PUBLIC DISCLOSURE COPY

(Not for IRS Filing)
Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Name of organization

Center for Family Services of Palm Beach County, Inc.

Doing business as

West Palm Beach, FL 33405-2507

C Number and street (or P.O. box if mail is not delivered to street address)

4101 Parker Avenue

City or town, state or province, county, and ZIP or foreign postal code

West Palm Beach, FL 33405-2507

D Employer identification number

59-1084179

E Telephone number

(561) 616-1222

G Gross receipts $ 3,026,858.

H(a) Is this a group return for subordinates? No

H(b) Are all subordinates included? No

J Website >>> www.ctrfam.org

K Form of organization: Corporation

L Year of formation: 1962

M State of legal domicile: FL

Part I

Summary

1 Briefly describe the organization’s mission or most significant activities: More than 5,000 individuals received behavioral health services.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 7

4 Number of independent voting members of the governing body (Part VI, line 1b) 7

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 51

6 Total number of volunteers (estimate if necessary) 70

a Total unrelated business revenue from Part VIII, column (C), line 12 0

b Net unrelated business taxable income from Form 990-T, line 38 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,205,881

9 Program service revenue (Part VIII, line 2g) 98,623

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 126

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,091

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,337,721

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,805,323

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 53,826

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 462,123

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,267,446

19 Revenue less expenses. Subtract line 18 from line 12 70,275

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 517,015

21 Total liabilities (Part X, line 26) 126

22 Net assets or fund balances. Subtract line 21 from line 20 501,891

Part II

Signature Block

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

Signature of officer

Allison Francis, C.F.O.

Type or print name and title

Preparer's signature

Scott Y. Haynes

Preparer's social security no.

Date

1-30-2020

Check

PTIN

P01366363

Preparer's EIN

65-1083521

Preparer's phone no.

(561) 689-6000

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

No

LHA 832001 12-31-18

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)
**Part III Statement of Program Service Accomplishments**

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>651,745</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>403,266</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>437,827</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRIPLE P (Positive Parenting Program):**
The Triple P - Positive Parenting Program is a parenting and family support system designed to prevent, as well as treat, behavioral and emotional problems in children. The program was developed by Professor Matt Sanders and his colleagues from the Parenting and Family Support Centre in the School of Psychology at the University of Queensland and is based on over 25 years of research. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It is based on over 25 years of research.

**COUNSELING FOR PARENTS AND YOUNG CHILDREN (CPYC):**
Counseling for Parents and Young Children (CPYC) is a mental health program at Center for Family Services that provides in-home mental health counseling services to pregnant mothers and children from birth to five years of age and their families. CPYC is funded by the Children’s Services Council of Palm Beach County (CSC), and the referrals come primarily from two agencies: Healthy Mothers/Healthy Babies and HomeSafe’s Healthy Beginnings. In addition to providing mental health services to new and expectant mothers throughout Palm Beach County, the Healthy Beginnings system provides access to healthcare, training and support in the area of child development, literacy and family support. The Children's Services Council and the

**PRENATAL PLUS MENTAL HEALTH SERVICES:**
Prenatal Plus is a home visiting program that provides services to at-risk pregnant women using a multi-disciplinary team approach. Each pregnant woman is eligible to receive supportive services from a Care Coordinator/Nurse from Department of Health, a Behavioral Health Practitioner from Center for Family Services and a Registered Dietician from Nutritious Lifestyles, Inc. Each member of the team conducts an initial assessment of the pregnant woman and develops an integrated plan of care for ongoing services as needed. Mental Health Services begin prior to the 28th week of pregnancy and may continue until the infant is one year of age. Team members work collaboratively to empower women to make lifestyle changes that positively impact their
Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>X</td>
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<td>2</td>
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<td>14a</td>
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<td>14b</td>
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<td>20a</td>
<td>X</td>
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<tr>
<td>20b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Part IV Checklist of Required Schedules (continued)

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 II
22 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
24b
24c 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
24d 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
25b 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
26 X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
28a X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
28b X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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?
31
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I
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 X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
34 X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
35a X
35b 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
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 in Schedule O for Part VI, lines 11b and 19?
38 X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
1a
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
1b
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
1c X
### Part V  Statements Regarding Other IRS Filings and Tax Compliance  

