIES THAT CAN BENEFIT FROM THIS PROGRAM. THESE HOUSEHOLDS ARE: HOMELESS EMPLOYED OR HAVE OTHER SOURCES OF INCOME TO SUSTAIN THEMSELVES YET EARNING LESS THAN AREA MEDIAN INCOME AND NOT IN NEED OF PERMANENT SUPPORTIVE HOUSING. INDIVIDUALS AND FAMILIES ENTERING THE PROGRAM IMMEDIATELY BEGIN WORKING WITH A HOUSING SPECIALIST IN AN EFFORT TO IDENTIFY SAFE, AFFORDABLE HOUSING.

4b (Code: ) (Expenses \$ 609,603. including grants of \$ 39,482. ) (Revenue \$ )

PROJECT SAFE (STABLE, ABLE, FAMILY ENVIRONMENT)- THE PROJECT S.A.F.E. PROGRAM PROVIDES TRANSITIONAL HOUSING AND SUPPORT SERVICES (FOR UP TO 24 MONTHS) TO HOMELESS FAMILIES AND THEIR CHILDREN. SUPPORT SERVICES PROVIDED FOR EACH FAMILY INCLUDE BUDGETING, CASE MANAGEMENT, JOB TRAINING, DAYCARE ASSISTANCE, SUPPORT GROUPS, FAMILY AND INDIVIDUAL COUNSELING AND AN AFTER-SCHOOL/OUT OF SCHOOL PROGRAM FOR SCHOOL-AGED CHILDREN. 76 CLIENTS SERVED.

4c (Code: ) (Expenses \$ 577,368. including grants of \$ 340,876. ) (Revenue \$ )

PROJECT UPLIFT-THE PROJECT UPLIFT PROGRAM PROVIDES SHORT-TERM (UP TO THREE MONTHS) ASSISTANCE TO FAMILIES WITH CHILDREN WHO ARE AT RISK OF HOMELESSNESS. THE PROGRAM TARGETS FAMILIES WHO ARE EXPERIENCING A SITUATIONAL CRISIS SUCH AS A JOB LAYOFF, UNEMPLOYMENT, ILLNESS OR DIVORCE. THOSE ENTERING THE PROGRAM ARE TAUGHT PROBLEM-SOLVING SKILLS AND HOW TO FIND SOLUTIONS FOR PROBLEMS BASED ON AVAILABLE IDENTIFIABLE RESOURCES. 669 CLIENTS SERVED.

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

(Expenses \$ 1,212,692. including grants of \$ 354,818. ) (Revenue \$ 219,022. )

4e Total program service expenses \$ 3,149,090.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
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 .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 .....		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 .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....		X
9	Did the organization report an amount in Part X, line 21; 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 .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V .....		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III .....		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 .....		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 .....	X	
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 .....		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....		X

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	5	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	32	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Form 990 (2009)

**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.

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**WENDY TIPPETT - 561-253-1361**  
**1712 SECOND AVE. NORTH, LAKE WORTH, FL 33460**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN C. CASTRONUOVO PRESIDENT	1.00	X		X			0.	0.	0.	
TEQUISHA Y. MYLES 1ST VICE PRESIDENT	1.00	X		X			0.	0.	0.	
RICHARD P. RIBEK 2ND VICE PRESIDENT	1.00	X		X			0.	0.	0.	
NANCY GOLDER SECRETARY	1.00	X		X			0.	0.	0.	
ANDRE VARONA TREASURER	1.00	X		X			0.	0.	0.	
JOHN MARASCO PAST PRESIDENT	1.00	X					0.	0.	0.	
MARI FRANKEL PAST PRESIDENT	1.00	X					0.	0.	0.	
PAULA MICHEL PAST PRESIDENT	1.00	X					0.	0.	0.	
SEAN BRESNAN MEMBER	1.00	X					0.	0.	0.	
JOHN DEESE MEMBER	1.00	X					0.	0.	0.	
KALINTHIA DILLARD MEMBER	1.00	X					0.	0.	0.	
HEATHER FERGUSON MEMBER	1.00	X					0.	0.	0.	
SUSANNE FRISBIE MEMBER	1.00	X					0.	0.	0.	
RUTH HENNESSY MEMBER	1.00	X					0.	0.	0.	
ROGER JORN MEMBER	1.00	X					0.	0.	0.	
WENDY LABBETT MEMBER	1.00	X					0.	0.	0.	
JAMES LARSCHAN MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KAELA LERNER MEMBER	1.00	X						0.	0.	0.
JAY MARCUS MEMBER	1.00	X						0.	0.	0.
WILLIAM OBERLINK MEMBER	1.00	X						0.	0.	0.
LINDA REICHEL MEMBER	1.00	X						0.	0.	0.
GARTH ROSENKRANCE MEMBER	1.00	X						0.	0.	0.
DEBORAH ROUSE MEMBER	1.00	X						0.	0.	0.
KITTY SILVERSTEIN MEMBER	1.00	X						0.	0.	0.
MICHAEL ST. JACQUES MEMBER	1.00	X						0.	0.	0.
WENDY A. TIPPETT EXECUTIVE DIRECTOR	40.00			X	X			104,546.	0.	1,122.
DEANNA ROGERS CHIEF FINANCIAL OFF.	40.00			X				63,773.	0.	688.
<b>1b Total</b>								<b>353,748.</b>	<b>0.</b>	<b>3,811.</b>

