PUBLIC DISCLOSURE COPY

(Not for IRS Filing)

	-	PUBLIC DISCLOSURE COPY - STAT	re regis xempt 	STRATIC From I	ом мо. сн2105 n come Tax	OMB No. 1545-0047					
For	" 9	Under section 501(c), 527, or 4947(a)(1) of the Inte	-			2022					
Depa	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public Inspection										
Interr	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection										
<u>A</u> F	or th	ne 2022 calendar year, or tax year beginning JUL 1,20	22 and	ل ending	<u>UN 30, 2023</u>						
	heck if pplicab	ole:	_		D Employer identifica	tion number					
		ge ZII Palm Beach/Treasure Coast,	Inc.			_					
	_chang	ge Doing business as		1	23-715301	7					
	returr]Final	n Number and street (or P.O. box if mail is not delivered to street ad	dress)	Room/suite		0.65					
					561-533-1						
_	ated Amer	City or town, state or province, country, and ZIP or foreign po	ostal code		G Gross receipts \$	7,819,802.					
	_returr] Appli	n Dalicalla, FD 55405			H(a) Is this a group ret						
	_ltion pendi	F Name and address of principal officer: SILAL OIL I HE	rrou		for subordinates?						
		same as C above		E07	H(b) Are all subordinates inclusion						
		xempt status: X 501(c)(3) 501(c)() (insert no.) [ite: www.211PalmBeach.Org	4947(a)(1)	or 527	-	st. See instructions					
_	Vebsi		Other	L Maar	H(c) Group exemption						
	art I		Utilei	L Year	of formation: 1971 M	State of legal domicile: F L					
	1	Briefly describe the organization's mission or most significant activi		Schedu	10 0						
Governance											
erni	2	Check this box if the organization discontinued its opera	ations or dispo	sed of more							
) Š	3	Number of voting members of the governing body (Part VI, line 1a)				18					
	l .	Number of independent voting members of the governing body (Pa		18							
ies	5	Total number of individuals employed in calendar year 2022 (Part V				134					
Activities &	6	Total number of volunteers (estimate if necessary)				15					
Act		Total unrelated business revenue from Part VIII, column (C), line 12				7,411.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line	e 11	<u></u>		Current Year					
		Oracle its diama and seconds (Dad MIII, Para 41)			5,062,116.	7,758,424.					
ne	8	Contributions and grants (Part VIII, line 1h)			0.	<u> </u>					
Revenue	9	Program service revenue (Part VIII, line 2g)			55.	150.					
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11			99,773.	1,144.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column			5,161,944.	7,759,718.					
	13				9,171.	4,741.					
	14	$P_{\text{res}} = f(t_{\text{res}} - t_{\text{res}}) + f$			0.	0.					
	40		Δ) lines 5-10)		2,852,625.	4,160,789.					
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	, , , , , , , , , , , , , , , , , , , ,		0.	0.					
Expenses	h	Salaries, other compensation, employee benefits (Part IX, column (Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	135.0	04.	••	••					
Ă	17				729,212.	1,037,307.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), lin			3,591,008.	5,202,837.					
	19				1,570,936.	2,556,881.					
OL		· · · · · · · · · · · · · · · · · · ·			ginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)			4,096,355.	6,985,145.					
Ass	21	Total liabilities (Part X, line 26)			453,404.	785,313.					
_Net	22	Net assets or fund balances. Subtract line 21 from line 20			3,642,951.	6,199,832.					
Pa	art II										
Und	er pen	nalties of perjury, I declare that I have examined this return, including accomp	anying schedule	s and statem	ents, and to the best of my k	nowledge and belief, it is					
true	corre	ect, and complete. Declaration of preparer (other than officer) is based on all i	nformation of w	hich preparer	has any knowledge.						

Sign	Signature of officer	Dat	Date								
	Sharon L'Herrou, President/CEC)									
	Type or print name and title										
	Print/Type preparer's name Prepare	r's signature	Date	Check PTIN							
Paid	Scott Y. Haynes, CPA	CONTRACTOR	3-19-2024	self-employed P01366363							
Preparer	Firm's name Holyfield & Thomas, L	LC	Firn	n's EIN 65-1083521							
Use Only	Firm's address 125 Butler Street	\sim									
	West Palm Beach, FL 3	3407	Pho	ne no. (561) 689-6000							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see t	he separate instructior	s.	Form 990 (2022)							
C	See Schedule O for Organization Mission Statement Continuation										

12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

ral	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	211 Palm Beach/Treasure Coast's mission is to save and improve lives
	through crisis intervention and by connecting people to health, mental
	health and wellness services 24 hours a day every day.
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 X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 2,208,988. including grants of \$) (Revenue \$ 9,000.
	Resource Center: 211 HelpLine, a crisis hotline and community helpline,
	operates 24 hours a day, 7 days a week, 365 days a year. In our fiscal
	year July 2022- June 2023, 211's highly trained Resource Center
	Specialists responded to 131,353 requests for help via phone, text,
	email, and an additional 79,586 online chat, and self-service database
	inquiries, for a total utilization of 210,939 requests for help from
	Palm Beach, Martin, St. Lucie, Indian River and Okeechobee County
	residents. Of these, 47,542 were related to mental health and addiction
	issues, including 5,272 suicide-related requests for help requiring
	intensive support and life-saving assistance. (Continued on Schedule O)
	(Code:) (Expenses \$210,766. including grants of \$912.) (Revenue \$
	Elder Crisis Outreach: 211's Elder Crisis Outreach (ECO) program
	provides short-term crisis intervention and case mamagement to
	vulnerable elders (aged 60 and up) in Palm Beach County who are at an
	increased risk of experiencing a crisis event. These elders may not
	have the physical strength, the financial resources or the family or
	caregiver support to deal with a crisis alone and are unsure of how to
	access resouces or who to turn for help. (Continued on Schedule O)
4c	(Code:) (Expenses \$500,421. including grants of \$) (Revenue \$)
	Help Me Grow: The Help Me Grow (HMG) program housed at 211 Palm
	Beach/Treasure Coast was launched in 2014 as part of a National and
	Statewide initiative with 211 serving as the central access point. The
	program is designed to identify children (aged 0-8) residing within
	Palm Beach County and the Treasure Coast who are at-risk for
	developmental or behavioral concerns and connect their families with
	community-based programs for health, developmental and behavioral
	services. (Continued on Schedule O)
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ 1,677,744. including grants of \$ 3,829.) (Revenue \$)
4d 4e	(Expenses \$ 1,677,744. including grants of \$ 3,829.) (Revenue \$) Total program service expenses 4,597,919.
4d 4e	(Expenses \$ 1,677,744. including grants of \$ 3,829.) (Revenue \$) Total program service expenses 4,597,919. Form 990 (202
4e	(Expenses \$ 1,677,744. including grants of \$ 3,829.) (Revenue \$) Total program service expenses 4,597,919.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		x	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	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		х
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 donor-restricted endowments			
	or in 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, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	0000	X
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232003 12-13-22