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td>51</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td>2b X</td>
</tr>
<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>3a X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
<td>4a X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>5a X</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>5b X</td>
</tr>
<tr>
<td>c If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td>5c</td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td></td>
<td>6a X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td>6b</td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td></td>
<td>7a X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td>7b X</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>7c X</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td>7d</td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>7e X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>7f X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td>7g</td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?</td>
<td></td>
<td>7h</td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td>9a</td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td>9b</td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td>10a</td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td>10b</td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td></td>
<td>11a</td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
<td>11b</td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td>12a</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td>12b</td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td>13a</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>13b</td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td></td>
<td>13c</td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>14a X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td>14b</td>
</tr>
<tr>
<td>15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td></td>
<td>15 X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; see instructions and file Form 4720, Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td></td>
<td>16 X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td></td>
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</tr>
</tbody>
</table>
Part VI Governance, Management, and Disclosure

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................... 1a 7
   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent ........................................... 1b 7

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 X

3Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ........... 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ........................................... 4 X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? ........................................... 5 X

6 Did the organization have members or stockholders? ........................................... 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........................................... 7a X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ........................................... 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body? ................................................................................................. 8a X
   b Each committee with authority to act on behalf of the governing body? .................. 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O ........................................... 9 X

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates? ........................................... 10a X

b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? ........................................... 10b X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ........................................... 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 12a X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done 12c

13 Did the organization have a written whistleblower policy? ........................................... 13 X

14 Did the organization have a written document retention and destruction policy? ........................................... 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? ........................................... 15 X

a The organization’s CEO, Executive Director, or top management official ........................................... 15a X

b Other officers or key employees of the organization ........................................... 15b X

   If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ........................................... 16a X

b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? 16b

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization’s books and records ▶

   Allison Francis, CFO – (561) 616-1222
   4101 Parker Ave., West Palm Beach, FL 33405
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of "key employee."
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Karen Swanson</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2)</td>
<td>Tamera Pompea</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3)</td>
<td>Gary Walk</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4)</td>
<td>Jose Cano</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5)</td>
<td>Sharon Daley</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6)</td>
<td>Elisha Roy</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7)</td>
<td>Adam Friedwald</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8)</td>
<td>Karen Hilo</td>
<td>40.00</td>
<td>X</td>
<td>136,985.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9)</td>
<td>Barbara Hernandez</td>
<td>40.00</td>
<td>X</td>
<td>68,126.</td>
<td>0.</td>
<td>6,067.</td>
</tr>
<tr>
<td>(10)</td>
<td>Allison Francis</td>
<td>40.00</td>
<td>X</td>
<td>82,000.</td>
<td>0.</td>
<td>6,412.</td>
</tr>
<tr>
<td>(11)</td>
<td>Jennifer Schneider</td>
<td>40.00</td>
<td>X</td>
<td>13,616.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1b Sub-total</td>
<td>Total from continuation sheets to Part VII, Section A</td>
<td>Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>300,727.</td>
<td>0.</td>
<td>12,479.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

2

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

---

**Section B. Independent Contractors**

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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