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 586,817.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,609,607.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 940,847.					
	g Noncash contributions included in lines 1a-1f: \$	56,752.					
	<b>h Total. Add lines 1a-1f</b>		<b>3,137,271.</b>				
Program Service Revenue	2 a HOUSING PROGRAM RENTS	Business Code 531110	219,022.	219,022.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>219,022.</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		946.			946.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		149,113.			
		c Gain or (loss)		-74,895.			
		d Net gain or (loss)		-74,895.			-74,895.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	547,771.				
		b Less: direct expenses	b	190,349.			
		c Net income or (loss) from fundraising events		357,422.			357,422.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	7,474.			7,474.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		7,474.					
<b>12 Total revenue. See instructions.</b>		<b>3,647,240.</b>	<b>219,022.</b>	<b>0.</b>	<b>290,947.</b>		

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	1,167,218.	1,167,218.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	361,934.	295,601.	41,017.	25,316.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	810,560.	662,005.	91,858.	56,697.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	19,681.	16,554.	2,545.	582.
9 Other employee benefits .....	181,443.	150,598.	19,959.	10,886.
10 Payroll taxes .....	95,927.	78,534.	11,001.	6,392.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	16,250.	9,100.	2,600.	4,550.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	106,477.	59,027.	17,719.	29,731.
12 Advertising and promotion .....	2,060.	869.	878.	313.
13 Office expenses .....	38,246.	32,546.	4,072.	1,628.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	179,604.	170,501.	6,771.	2,332.
17 Travel .....	17,757.	15,407.	1,477.	873.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	20,442.	8,808.	11,634.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	280,394.	271,026.	5,837.	3,531.
23 Insurance .....	114,655.	70,092.	40,129.	4,434.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>BUILDING MAINTENANCE</b> .....	58,859.	58,859.		
b <b>TELEPHONE</b> .....	28,012.	28,012.		
c <b>FOOD SERVICE</b> .....	27,471.	27,471.		
d <b>BUILDING MAINTENANCE</b> .....	12,051.		12,051.	
e <b>TRAINING &amp; DEVELOPMENT</b> .....	11,192.	11,192.		
f All other expenses .....	38,507.	15,670.	17,251.	5,586.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>3,588,740.</b>	<b>3,149,090.</b>	<b>286,799.</b>	<b>152,851.</b>
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	150.	1	151.
	2	Savings and temporary cash investments .....	140,917.	2	395,577.
	3	Pledges and grants receivable, net .....	206,093.	3	466,463.
	4	Accounts receivable, net .....	82,478.	4	22,713.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	48,333.	9	45,086.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 5,056,543.		
	b	Less: accumulated depreciation .....	10b 1,952,047.		
			3,203,555.	10c	3,104,496.
	11	Investments - publicly traded securities .....	750.	11	750.
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	2,316,986.	15	2,175,264.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,999,262.	16	6,210,500.	
Liabilities	17	Accounts payable and accrued expenses .....	75,041.	17	196,347.
	18	Grants payable .....		18	
	19	Deferred revenue .....	6,336.	19	212,786.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	960,801.	23	798,336.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	65,213.	25	52,660.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	1,107,391.	26	1,260,129.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	4,754,501.	27	4,806,927.
	28	Temporarily restricted net assets .....	137,370.	28	143,444.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
	33	<b>Total net assets or fund balances</b> .....	4,891,871.	33	4,950,371.
34	<b>Total liabilities and net assets/fund balances</b> .....	5,999,262.	34	6,210,500.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