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	· (ommoo)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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
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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	I
	Chaoly if Cahadula O contains a reasonance ar note to any line in this Dart V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)
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Form	990 (2022) 211 Palm Beach/Treasure Coast, Inc.		23-7153	017	Р	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	134					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	its (FBAR).			X		
5a	ia Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	X	<u> </u>		
				7b	Х	<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?			7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:t?	7e		<u> </u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		<u> </u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	8				
-	sponsoring organization have excess business holdings at any time during the year?							
9								
				9a		├──		
				9b				
10	Section 501(c)(7) organizations. Enter:	40-	1					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	11a	1					
	Gross income from members or shareholders	11a						
D		11b						
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>120</u>	1					
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.			Tou				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
			1	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: incol	ne?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	6					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
_	If "Yes," complete Form 6069.							
232005	12-13-22			Form	990	(2022)		

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Form	990	(2022)	
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211 Palm Beach/Treasure Coast, Inc.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion 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	1	.8					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.8					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?			2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?			7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
а	The governing body?		•	8a	Х				
b	Each committee with authority to act on behalf of the governing body?				Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>			9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
		venue	0000./		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					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	Х				
b									
12a									
b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12b	X				
•	on Schedule O how this was done	,		12c	х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?				Х				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	х				
b	Other officers or key employees of the organization				Х				
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a						
	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					
Sec	tion C. Disclosure			100	1				
17	List the states with which a copy of this Form 990 is required to be filed $_FL$								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)	3)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.		((),= =/())					
	Own website Another's website X Upon request Other (explain	i on ¢	chedule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and finan	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records						
_•	Sharon L'Herrou - (561) 533-1065								
	P.O. Box 3588, Lantana, FL 33465								
232006	12-13-22			Forr	1 990	(2022)			
	7								

Form 990 (2022)	211 Palm Beach/Treasure Co	oast, Inc.	23-7153017	Page 7
	tion of Officers, Directors, Trustees, Key E	mployees, Highest (Compensated	
Employee	s, and Independent Contractors			
Check if Sche	dule O contains a response or note to any line in this Par	t VII		
Section A. Officers, Di	ectors, Trustees, Key Employees, and Highest Compe	ensated Employees		
 List all of the organi 	all persons required to be listed. Report compensation f ation's current officers, directors, trustees (whether indi), and (F) if no compensation was paid.	,	5	,
•	ation's current key employees, if any. See the instruction		. ,	

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week						.00)	from the	from related	other
	(list any hours for	direct						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	ompei		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) Sharon L'Herrou	40.00									
President/CEO				X				143,629.	0.	7,416.
(2) Heather Anstaett	40.00									
Director of Finance				Х				94,230.	0.	6,943.
(3) Ty Barnes	2.00									
Immediate Past Chair		Х		Х				0.	0.	0.
(4) Brendan Lynch	2.00									
Treasurer		Х		Х				0.	0.	0.
(5) Lee Williams	2.00									
Chairman		Х		X				0.	0.	0.
(6) William Abel	1.00									
Board Member		Х						0.	0.	0.
(7) Kelly Cambron	1.00									
Board Member		Х						0.	0.	0.
(8) John Carr	1.00									
Board Member		Х						0.	0.	0.
(9) Raymond F. Ellis	1.00									
Board Member		Х						0.	0.	0.
(10) George Elmore	1.00									
Board Member		Х						0.	0.	0.
(11) Janie Fogt	1.00									
Board Member		Х						0.	0.	0.
(12) Ken Kettner	2.00									
Vice Chairman	1	Х		X				0.	0.	0.
(13) Nancy Lambrecht	1.00									
Board Member	1 00	Х						0.	0.	0.
(14) Jodie Murphy	1.00									<u> </u>
Board Member	1 00	Х						0.	0.	0.
(15) Rachel Needle	1.00							0.48.0	0.01	<u>^</u>
Board Member	1 00	X						3-1 9- 2	024 0.	0.
(16) Therese M. Shehan	1.00							_		<u>^</u>
Board Member		X						0.	0.	0.
(17) Trent Swift	1.00			<u>-</u> -				_		<u>^</u>
Secretary		Х		X				0.	0.	0.
232007 12-13-22										Form 990 (2022)

17330318 784176 0146700

	Beach/I	're	as	ur	e	Co	as	st, Inc.	23-715	5303	17	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cl , unles	heck i ss per	ition more rson i:	than c s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	compens from t organiza and rela organiza	he ation ated
(18) John Deese	1.00											•
Board Member	1 0 0	Х						0.	().		0.
(19) Matt Sackel Board Member	1.00	х						0.	().		0.
(20) Kathleen Hillman	1.00							0.		·		0.
Board Member		х						0.	().		0.
										-		
1b Subtotal								237,859.	().	14.3	359.
c Total from continuation sheets to Part V								0.).	/	0.
d Total (add lines 1b and 1c)								237,859.	().	14,3	359.
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
3 Did the organization list any former office	r director trust	ا مم		mol	0/04	e or	hia	ihest compensated emp	ovee on	Г	Yes	6 No
line 1a? If "Yes," complete Schedule J for	such individual	, 				, 			·	. 🗆	3	x
4 For any individual listed on line 1a, is the s											4 X	
and related organizations greater than \$15Did any person listed on line 1a receive or	,		•								4 X	
rendered to the organization? <i>If</i> "Yes," co Section B. Independent Contractors	mplete Schedule	e J fo	or su	ich i	oers	on .					5	X
1 Complete this table for your five highest c	•	•							· ·	nsatio	n from	
the organization. Report compensation fo (A)	r the calendar ye	ear e	endin	ng w	ith c	or wi	thin	i the organization's tax y (B)	ear.		(C)	
رح) Name and busines	s address							Description of s	ervices	Cor	npensati	on
PJL Associates LLC								Capital Campa	aign			
248 Cortez Rd, West Palm	Beach ,	F	L	33	40	5	_	Consultants			113,0	548.
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nitec	d to t	thos 1	se lis [.] L	ted	above) who received mo	ore than			
									I	Fo	orm 990	(2022)