0
**Part VIII Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a</td>
<td>25,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td>312,224.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e</td>
<td>2,032,537.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>256,279.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $832,009 12-31-18</td>
<td>54,105.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td>2,626,040.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a Service Fees - Other</td>
<td>900099</td>
<td>61,225.</td>
<td>61,225.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid Fees</td>
<td>900099</td>
<td>37,577.</td>
<td>37,577.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Employment Assistance</td>
<td>900099</td>
<td>31,362.</td>
<td>31,362.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Insurance Fees</td>
<td>900099</td>
<td>27,357.</td>
<td>27,357.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Vocational Fees</td>
<td>900099</td>
<td>300.</td>
<td>300.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
<td>157,821.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a Gross income from fundraising events (not including $312,224. of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td>209,385.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>205,663.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>3,722.</td>
<td>3,722.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td>17,785.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>7,194.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td>10,591.</td>
<td>10,591.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a Misc. Revenue</td>
<td>900099</td>
<td>14,066.</td>
<td>14,066.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
<td>14,066.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue, See instructions</td>
<td></td>
<td>2,814,001.</td>
<td>157,821.</td>
<td>0. 30,140.</td>
<td></td>
</tr>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>304,626</td>
<td>251,170</td>
<td>45,673</td>
<td>7,783</td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>1,513,515</td>
<td>1,247,922</td>
<td>226,926</td>
<td>38,667</td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>8,056</td>
<td>6,642</td>
<td>1,208</td>
<td>206</td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>127,922</td>
<td>105,474</td>
<td>19,180</td>
<td>3,268</td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>140,986</td>
<td>116,246</td>
<td>21,138</td>
<td>3,602</td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>23,000</td>
<td>21,250</td>
<td>1,750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>121,577</td>
<td>115,164</td>
<td>6,413</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>1,331</td>
<td>1,187</td>
<td>144</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>103,318</td>
<td>88,995</td>
<td>14,207</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>189,074</td>
<td>145,080</td>
<td>43,994</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>6,606</td>
<td>6,411</td>
<td>11</td>
<td>184</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td>5,491</td>
<td>4,284</td>
<td>1,207</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>5,732</td>
<td>4,642</td>
<td>1,090</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>28,061</td>
<td>22,749</td>
<td>5,312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Repairs &amp; Maintenance</td>
<td>37,691</td>
<td>30,939</td>
<td>6,752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>2,616,986</td>
<td>2,168,155</td>
<td>395,005</td>
<td>53,826</td>
<td></td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Center for Family Services of Palm
Beach County, Inc.

Form 990 (2018)

### Part X - Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
<th>Liabilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A)</td>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>300.</td>
<td>1</td>
<td>300.</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>201,336.</td>
<td>2</td>
<td>120,064.</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>20,000.</td>
<td>3</td>
<td>25,000.</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>190,000.</td>
<td>4</td>
<td>184,638.</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>16,000.</td>
<td>9</td>
<td>17,888.</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>440,637.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>433,496.</td>
<td>5</td>
<td>7,141.</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td></td>
<td>518.</td>
<td>11</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>7,500.</td>
<td>15</td>
<td>7,500.</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>441,387.</td>
<td>16</td>
<td>615,527.</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>138,710.</td>
<td>26</td>
<td>115,835.</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.**

| 27 Unrestricted net assets | 269,508. | 27 | 474,692. |
| 28 Temporarily restricted net assets | 33,169. | 28 | 25,000. |
| 29 Permanently restricted net assets | | | |

**Organizations that do not follow SFAS 117 (ASC 958), check here [ ] and complete lines 30 through 34.**

| 30 Capital stock or trust principal, or current funds | | | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | | | |
| 32 Retained earnings, endowment, accumulated income, or other funds | | | |
| 33 Total net assets or fund balances | 302,677. | 33 | 499,692. |
| 34 Total liabilities and net assets/fund balances | 441,387. | 34 | 615,527. |
### Part XI  Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

#### Part XII  Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Cash</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Accrual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ No</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ No</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
</tbody>
</table>

---

Form 990 (2018)
**SCHEDULE A**
(Form 990 or 990-EZ)

**Department of the Treasury**
Internal Revenue Service

---

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

---

**Name of the organization**
Center for Family Services of Palm Beach County, Inc.

**Employer identification number**
59-1084179

---

### Part I

**Reason for Public Charity Status**
(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

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.)