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

Form 990 (2009)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2395489.	2193389.	2651917.	2871807.	3137271.	13249873.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	2395489.	2193389.	2651917.	2871807.	3137271.	13249873.
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) .....						
6 Public support. Subtract line 5 from line 4.						156,143.
						13093730.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....	2395489.	2193389.	2651917.	2871807.	3137271.	13249873.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	18,085.	21,028.	5,324.	1,870.	946.	47,253.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			7,960.	130,275.	7,474.	145,709.
11 Total support. Add lines 7 through 10 .....						13442835.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,836,322.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	97.40 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	98.36 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ADOPT A FAMILY OF THE PALM BEACHES, INC.

Employer identification number

59-2471253

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

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

Questions 1a-1b and 2a-2b regarding reporting of art, historical treasures, or other similar assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		561,775.		561,775.
b Buildings		3,969,851.	1,587,008.	2,382,843.
c Leasehold improvements				
d Equipment		393,648.	275,193.	118,455.
e Other		131,269.	89,846.	41,423.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>3,104,496.</b>



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,647,240.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,588,740.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	58,500.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	58,500.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	3,912,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 265,244.
e	Add lines 2a through 2d	2e 265,244.
3	Subtract line 2e from line 1	3 3,647,240.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	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 3,647,240.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	3,853,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 265,244.
e	Add lines 2a through 2d	2e 265,244.
3	Subtract line 2e from line 1	3 3,588,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	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 3,588,740.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

**SPECIAL FUNDRAISING EVENTS EXPENSES: 190349.**

**LOSS ON ASSET DISPOSAL: 74895.**

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

**SPECIAL FUNDRAISING EVENTS EXPENSES: 190349.**

**LOSS ON ASSET DISPOSAL: 74895.**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	TREELIGHTING EVENT (event type)	YOUNG FRIENDS EVEN (event type)	13 (total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts .....	331,797.	54,084.	161,890.	547,771.
2 Less: Charitable contributions .....				
3 Gross income (line 1 minus line 2) .....	331,797.	54,084.	161,890.	547,771.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	43,889.	24,768.	121,692.	190,349.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 190,349.)
11 Net income summary. Combine line 3, column (d), and line 10 .....				357,422.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	
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? .....	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	13a	%	
<b>b</b> An outside facility .....	13b	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....			
<b>15a</b>			
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address of the third party:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....			
<b>17a</b>			
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			



(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROGRAM ACCOMPLISHMENT-HOMELESS INTERVENTION PROGRAM	138	103,200.	0.		
PROGRAM ACCOMPLISHMENT-PROJECT SAFE	76	39,482.	0.		
PROGRAM ACCOMPLISHMENT-SERVICE ENRICHED HOUSING	56	40.	0.		
PROGRAM ACCOMPLISHMENT-PROJECT UPLIFT	669	340,876.	0.		
PROGRAM ACCOMPLISHMENT-FAMILY EMPOWERMENT	1989	73,978.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: HOMELESS HOUSING PROVIDERS WILL IDENTIFY INDIVIDUALS AND FAMILIES THAT CAN BENEFIT FROM THESE PROGRAMS. THESE HOUSEHOLDS ARE: HOMELESS, EMPLOYED OR HAVE OTHER SOURCE OF INCOME TO SUSTAIN, EARNING LESS THAN 50% OF AREA MEDIAN INCOME AND NOT IN NEED OF PERMANENT SUPPORTIVE HOUSING.**

**INDIVIDUALS AND FAMILIES ENTERING THE PROGRAM IMMEDIATELY BEGIN WORKING WITH A HOUSING SPECIALIST IN AN EFFORT TO IDENTIFY SAFE, AFFORDABLE HOUSING. PARTICIPANTS WORK CLOSELY WITH A FAMILY ADVOCATE WHO HELPS IDENTIFY ANY BARRIERS TO SUSTAINING HOUSING.**



**Part IV** Supplemental Information

CASE MANAGEMENT, ADVOCACY AND FINANCIAL ASSISTANCE MONITORING FOR UP TO  
THREE MONTHS TO FAMILIES WHO ARE EXPERIENCING A SITUATIONAL CRISIS, SUCH AS  
JOB LAYOFF, ILLNESS OR DIVORCE, PUTTING THEM AT RISK OF HOMELESSNESS.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**ADOPT A FAMILY OF THE PALM BEACHES, INC.**

Employer identification number

**59-2471253**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	<b>X</b>		<b>56,752.</b>	<b>THRIFT STORE VALUE</b>
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ) .....				
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

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

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ADOPT A FAMILY OF THE PALM BEACHES, INC.