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	n 990 (h/Treasu	re Coast, 1	Inc.	23-7153	017 Page 9
Pa	rt VII							
		Check if Schedule O co	ontains a response o	or note to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
	1.0	Federated campaigns	1a	447,125.				30010113 012 014
Contributions, Gifts, Grants and Other Similar Amounts	la b	Membership dues		<u> </u>				
ی ق		Fundraising events		51,650.				
r Ai	4	Related organizations		51/0501				
, Gi	а С	Government grants (contrib		127,485.				
Sin	f	All other contributions, gifts, gr						
her		similar amounts not included al		132,164.				
5 E I I I I	a	Noncash contributions included in line						
Cor	h	Total. Add lines 1a-1f			7,758,424.			
				Business Code				
e	2 a							
Program Service Revenue	b							
Sei	с							
am	d							
ogr	е							
Ţ	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f						
	3	Investment income (includin	ng dividends, intere	st, and				
					150.			150.
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal				
			6a 35,875.					
		· ···	6b 28,464. 6c 7,411.					
					7,411.		7,411.	
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other	/,411.		/,411.	
	1 a		7a					
	h	Less: cost or other basis	/ d					
ē			7b					
venue	c		7c					
a		Net gain or (loss)						
Other Ro		Gross income from fundraising						
oth	•	including \$ 51,						
-		contributions reported on lir						
		Part IV, line 18	· ·	16,353.				
	b	Less: direct expenses						
	с	Net income or (loss) from fu	Indraising events		-15,267.			-15,267.
	9 a	Gross income from gaming	activities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from ga						
	10 a	Gross sales of inventory, les						
		and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from sa	ales of inventory	Business Code				
sn	44 -	Training Incom		900099	5,000.	5,000.		
oer ue	n a b	Answering Serv		900099	4,000.	4,000.		
ella. Ven	b c							
Miscellaneous Revenue	с Н	All other revenue						
Σ	- u	Total. Add lines 11a-11d			9,000.			
	12	Total revenue. See instructions			7,759,718.	9,000.	7,411.	-15,117.
23200	9 12-13-					-	-	Form 990 (2022)

17330318 784176 0146700

211 Palm Beach/Treasure Coast, Part IX Statement of Functional Expenses

Inc.

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

De	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,741.	4,741.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	274,387.	253,597.	13,798.	6,992
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	3,310,825.	3,059,214.	167,192.	84,419
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,380.	10,584.	511.	285 7,393 6,806
9	Other employee benefits	293,721.	272,834.	13,494.	7,393
0	Payroll taxes	270,476.	251,243.	12,427.	6,806
1	Fees for services (nonemployees):				
	Management				
	Legal	20,000	20.000	1 105	0.0.0
	Accounting	32,802.	30,868.	1,125.	809
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	5 F				
g	Other. (If line 11g amount exceeds 10% of line 25,	227 206	120 166	104 661	2 270
_	column (A), amount, list line 11g expenses on Sch 0.)	327,206. 38,748.	<u>129,166.</u> 11,229.	<u>194,661.</u> 27,031.	<u>3,379</u> 488
2	Advertising and promotion	274,829.	252,818.	13,655.	8,356
3	Office expenses	112,561.	96,575.	9,171.	6,815
4	Information technology	112,301.	30,373.	9,1/1.	0,015
5	Royalties	62,375.	55,354.	5,886.	1,135
6		17,141.	16,656.	284.	201
7	Travel Payments of travel or entertainment expenses	1/,141.	10,050.	204.	201
8	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 0		6,431.	3,214.	3,217.	
1	Interest Payments to affiliates	0,1010	5,211	572170	
2	Depreciation, depletion, and amortization	12,469.	11,757.	467.	245
23	Insurance	63,298.	59,493.	2,545.	1,260
4	Other expenses. Itemize expenses not covered				_,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Equipment Repairs & Mai	52,993.	52,825.	102.	66
b		25,787.	23,969.	1,467.	351
с		10,667.	1,782.	2,881.	6,004
d		,	,	,	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	5,202,837.	4,597,919.	469,914.	135,004
<u> </u>	Joint costs. Complete this line only if the organization	.,,	, ,	,	,-,-
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Form 990 ((2022)
Part X	Balance Sheet

Part A		Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X	·····		
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing				1	
2	2	Savings and temporary cash investments	3,356,933.	2	4,924,374		
3		Pledges and grants receivable, net			285,099.	3	451,080
4		Accounts receivable, net			7,000.	4	158,660
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	ese persor	ns		5	
6	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
<u> </u>	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use				8	
₹ 9	Э	Prepaid expenses and deferred charges			77,156.	9	51,927
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,371,742.			
	b	Less: accumulated depreciation	. 10b	1,041,952.	356,269.	10c	329,790
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line	e 11			12	
13	3	Investments - program-related. See Part IV, line	e 11			13	
14	1	Intangible assets		14			
15	5	Other assets. See Part IV, line 11	13,898.	15	1,069,314		
16		Total assets. Add lines 1 through 15 (must eq			4,096,355.	16	6,985,145
17	7	Accounts payable and accrued expenses			168,456.	17	205,008
18	3	Grants payable		18			
19		Deferred revenue	5,000.	19	5,000		
20		Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete	e Part IV o	f Schedule D		21	
_{ທີ} 22	2	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese persor	ns		22	4.4.0 55.0
- 23		Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	165,136.	23	149,778
24		Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24).	Complete Part X	114 010		
		of Schedule D		······ -	114,812.		425,527
26	3	Total liabilities. Add lines 17 through 25			453,404.	26	785,313
s		Organizations that follow FASB ASC 958, ch	neck here	X			
90 - C	_	and complete lines 27, 28, 32, and 33.			2 177 0//		E 20E 740
<u>1</u> 27					3,177,844.	27	5,205,749
m≝ 28 ⊡	3	Net assets with donor restrictions			465,107.	28	994,083
<u>Ĕ</u>		Organizations that do not follow FASB ASC	958, chec				
		and complete lines 29 through 33.	_			00	
ຊ ຊີ່ 29		Capital stock or trust principal, or current fund				29	
8 30		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances 1 0 0 6 8 8 20 7 0 0 6 9 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10		Retained earnings, endowment, accumulated i			3 612 051	31	6,199,832
_		Total net assets or fund balances			<u>3,642,951.</u> 4,096,355.	32	
33	5	Total liabilities and net assets/fund balances			±,030,333.	33	<u>6,985,145</u> Form 990 (20)

Form 990 (2022)

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Form	990 (2022) 211 Palm Beach/Treasure Coast, Inc.	23-71	53017	Pag	_{ge} 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	7,759		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,202		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,556		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,642	2,9!	<u>51.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,199),8:	<u>32.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2022)

C Department of the Treasury Internal Revenue Service			Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/l	OMB No. 1545-0047					
Nar	ne of	the organizati								identification number
		Decem	211	Palm Beach,	/Treasure Coa	ast,]	Inc.			3-7153017
	nrt I	•			(All organizations must c			ee instruction	IS.	
1 2 3 4		A church, con A school des A hospital or A medical res city, and stat	nvention of chi cribed in sect i a cooperative search organize e:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor	For lines 1 through 12, c on of churches described Attach Schedule E (Forn anization described in s o njunction with a hospital	l in section n 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	ii). n 170(b)(1)(A		· · · ·
5					llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
6 7 8	 X	A federal, sta An organizati section 170(te, or local gov on that norma b)(1)(A)(vi). (C	lly receives a substar omplete Part II.)	nental unit described in ntial part of its support fi (1)(A)(vi). (Complete Par	rom a gove		.,	ne general p	public described in
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ulture (see instructions).	ix) operate				•
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11 12 a		An organizati more publicly lines 12a thro Type I. A s the suppor organizatio	on organized a v supported orgough 12d that of upporting orga ted organization n. You must o	and operated exclusi ganizations describe describes the type of anization operated, su on(s) the power to reg complete Part IV, Se		perform the section section and composite section by its supplementation of the section of the s	he function 509(a)(2). plete lines ported organistic of the direction	ns of, or to ca See section 12e, 12f, and anization(s), t tors or truste	509(a)(3). (I 12g. ypically by es of the su	Check the box on giving upporting
t c	•	control or r organizatio	nanagement o n(s). You mus	f the supporting orga t complete Part IV, grated. A supporting	g organization operated	ame perso in connect	ns that con	ntrol or mana	ge the supp	ported
c		 Type III no that is not requirement Check this 	n-functionally functionally int it (see instructi box if the orga	r integrated. A supp egrated. The organiz ons). You must con anization received a v). You must complete I porting organization oper ration generally must sat nplete Part IV, Sections written determination fro nally integrated supporting	ated in co isfy a distr 5 A and D, m the IRS	nnection w ibution rec and Part that it is a	vith its suppor quirement and V.	an attentiv	
f	Ente									
c				about the supporte						
		(i) Name of supp organizatior	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount o support (see in	-	(vi) Amount of other support (see instructions)
Tot										

Schedule A (Form 990) 2022 211 Palm Beach/Treasure Coast, Inc. 23-7153017 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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2747458.	3029049.	3957262.	5062116.	7758424.	22554309.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2747458.	3029049.	3957262.	5062116.	7758424.	22554309.				
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)										
	Public support. Subtract line 5 from line 4.						22554309.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	2747458.	3029049.	3957262.	5062116.	7758424.	22554309.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	59,828.	60,249.	48,988.	94,004.	36,025.	299,094.				
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 VI.)	11,290.	7,100.	2,300.	22,195.	9,000.	51,885.				
11	Total support. Add lines 7 through 10						22905288.				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12					
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)					
	organization, check this box and stop										
Sec	ction C. Computation of Publi	ic Support Per	centage								
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>98.47</u> %				
	Public support percentage from 2021					15	97.86 %				
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly supp	orted organization				X				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation							
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation				
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the					
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s				
						Schedule A	(Form 990) 2022				

Schedule A (Form 990) 2022

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Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services 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 expanded on its babalf							
5	The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without oborgo							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support		1	1	1			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) c	organizatio	on,
	check this box and stop here	<u></u>						
	ction C. Computation of Publi							
	Public support percentage for 2022 (I			column (f))		15		%
	Public support percentage from 2021					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		%
	Investment income percentage from			on line 14 and line		18		%
198	33 1/3% support tests - 2022. If the	-					and line 1	
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	-				3 1/304 ~	
E.	line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organization							
				,				

211 Palm Beach/Treasure Coast,

(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

232023 12-09-22

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Inc.

Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Schedule A (Form 990) 2022

¹⁶ 2022.05070 211 PALM BEACH/TREASURE C 01467001

1

2

3a

3b

3c

4a

Yes No

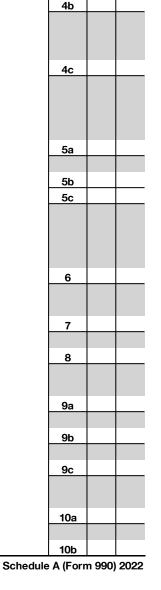
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c t	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		il in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
4		he approximate body members of the approximate body officience pating in their officiel expectity, or membership of and a			

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

Section C. Type II Supporting Organizations								
			Yes	N				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							
	or trustops of each of the organization's supported organization(s)? If the table to be been supported organization (s)?			1				

of trustees of each of the organization's supported organization(s): 17 No, describe 171 art of now control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s).

Section D. All Type III Supporting Organizations	

supervised or controlled the supporting organization

dula A (Farm 000) 000

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>Jul (0000 mod domono)</i>

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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3-19-2024
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

23-7153017

2

V. N

Yes No

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_	dule A (Form 990) 2022 211 Palm Beach/Treasure			23-7153017 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	
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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2022

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instructions).

6 Other distributions (*describe in* **Part VI**). See instructions.

Sche	edule A (Form 990) 2022 211 Palm Beach/Treasure Coast, Inc.	2	3-7153017	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)		
Sect	tion D - Distributions		Current Ye	ar
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		

7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				

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Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	211 Pa	lm Beach/T	reasure	Coast,	Inc.	23-7153017 Page
Part VI	Part IV, Section A, line	es 1, 2, 3b, 3c, 4b, 1 D, lines 2 and 3; I	4c, 5a, 6, 9a, 9b, 9 Part IV, Section E, li	c, 11a, 11b, an nes 1c, 2a, 2b,	d 11c; Part IV, 3a, and 3b; P	Section B, lines art V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information.
32028 12-09-	22			21			Schedule A (Form 990) 20

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

202	22
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Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest infor	
Name of the organizat	ion	Employer identification number
	211 Palm Beach/Treasure Coast, Inc.	23-7153017
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a privat	e foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	Indation
	501(c)(3) taxable private foundation	
Check if your organiza	tion is covered by the General Rule or a Special Rule.	
, ,	01(c)(7), (8), or (10) organization can check boxes for both the General Rul	e and a Special Rule. See instructions.
General Rule		
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, constructions for determ nany one contributor. Complete Parts I and II. See instructions for determ	
Special Rules		
sections 509 contributor, o	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line luring the year, total contributions of the greater of (1) \$5,000; or (2) 2% o 90-EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from any one
contributor, o literary, or ec	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ luring the year, total contributions of more than \$1,000 exclusively for relig ucational purposes, or for the prevention of cruelty to children or animals. mn (b) instead of the contributor name and address), II, and III.	ious, charitable, scientific,

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	pe text here	Schedule B (Form 990) (2022)
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Schedule B

(Form 990)

Schedule B (Form 990) (2	2022)	
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Name of organization

Employer identification number

23-7153017

211 Palm Beach/Treasure Coast, Inc.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$573,187.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$164,270.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$182,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 		\$11.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 5 </u>		\$ <u>1,158,752.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 		\$\$ <u>3,169,910.</u>	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2	2022)	
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Name of organization

Employer identification number

23-7153017

211 Palm Beach/Treasure Coast, Inc.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$158,288.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$221,860.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Page 3

Employer identification number

211 Palm Beach/Treasure Coast, Inc.

23-7153017

Part II	Noncash Property (see instructions). Use duplicate copies of Part		1
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\\$	

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Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page 4
	organization		Employer identification number
211 P	alm Beach/Treasure Coas	t. Inc.	23-7153017
Part III		ions to organizations described in sec) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	 E
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	It
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-1	5-22		Schedule B (Form 990) (2022)