Employer identification number  
59-2471253

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

PROVIDING ACCESS TO ALL-ENCOMPASSING SERVICES TO FAMILIES AND THEIR  
CHILDREN.

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

PARTICIPANTS WORK CLOSELY WITH A FAMILY ADVOCATE WHO HELPS TO IDENTIFY  
ANY BARRIERS TO SUSTAINING HOUSING.

98 CLIENTS SERVED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROJECT GROW-PROJECT GROW IS AN AFTER-SCHOOL AND OUT-OF-SCHOOL PROGRAM  
FOR CHILDREN WHO RESIDE AT PROJECT SAFE AND SERVICE ENRICHED HOUSING  
WITH THE PRIMARY GOAL TO BRING THEIR EDUCATION AND SKILL LEVELS UP TO  
PAR WITH THEIR PEERS. IN ADDITION, THIS PROGRAM ALSO TEACHES EMOTIONAL,  
CULTURAL AND SOCIAL SKILLS WHILE PROVIDING A SAFE HAVEN TO CHILDREN WHO  
HAVE HAD NONE.

EXPENSES \$ 295657. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SERVICE ENRICHED HOUSING (SEH)-THE SERVICE ENRICHED HOUSING PROGRAM  
OFFERS HOUSING TO LOW-INCOME, WORKING-POOR FAMILIES WHO WISH TO MOVE  
INTO HOME OWNERSHIP WITHIN TWO YEARS. THE PROGRAM OFFERS A CREDIT  
REPAIR PLAN, FIRST TIME HOMEBUYERS' CLASSES AND SUPPORT SERVICES. RENT  
IS CALCULATED BASED AT 30% OF THE FAMILY'S GROSS INCOME, AND ANY  
ADDITIONAL AMOUNT PAID ABOVE \$400 IS PLACED IN ESCROW TO BE USED FOR A  
CREDIT REPAIR OR HOME OWNERSHIP WHEN THEY LEAVE THE ADOPT-A-FAMILY  
PROGRAM.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

ADOPT A FAMILY OF THE PALM BEACHES, INC.

Employer identification number

59-2471253

56 CLIENTS SERVED.

EXPENSES \$ 257324. INCLUDING GRANTS OF \$ 40. REVENUE \$ 219022.

BRIDGES PROGRAM-THE BRIDGES PROGRAM, WHICH BEGAN IN 2008, COMBINES THE  
GOAL OF PROVIDING UNIVERSAL ACCESS TO SERVICES WITH THE IDEA OF  
"ONE-STOP-SHOPPING" BY PROVIDING FAMILIES ACCESS TO ALL THE SERVICES  
THEY NEED AT A MUCH FASTER RATE. SERVICE RECIPIENTS ARE ASSIGNED A CASE  
MANAGER WHO OVERSEAS AND COORDINATES ALL CARE. THE PROGRAM FOCUSES ON  
ASSISTING EACH CLIENT TO ACHIEVE GREATER INDEPENDENCE AND  
SELF-SUFFICIENCY WHILE PROMOTING THE HEALTH AND WELL-BEING OF THE  
CLIENT AND FAMILY. BRIDGES IS A COLLABORATIVE EFFORT OF SEVERAL  
NOT-FOR-PROFIT, GOVERNMENTAL, AND HEALTHCARE AGENCIES AND SERVICES FOR  
RESIDENTS OF PALM BEACH COUNTY.

18 CLIENTS SERVED.

EXPENSES \$ 177790. INCLUDING GRANTS OF \$ 177600. REVENUE \$ 0.

FAMILY EMPOWERMENT COALITION- THE FAMILY EMPOWERMENT COALITION IS  
COMPRISED OF 13 LOCAL AGENCIES WHOSE GOAL IS TO PROVIDE A SEAMLESS  
CONTINUUM OF SERVICES THAT PROMOTE FAMILY STABILITY AND  
SELF-SUFFICIENCY.

1989 CLIENTS SERVED.

EXPENSES \$ 154877. INCLUDING GRANTS OF \$ 73978. REVENUE \$ 0.