17330318 784176 0146700

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities	OMB No. 1545-0047
(Form 990)				2022	
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.				
Department of the Treasury	ient of the Treasury				Z. Open to Public Inspection
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then					
-				e 46 (Political Campaig	in Activities), then
		plete Parts I-A and B. Do not com 01(c)(3)) organizations: Complete P		Do not complete Part I	2
 Section 501(c) (other Section 527 organization 			ans I-A and C below. I	Do not complete Part I-E	5.
•	•	Form 990, Part IV, line 4, or For	m 990-F7 Part VI lin	e 47 (Lobbying Activiti	es) then
-		nave filed Form 5768 (election und			
		nave NOT filed Form 5768 (election		•	•
		Form 990, Part IV, line 5 (Proxy			
Tax) (See separate inst				·	
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.			
Name of organization				Er	nployer identification number
		<u>m Beach/Treasure (</u>			23-7153017
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 527	organization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.	
2 Political campaign	activity expendit	ures			\$
3 Volunteer hours for	political campai	gn activities			
Dout L D Compl	oto if the org	onization in avampt under	- acation 501(a)(2)	1	
		anization is exempt under		-	^
	•	incurred by the organization under			
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo			
b If "Yes," describe in					
		anization is exempt under	section 501(c), e	except section 501	(c)(3).
		by the filing organization for secti			
		ization's funds contributed to othe			
exempt function ac			-		\$
3 Total exempt functi		. Add lines 1 and 2. Enter here and			
line 17b					\$
		1120-POL for this year?			Yes No
5 Enter the names, ad	ddresses and em	ployer identification number (EIN)	of all section 527 polit	tical organizations to wh	nich the filing organization
	-	tion listed, enter the amount paid f			-
	-	omptly and directly delivered to a s			rate segregated fund or a
		additional space is needed, provid	1	1	
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds. If none, enter -	
				,	delivered to a separate
					political organization. If none, enter -0
For Domostive de Doducet	on Act Noti	and the Instructions for Form 00	ar 000 E7		Sahadula C (Farm 000) 0000

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 2: Part II-A Complete if the organ	11 Palm Be	each/Treasur	e Coast, Inc	23-7	153017 Page 2
section 501(h)).		mpt under Section			
	-	filiated group (and list ir expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
B Check if the filing organizatio	n checked box A a	and "limited control" pro	ovisions apply.		1
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				
1a Total lobbying expenditures to influer	nce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influer	nce a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter t	he amount from th	ne following table in bot	h columns.		
If the amount on line 1e, column (a) or (l	b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% 0	f the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	<u>,000 \$175,0</u>	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,0	000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000),000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero c	or less, enter -0-				
i Subtract line 1f from line 1c. If zero o	r less, enter -0- \dots				
j If there is an amount other than zero	on either line 1h o	r line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year	ar?				Yes No
(Some organizations that	made a section	veraging Period Under 501(h) election do not rate instructions for lin	have to complete all o	f the five columns b	elow.
	· · · ·	enditures During 4-Yea	• •		
	Lobbying Lxp				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					ulo C (Form 000) 2022

Schedule C (Form 990) 2022

232042 11-08-22

Schedule C (Form 990) 2022 211 Palm Beach/Treasure Coast, Inc. 23-71530 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a) (o)	
of the lobbying activity.	Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter 				
or referendum, through the use of:		x		
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 		X	1	
c Media advertisements?		X	-	
d Mailings to members, legislators, or the public?		x		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X),000.
j Total. Add lines 1c through 1i			40),000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	-	
b If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	ction	
501(c)(6).		-,, -:		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year	? 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part	III-A, line	3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).		2a		
a Current year b Carryover from last year				
c Total				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of t	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5	<u> </u>	
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	ind 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. Part II-B, Line 1, Lobbying Activities:				
In consultation with 211 staff, P5 Group closely monit	ors le	egisla	tive,	
regulatory and policy actions by the State through int	eract	ion wi	th	
state agencies, legislative leadership, House and Sena	te mer	nbers	and	
their professional staff. They also are assisting in s	ecurin	ng		
appropriations in the State and Federal budgets for th	e orga	anizat	ion's	
		Schedu	ule C (Form	990) 2022
232043 11-08-22 29				

Schedule C (Form 990) 2022 211 Palm Beach/Treasure Coast, Part IV Supplemental Information (continued)	Inc.	23-7153017	Page 4
Capital Campaign to build a new headquarters build		tana,	
Florida. There are no expenditures related to polition	tical elec	tions or	
candidates.			
		Schedule C (Form 9	90) 2022

232044 11-08-22

SCHEDULE D

(Form	990)
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Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

211	Palm	Beach	/Treasure	Coast,	Inc.	

Employer identification number 23-7153017

Par			or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(1-) [
		(a) Donor advised funds	1 (d)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
_	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	, , , , , , , , , , , , , , , , , , , ,	Ũ	
Dar		· · · · · · · · · · · · · · · · · · ·		
Par			Part IV, line	e /
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea			ally important land area
	Protection of natural habitat	Preservation o	f a certified	historic structure
-	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualit	ried conservation contribution in the form	of a conse	Held at the End of the Tax Year
	day of the tax year.			
a				
b				
с	Number of conservation easements on a certified historic str		2	<u>c</u>
d	Number of conservation easements included in (c) acquired a			
•	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organizati	on during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing cons	Servation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations. and enforcing conserva	tion easem	ents during the year
				0,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement	and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that d	escribes the
	organization's accounting for conservation easements.			
Par			ther Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1 a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for put			of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	public service,
	provide the following amounts relating to these items:			^
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical tre		u gain, prov	liae
	the following amounts required to be reported under FASB A	-		¢
a L	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022
232051	09-01-22	31		

		m Beach/Tre					23-71			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasur	es, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the followi	ng that make s	significant (use of its			
	collection items (check all that apply):									
а	Public exhibition	c	1 📃 Loan	or exchange	e program					
b	Scholarly research	e	e 🔄 Othe	r						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fu	rther the org	anization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historic	al treasures,	or other simila	r assets		_		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	inization ans	wered "Yes" or	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custodi		•					٦		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					A		
								Amount		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	Ending balance							Yes		
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.					• • • • • • • • •	∟] No]
Par										<u></u>
		(a) Current year	(b) Prior y		Two years back	(d) Three	/ears back	(e) Four	vears	back
1a	Beginning of year balance	(4) 0 5 0) 0 4	(2) · · · · · · ·		no youro suon	(,	ouro suon	(0) ! 00!	Jouro	
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. col	umn (a)) held	as:					
а	Board designated or quasi-endowment		%	(//						
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are	held and adr	ninistered for t	he		_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sched	ule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Fo	rm 990, Part X	, line 10.				
	Description of property	(a) Cost or o	•	o) Cost or oth		Accumulate	ed	(d) Bool	value	Э
		basis (investr	,	basis (other) de	epreciation		1	<u> </u>	20
	Land			100 0	4 5		4.2),0(
	Buildings		404.	192,2		506,0			.,45	
	Leasehold improvements		800.	<u>244,1</u> 303,3		$\frac{233,7}{202,1}$			$\frac{1}{7}, \frac{36}{9}$	
	Equipment		000.			302,1	<u>, , , , , , , , , , , , , , , , , , , </u>		7,97	
	Other			10,0),0(),7 <u>9</u>	
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	<u>X, column (B)</u>	<u>, line 10c.)</u>				545	<i>', '</i>	<i>,</i> , ,

Schedule D (Form 990) 2022

232052 09-01-22

Schedule [D (Form 990) 2022 2	11 Palm Be	ach/Treasure	Coast,	Inc.	23-7153017	Page 3
Part VII	Investments - Othe	r Securities.					
	Complete if the organizat	ion answered "Yes"	on Form 990, Part IV, line	11b. See Fo	orm 990, Part X, line 1	2.	
(a) Descri	ption of security or category (in	cluding name of security)	(b) Book value	(c) Me	thod of valuation: Cos	st or end-of-year market v	alue
(1) Financ	ial derivatives						
	/ held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
<u>(G)</u>							
<u>(H)</u>		=					
Total. (Col.	(b) must equal Form 990, Part 2	X, col. (B) line 12.)					
Fart VII				11 . 0 5		0	
			on Form 990, Part IV, line				
	(a) Description of invest	tment	(b) Book value	(c) Me	thod of valuation: Cos	st or end-of-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col.	(b) must equal Form 990, Part 1	X, col. (B) line 13.)					
Part IX				•			
	Complete if the organizat	ion answered "Yes"	on Form 990, Part IV, line	11d. See Fo	orm 990, Part X, line 1	5.	
	-	(a)	Description			(b) Book va	lue
(1) S1	olit-Interest .	Agreement				4.	991.
	eposit					,	125.
	nvestment in D	eferred Co	mpensation pla	an		12.	942.
	ther assets	0101100 00				1,000,	000.
	ight-of Use Le	200				51	256.
	Igne of ose he	ases				<u> </u>	250.
(6)							
(7)							
(8)							
(9) Tatal (0, 1	<i>"</i> \\					1,069,	211
Part X	umn (b) must equal Form 99 Other Liabilities.	<u>10, Part X, col. (B) lín</u>	e 15.)			1,009,	514.
FailA			an Farma 000 Dart IV/ lines			line OF	
			on Form 990, Part IV, line	The or This	See Form 990, Part X,		
<u>1.</u>	() 1	tion of liability				(b) Book va	lue
	deral income taxes						
	efundable Adva						329.
	oligation Under						
	ompensation Pla						942.
(5) R:	ight-of-use Le	ase liabil	ity			51,	256.
(6)							
(7)							
(8)							
(9)							
	umn (b) must equal Form 99	0. Part X. col. (B) lin	e 25.)				527.
	y for uncertain tax positions						

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

X

232053 09-01-22

Sche	edule D (Form 990) 2022 211 Palm Beach/Treasure C				7153017 Page 4		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,839,802.		
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	20,000.				
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	60,084.				
е				2e	80,084.		
3	Subtract line 2e from line 1			3	7,759,718.		
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	7,759,718.				
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per F	Retur			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With	Expenses per F	Retur	n.		
Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With 2a.	Expenses per F	Returi			
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With 2a.	Expenses per F		n.		
1	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With 2a.	Expenses per F		n.		
1 2	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With 2a. 2a	Expenses per F		n.		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a. 2a. 2a. 2a. 2a. 2a. 2a. 2a. 2b.	Expenses per F		n.		
1 2 a b	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a. 2b 2b 2c	Expenses per F		n. 5,282,921.		
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F 20,000. 60,084.		n. <u>5,282,921.</u> 80,084.		
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F 20,000. 60,084.	1	n. 5,282,921.		
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F 20,000. 60,084.	1 2e	n. <u>5,282,921.</u> 80,084.		
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2b 2b 2c 2d	Expenses per F 20,000. 60,084.	1 2e	n. <u>5,282,921.</u> 80,084.		
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F 20,000. 60,084.	1 2e	n. <u>5,282,921.</u> 80,084.		
1 2 d c d e 3 4 a b	T XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 4a 4b 4b	Expenses per F	1 2e	n. 5,282,921. 80,084. 5,202,837. 0.		
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3	n. 5,282,921. 80,084. 5,202,837.		

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

Part X, Line 2:

The Organization is exempt from federal income tax under Section 501(c)(3)							
of the Internal Revenue Code. However, income from certain activities not							
directly related to 211's tax-exempt purpose is subject to taxation as							
unrelated business income. In addition, 211 qualifies for the charitable							
contribution deduction under Section 170(b)(1)(A) and has been classified							
as an organization other than a private foundation under Section							
509(a)(2). Based upon an analysis of its net unrelated business income							
for the current year and the net operating loss carryovers available from							
earlier years, The Organization does not believe there is any income tax							
owed for the period and there is no tax liability recognized in these							
financial statements.							
232054 09-01-22 Schedule D (Form 990) 2022							

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Schedule D (Form 990) 2022 211 Palm Beach/Treasure Coast, Inc. 23-7153017 Page 5 Part XIII Supplemental Information (continued) Continued) Continued

The Organization has adopted FASB ASC 740-10, 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 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 that 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. At adoption, the Organization did not record any cumulative effect adjustment, and the Organizations. There are currently no open Federal or State tax years under audit.

Part XI, Line 2d - Other Adjustments:	
Rental Expenses - Rev	28,464.
Special Fundraising Event Expenses	31,620.
Total to Schedule D, Part XI, Line 2d	60,084.
Part XII, Line 2d - Other Adjustments:	
Special Fundraising Event Expenses	31,620.
Rental Expenses	28,464.
Total to Schedule D, Part XII, Line 2d	60,084.

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Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19, (or if the	2022	
Department of the Treasury Internal Revenue Service		Attach to Form 990 o				_		Open to Public Inspection	
Name of the organization		o www.irs.gov/Form990 for instrue	ctions	and th	ne latest information	-	Emplover id	entification number	
	23-715								
211 Palm Beach/Treasure Coast, Inc. 23-7153017 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written c red in Form 990, P) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye		
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