COMMUNITY LAND PROGRAM-THE ORGANIZATION IS OPERATING A COMMUNITY LAND  
PROGRAM, WHICH HOLDS REAL ESTATE FOR THE PURPOSE OF MAKING HOUSING  
AVAILABLE TO RESIDENTS WHO CANNOT OTHERWISE AFFORD IT WHILE PROVIDING

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Name of the organization

ADOPT A FAMILY OF THE PALM BEACHES, INC.

Employer identification number

59-2471253

BENEFITS TO THE LOCAL COMMUNITY. THE LAND IS HELD PERMANENTLY BY THE ORGANIZATION TO ENSURE PERPETUAL AFFORDABILITY; HOWEVER, THE HOMES ARE OWNED BY THOSE WHO LIVE IN THEM.

EXPENSES \$ 161287. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOMELESS INTERVENTION PROGRAM (HIP)-THE HOMELESS INTERVENTION PROGRAM PROVIDES HOMELESS FAMILIES RESIDING IN EMERGENCY SHELTERS OR TRANSITIONAL HOUSING FACILITIES WITH THE RESOURCES NECESSARY TO MOVE INTO PERMANENT HOUSING. ELIGIBLE FAMILIES MUST BE HOUSING READY AND ABLE TO MAINTAIN SELF-SUFFICIENCY.

138 CLIENTS SERVED.

EXPENSES \$ 134999. INCLUDING GRANTS OF \$ 103200. REVENUE \$ 0.

OTHER MISC. PROGRAMS AND SERVICES.

EXPENSES \$ 30758. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE BOARD AS PRESENTED BY THE INDEPENDENT ACCOUNT THAT PREPARED THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST. IN THE EVENT ANY DIRECTOR HAS A CONFLICT OF INTEREST THAT MIGHT PROPERLY LIMIT SUCH DIRECTORS FAIR AND IMPARTIAL PARTICIPATION IN BOARD DELIBERATIONS OR DECISIONS, SUCH DIRECTOR SHALL INFORM THE BOARD AS TO THE CIRCUMSTANCES OF SUCH CONFLICT. IF THOSE CIRCUMSTANCES REQUIRE THE NONPARTICIPATION OF THE AFFECTED DIRECTOR, THE BOARD MAY NONETHELESS REQUEST FROM THE DIRECTOR ANY APPROPRIATE NONCONFIDENTIAL INFORMATION WHICH MIGHT INFORM ITS DECISIONS.

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

Schedule O (Form 990) 2009

932211  
02-03-10

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ADOPT A FAMILY OF THE PALM BEACHES, INC.

Employer identification number  
59-2471253

"CONFLICT OF INTEREST," AS REFERRED TO HEREIN, SHALL INCLUDE BUT SHALL NOT BE LIMITED TO, ANY TRANSACTION BY OR WITH THE CORPORATION IN WHICH A DIRECTOR HAS A DIRECT OR INDIRECT PERSONAL INTEREST, OR ANY TRANSACTION IN WHICH A DIRECTOR IS UNABLE TO EXERCISE IMPARTIAL JUDGMENT OR OTHERWISE ACT IN THE BEST INTERESTS OF THE CORPORATION.

NO DIRECTOR SHALL CAST A VOTE, NOR TAKE PART IN THE FINAL DELIBERATION IN ANY MATTER IN WHICH HE OR SHE, MEMBERS OF HIS OR HER IMMEDIATE FAMILY, OR ANY ORGANIZATION TO WHICH SUCH DIRECTOR HAS ALLEGIANCE, HAS A PERSONAL INTEREST THAT MAY BE SEEN AS COMPETING WITH THE INTEREST OF THE CORPORATION. ANY DIRECTOR WHO BELIEVES HE OR SHE MAY HAVE SUCH A CONFLICT OF INTEREST SHALL SO NOTIFY THE BOARD PRIOR TO DELIBERATION ON THE MATTER IN QUESTION, AND THE BOARD SHALL MAKE THE FINAL DETERMINATION AS TO WHETHER ANY DIRECTOR HAS A CONFLICT OF INTEREST IN ANY MATTER. THE MINUTES OF THE BOARD MEETING SHALL REFLECT DISCLOSURE OF ANY CONFLICT OF INTEREST AND THE RECUSAL OF THE INTERESTED DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO AND EXECUTIVE COMMITTEE OF THE BOARD ARE RESPONSIBLE FOR ESTABLISHING COMPENSATION FOR THE KEY EMPLOYEES BASED ON PRIOR YEAR PERFORMANCE AND DATA COMPARING SIMILAR ORGANIZATIONS, REGION OF THE COUNTRY AND BUDGET CAPACITY. THE EXECUTIVE COMMITTEE AND FULL BOARD REVIEWS AND APPROVES THE ANNUAL BUDGET THAT INCLUDES BUDGETED INCREASES FOR THE REMAINDER OF THE STAFF. THE CEO THEN DETERMINES WHAT THE INDIVIDUAL SALARIES FOR THE STAFF WILL BE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

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

Schedule O (Form 990) 2009

932211  
02-03-10

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Name of the organization

ADOPT A FAMILY OF THE PALM BEACHES, INC.

Employer identification number

59-2471253

AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI LINE 2C

AUDIT REPORT REVIEW PROCESS

THE AUDIT REPORT IS REVIEWED AT THE ANNUAL AUDIT REPORT REVIEW MEETING  
AS PRESENTED BY THE INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED  
FROM PRIOR YEARS.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	<b>BUILDINGS</b>							
2	<b>LAND IMPROVEMENTS</b>							
	010100	SL	15.00	16	27,424.		11,590.	2,848.
3	<b>BUILDINGS</b>							
	010100	SL	39.00	16	3,884,673.		1,385,482.	156,031.
4	<b>BUILDING IMPROVEMENTS</b>							
	010100	SL	39.00	16	57,754.		23,385.	7,672.
	<b>* 990 PAGE 10 TOTAL BUILDINGS</b>							
					3,969,851.	0.	1,420,457.	166,551.
	<b>MACHINERY &amp; EQUIPMENT</b>							
5	<b>FURNITURE &amp; EQUIPMENT</b>							
	010105	SL	7.00	16	393,648.		241,506.	33,687.
	<b>* 990 PAGE 10 TOTAL MACHINERY &amp; EQUIPMENT</b>							
					393,648.	0.	241,506.	33,687.
	<b>LAND</b>							
1	<b>LAND</b>							
	010100	L			561,775.			0.
	<b>* 990 PAGE 10 TOTAL LAND</b>							
					561,775.	0.	0.	0.
	<b>OTHER</b>							
6	<b>VEHICLES</b>							
	010105	SL	5.00	16	131,269.		78,240.	11,606.
	<b>* 990 PAGE 10 TOTAL OTHER</b>							
					131,269.	0.	78,240.	11,606.
	<b>* 990 PAGE 10 TOTAL -</b>							
					5,056,543.	0.	1,740,203.	211,844.
	<b>BUILDINGS</b>							
8	<b>CLT-BUILDING</b>							
	010105	SL	39.00	16	1,968,238.		27,111.	68,550.
	<b>* 990 PAGE 10 TOTAL BUILDINGS</b>							
					1,968,238.	0.	27,111.	68,550.
	<b>LAND</b>							
7	<b>CLT-LAND</b>							
	010100	L			296,669.			0.
	<b>* 990 PAGE 10 TOTAL LAND</b>							
					296,669.	0.	0.	0.
	<b>* 990 PAGE 10 TOTAL -</b>							
					2,264,907.	0.	27,111.	68,550.
	<b>* GRAND TOTAL 990 PAGE 10 DEPR</b>							
					7,321,450.	0.	1,767,314.	280,394.

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

OMB No. 1545-1709

▶ File a separate application for each return.

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>ADOPT A FAMILY OF THE PALM BEACHES, INC.</b>	Employer identification number <b>59-2471253</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1712 SECOND AVE. NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LAKE WORTH, FL 33460</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**WENDY TIPPETT**

- The books are in the care of ▶ **1712 SECOND AVE. NORTH - LAKE WORTH, FL 33460**  
Telephone No. ▶ **561-253-1361** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

ation. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>ADOPT A FAMILY OF THE PALM BEACHES, INC.</b>	Employer identification number <b>59-2471253</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1712 SECOND AVE. NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LAKE WORTH, FL 33460</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **▶ 1712 SECOND AVE. NORTH - LAKE WORTH, FL 33460**  
 Telephone No. **▶ 561-253-1361** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until **MAY 15, 2011**.  
 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION IN ORDER TO FILE THE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ Leslie K. Milton** Title **▶ CPA** Date **▶ 2/1/11**