 Schedule G (Form 990) 2022
 211
 Palm
 Beach/Treasure
 Coast,
 Inc.
 23-7153017
 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 contributio

		of fundraising event contributions and gro				1 S greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Lifeline		None	(add col. (a) through
			Lunch	(avent type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	68,003.			68,003.
	2	Less: Contributions	51,650.			51,650.
	3	Gross income (line 1 minus line 2)	16,353.			16,353.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Exp	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses				31,620.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			31,620.
		Net income summary. Subtract line 10 from I				-15,267.
a	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	Γ			1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Be	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
-	5					
_	5	Other direct expenses	Yes %	Ves %	Ves %	
_		Other direct expenses	Yes%	Yes%	Yes%	
	6	Other direct expenses	No No		No	
	6	Other direct expenses Volunteer labor	No No	No	No	
	6 7	Other direct expenses Volunteer labor	No	No	No	
	6 7 8	Other direct expenses	No No	No	<u>No</u>	
9	6 7 8 Ent	Other direct expenses	No No from line 1, column (d)	No	□ No	
9 a	6 7 8 Ent	Other direct expenses	No N	No No	□ No	Yes No
9 a	6 7 8 Ent	Other direct expenses	No N	No No	□ No	Yes No
9 a	6 7 8 Ent	Other direct expenses	No N	No No	□ No	Yes No
9 a b	6 7 8 Is t If "I We	Other direct expenses	No No S in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	□ No	
9 a b	6 7 8 Is t If "I We	Other direct expenses	No No S in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	□ No	
9 a b	6 7 8 Is t If "I We	Other direct expenses	No No S in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	□ No	

Schedule G (Form 990) 2022	211 Palm E	Beach/Treasure Coas	st, Inc. 23-	-7153017 Page 3
11 Does the organization conduct ga	aming activities with n	onmembers?		Yes No
12 Is the organization a grantor, ben	eficiary or trustee of a	trust, or a member of a partnership	o or other entity formed	
to administer charitable gaming?				Yes No
13 Indicate the percentage of gamin				
a The organization's facility				13 a %
b An outside facility				13b %
14 Enter the name and address of the	e person who prepare	es the organization's gaming/specia	I events books and records:	
Name				
Address				
15a Does the organization have a cor	ntract with a third party	y from whom the organization receiv	ves gaming revenue?	Yes 🗌 No
b If "Yes," enter the amount of gan	ning revenue received	by the organization \$	and the amount	
of gaming revenue retained by th				
c If "Yes," enter name and address				
Name				
Address				
16 Gaming manager information:				
Gaming manager mormation.				
Name				
Gaming manager compensation	\$			
Description of services provided				
Director/officer	Employee	Independent contracto	or	
17 Mandatory distributions:				
	r state law to make ch	naritable distributions from the gami	ng proceeds to	
retain the state gaming license?				Yes No
b Enter the amount of distributions	required under state I	law to be distributed to other exemp	ot organizations or spent in the	
organization's own exempt activi				
		e explanations required by Part I, lin		Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as	s applicable. Also prov	vide any additional information. See	instructions.	
232083 10-27-22			Sche	edule G (Form 990) 2022
		38	2	. ,

Schedule G	(Form 990)	211	Palm	Beach/Ti	reasure	Coast,	Inc.	23-7153017	Page 4
Part IV	Supplemental I	nformation	(continue	d)					
								Schedule G (Fo	orm 990)

232084 04-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n	
		Compensated Employees		20	22	-
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio			identificatio		mber
		211 Palm Beach/Treasure Coast, Inc.	23-7	715301	7	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	°				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chef)			
-						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~				1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	ay of the following the experimentian used to establish the componentian of the experimetion's				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the section of the sec				
		ation of the CEO/Executive Director, but explain in Part III.	JITIO			
	Compensation					
	·	compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation c	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	net earnings of:				
						X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2022

232111 10-18-22

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Sharon L'Herrou	(i)	143,629.	0.	0.	1,433.	5,983.	151,045.	0.
President/CE0	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Inc.



23-7153017

Form 990, Part I, Line 1, Description of Organization Mission:

211 Palm Beach/Treasure Coast,

211 Palm Beach/Treasure Coast's mission is to save and improve lives

through crisis intervention and by connecting people to health, mental

health and wellness services 24 hours a day every day.

Form 990, Part III, Line 4a, Program Service Accomplishments: Additionally, 128,248 referrals, requiring assessment of needs along with supportive guidance, were made for 142,685 expressed community needs from those who we serve. This program has been in operation since 1971 and is nationally accredited by Inform USA (formerly AIRS) and the American Association of Suicidology (AAS) to provide information and referral services along with crisis intervention and suicide prevention services. Further, all services are free, confidential and services are available via phone, chat, text and email in addition to the online database on our website. 211 has been a reliable resource for the community through harsh economic conditions and ongoing housing crisis, providing emotional support, information, and linkages to resources for those who are struggling to overcome crisis situations and meet their basic needs. Our community relies on the 211 HelpLine, 24 hours a day, 7 days a week, especially during times of disaster, as our highly trained Resource Center Specialists help them face the challenges of everyday life and resolve their unique crisis situations.

Form 990, Part III, Line 4b, Program Service Accomplishments:

This program has been in operation since 1985, providing skilled

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization 211 Palm Beach/Treasure Coast, Inc.	Employer identification number 23-7153017
advocacy, crisis intervention, and care coordination servi	ces by way of
our experienced staff. Our dedicated ECO Advocates conduct	assessments
on each client, even visiting their home if needed, and pr	ovide them
with short-term assistance and connections to appropriate	services to
help them stabilize or resolve their unique and often comp	lex
challenges. This program has been especially valuable to P	alm Beach
County seniors who often face impossible choices due to fi	nancial
hardship, declining health, and social isolation. In our p	revious
<u>fiscal year from July 2022- June 30, 2023, our ECO program</u>	served a
total of 598 Palm Beach County elders.	

Form 990, Part III, Line 4c, Program Service Accomplishments: Our HMG Care Coordinators are knowledgeable about the local health and human services network and skilled at providing these completely free screenings to identify potential developmental concerns to help provide early intervention and improved outcomes for these children and their families. In our previous fiscal year from July 2022- June 2023, HMG provided support, referrals, and information to 879 families with a total of 960 children and completed 1,945 screenings throughout Palm Beach County and the Treasure Coast.

Form 9	990, Part III, Line	4d, Other Program Services:
Sunshi	ne Telephone Reassu	rance: 211's Sunshine Telephone Reassurance
Progra	um is a primarily vol	lunteer-run program that was established in
<u>1973.</u>	This program provide	es a once daily scheduled call to elders (aged
<u>60 and</u>	l up) and other home	bound individuals residing in Palm Beach, St.
Lucie,	Okeechobee, Indian	River and Martin counties to check on their
wellbe	ing and bring human	connection into their day. This program also
232212 10-28-	22	Schedule O (Form 990) 2022 4 4
330318	784176 0146700	2022.05070 211 PALM BEACH/TREASURE C 014670

Schedule O (Form 990) 2022	Page
Name of the organization 211 Palm Beach/Treasure Coast, Inc.	Employer identification number 23-7153017
saves lives every year by providing emergency intervention	n in the event
that the Sunshine client does not answer their scheduled p	phone call
after multiple attempts. In our previous fiscal year from	July 2022-
June 2023, 761 isolated, lonely elders or disabled individ	luals received
daily telephone reassurance calls through the contribution	n of our 15
volunteers, equating to approximately 1,283 hours of volur	nteer service.
During this year, 269 incidents of potential risk for Suns	shine clients
were identified and required some follow-up to ensure a cl	ient's
safety.	
Expenses \$ 311,422. including grants of \$ 0. Revenue \$	5 0.
My Florida Veteran Support Line provides veterans/former m	ailitary and
their families with comprehensive information, referral to	services,
emotional support, and care coordination by trained vetera	an peers who
have access to hundreds of community-based services.	
Expenses \$ 150,829. including grants of \$ 3,829. Revenu	ıe \$ 0.
Hero4Hero provides peer-led crisis intervention, informati	on and
referral, and care coordination to area first responders a	and their
families. Services are accessed through a toll free number	that is part
of a statewide response to increased emotional crisis and	suicidal
rates among this population.	
Lifeline (988) provides suicide and emotional crisis inter	vention and
de-escalation via the phone 24 hours a day / 365 days a ye	ear. This a
nationwide number that routes locally placed calls to our	fully trained
staff.	
Expenses \$ 1,215,493. including grants of \$ 0. Revenue	
232212 10-28-22 45	Schedule O (Form 990) 202
30318 784176 0146700 2022.05070 211 PALM BEA	CH/TREASURE C 0146

Form 990, Part VI, Section A, line 2:

Two of the board members were married in 2022.

Form 990, Part VI, Section B, line 11b:

The annual 990 is presented by our independent auditor to the full board of

directors. Upon request, a copy can be sent via email.

Form 990, Part VI, Section B, Line 12c:

The Organization requires its officers, directors, trustees and employees

to disclose potential conflicts of interest in a "conflict of interest

form" which is reviewed annually.

Form 990, Part VI, Section B, Line 15:

The Executive Committee of the board of directors meet annually and review

the performance of the President/CEO. Therese Shehan, Human Resources

Consultant, prepared an analysis of the base salary compensation of

nonprofit Executive Directors for the committee to base their compensation decision on.

All employees receive an annual performance evaluation and the annual wage adjustment is based on performance.

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

The Organization makes its governing documents, conflict of interest

policy, and financial statements available to the public upon request.

PART XII LINE 2B

232212 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization 211 Palm Beach/Treasure Coast, Inc.	Employer identification number 23-7153017
The audit report as presented by the independent auditor,	is reviewed
by the audit committee at its yearly meeting. The process	has not
changed from prior year.	
232212 10-28-22 47 30318 78/176 01/6700 2022 05070 211 DAT.M BEA	Schedule O (Form 990) 2022

17330318 784176 0146700

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

23-7153017

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

on

211 Palm Beach/Treasure Coast, Inc.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
415 Gator Drive, Inc 65-0951123					211 Palm		
P. O. Box 3588					Beach/Treasure		
Lantana, FL 33465	Real Estate Rental	Florida	501(C)(2)		Coast, Inc.	X	
	-						
	-						
	_						

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

Schedule R (Form 990) 2022

23-7153017 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ralor	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	20 of Schedule	part	iner?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
	-											
											\vdash	
	-											
	-											
	1											
	1											
	4											

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

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

Schedule R (Form 990) 2022 211 Palm Beach/Treasure Coast, Inc.

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	9.			Yes	s No
During the tax year, did the organization engage in any of the following t	ransactions with one or more i	related organizations listed in Parts II-IV	√?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a contr	rolled entity		1a		X
Gift, grant, or capital contribution to related organization(s)					X
Gift, grant, or capital contribution from related organization(s)					X
Loans or loan guarantees to or for related organization(s)				X	
Loans or loan guarantees by related organization(s)				+	X
Dividends from related organization(s)			<u>1f</u>		X
g Sale of assets to related organization(s)			1g		Σ
Purchase of assets from related organization(s)			<u>1h</u>		Σ
Exchange of assets with related organization(s)			<u>1i</u>		Σ
Lease of facilities, equipment, or other assets to related organization(s)				+	2
Lease of facilities, equipment, or other assets from related organization(s	5)		<u>1k</u>		X
Performance of services or membership or fundraising solicitations for re					Σ
${f n}$ Performance of services or membership or fundraising solicitations by re	elated organization(s)		<u>1m</u>		Σ
Sharing of facilities, equipment, mailing lists, or other assets with related	l organization(s)		1n		Σ
				_	2
Reimbursement paid to related organization(s) for expenses			1p		Σ
Reimbursement paid by related organization(s) for expenses					2
Other transfer of cash or property to related organization(s)			1r		2
Other transfer of cash or property from related organization(s)					Σ

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 415 Gator Drive, Inc.	D	0.	Cons. Audit
(2)			
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2022 211 Palm Beach/Treasure Coast, Inc.

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

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

(a)	(b)	(c)	(d)	1.	~	(f)	(g)	(۲		(i)	(j)	(k)
(a) Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	∋) e all				•/ opor-	Code V-LIBI	(J) Genera	
of entity	T Timary activity	(state or foreign	(related, unrelated,	partne 501(org	c)(3)	total	end-of-year	Dispr tior allocat	iate	amount in box 20	manag	
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes				Yes	No		Yes N	
				165	NU			165	NU	(1011111000)	Test	

Schedule R (Form 990) 2022

Part VII Supplemental Information	n	Beach/Treasure			23-7153017	Page 5
Provide additional information for	responses	s to questions on Schedule R.	See instructio	ns.		
Schedule R Part II						
Beginning tax year 2017	, the	activities of a	415 Gato	or Drive,	Inc. ("415)	
became fully integrated	into	the accounting	and rep	porting of	f 211 Palm	
Beach/Treasure Coast, In	nc., a	although 415 com	ntinues	to mainta	ain separate	
standing as a 501(c)(2)	real	property holdin	ng compa	any with (the State of	
Florida.						
232165 09-14-22		52			Schedule R (Form 9	90) 2022
30318 784176 0146700			י ס 211 ס	ALM BEACH	/TREASURE C (11670

17330318 784176 0146700

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Type or	Name of exempt organization or other filer, see instru-	Taxpayer identification number (TIN)					
print	211 Palm Beach/Treasure Coa		23-7153017				
File by the due date fo filing your return. See							
instructions	City, town or post office, state, and ZIP code. For a for Lantana, FL 33465	oreign addi	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a separa	e application for each return)			01	
Applicat	tion	Application			Return		
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A		08		
Form 47	20 (individual)	03	Form 4720 (other than individual)		09		
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) Sharon L'Herrou	07					
 If the If this box 1 Irretting 2 If the 	he tax year entered in line 1 is for less than 12 months, cl	Group Exe and atta <u>May</u> anization's , an heck reaso	mption Number (GEN) . ch a list with the names and TINs of ζ 15, 2024, to file return for: d ending	f this is fo all membe	r the whole (ers the exter npt organizat 	group, check this	
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
b If t							
	timated tax payments made. Include any prior year overp			3b	\$	0.	
	Ilance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.	
Caution instruction	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 8879	-TE for payment 3868 (Rev. 1-2022)	

223841 04-01-22