12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**Form 990 or 990-EZ**

- **a** Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

- **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

- **c** Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

- **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

- **f** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

---

**g** Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total**

---

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

---

15140130 784176 0146500

---

2018.05030 CENTER FOR FAMILY SERVICE 01465001
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>2630250.</td>
<td>3538990.</td>
<td>1583436.</td>
<td>2205881.</td>
<td>2626040.</td>
<td>12584597.</td>
</tr>
<tr>
<td>2  Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Total. Add lines 1 through 3</td>
<td>2630250.</td>
<td>3538990.</td>
<td>1583436.</td>
<td>2205881.</td>
<td>2626040.</td>
<td>12584597.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,528.</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Amounts from line 4</td>
<td>2630250.</td>
<td>3538990.</td>
<td>1583436.</td>
<td>2205881.</td>
<td>2626040.</td>
<td>12584597.</td>
</tr>
<tr>
<td>8  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>447.</td>
<td>24.</td>
<td>12,883.</td>
<td>126.</td>
<td>1,761.</td>
<td>15,241.</td>
</tr>
<tr>
<td>9  Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Total support. Add lines 7 through 10</td>
<td>2630250.</td>
<td>3538990.</td>
<td>1583436.</td>
<td>2205881.</td>
<td>2626040.</td>
<td>12599838.</td>
</tr>
<tr>
<td>12  Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>644,425.</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13  First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14  Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td>99.87 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15  Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td>98.80 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The above table is a representation of the data from the Center for Family Services of Palm's Schedule A (Form 990 or 990-EZ) for the fiscal year ending December 31, 2018. The percentages and amounts indicate the organization's support from public sources. The table includes detailed entries for each fiscal year, with calculations and explanations for the computation of public support and support percentages.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>……</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| (a) Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 % |
| (b) Public support percentage from 2017 Schedule A, Part III, line 15 | 16 % |

### Section D. Computation of Investment Income Percentage

| (a) Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 % |
| (b) Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 % |

### 33 1/3% Support Tests

- **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

- **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

### Private Foundation

- **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Part IV  Supporting Organizations

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

#### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
<td></td>
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<tr>
<td>4c</td>
<td></td>
<td></td>
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<tr>
<td>5a</td>
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<td>5b</td>
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<td>5c</td>
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<td>6</td>
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<td>7</td>
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<tr>
<td>9a</td>
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<td></td>
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<td>9b</td>
<td></td>
<td></td>
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<tr>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

5b. 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?

5c. 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 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

9b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

9c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

10b. 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.)
Part IV  Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b. A family member of a person described in (a) above?
   c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Type I Supporting Organizations

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

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Type II Supporting Organizations

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

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section D. All Type III Supporting Organizations

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?

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Activities Test. Answer (a) and (b) 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.

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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.

   ![Table]
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in <strong>Part VI</strong>):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7 | Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions). |
## Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section D - Distributions

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2018 from Section D, line 7:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
## Schedule B

### Schedule of Contributors

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

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Family Services of Palm Beach County, Inc.</td>
<td>59-1084179</td>
</tr>
</tbody>
</table>

**Organization type (check one):**

- Form 990 or 990-EZ
  - 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust *not* treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

This organization **is not** covered by General Rule or a Special Rule. See instructions.

### General Rule

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

### Special Rules

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

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

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

---

**Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
## Part I  Contributors  (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,732,923.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$174,118.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$75,600.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part II: Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ ______________</td>
<td>______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ ______________</td>
<td>______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ ______________</td>
<td>______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ ______________</td>
<td>______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ ______________</td>
<td>______________</td>
</tr>
</tbody>
</table>
Center for Family Services of Palm Beach County, Inc.  

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

(b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SCHEDULE D

### 2018 Supplemental Financial Statements

**Form 990**

**Department of the Treasury**

**Internal Revenue Service**

**Employer identification number**

**Center for Family Services of Palm Beach County, Inc.**

**Name of the organization**

**95-1084179**

**Employer identification number**

### Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Donor advised funds</td>
<td>(b) Funds and other accounts</td>
</tr>
</tbody>
</table>

#### 1 Total number at end of year

<table>
<thead>
<tr>
<th><strong>Held at the End of the Tax Year</strong></th>
</tr>
</thead>
</table>

#### 2 Aggregate value of contributions to (during year)

<table>
<thead>
<tr>
<th><strong>Held at the End of the Tax Year</strong></th>
</tr>
</thead>
</table>

#### 3 Aggregate value of grants from (during year)

<table>
<thead>
<tr>
<th><strong>Held at the End of the Tax Year</strong></th>
</tr>
</thead>
</table>

#### 4 Aggregate value at end of year

<table>
<thead>
<tr>
<th><strong>Held at the End of the Tax Year</strong></th>
</tr>
</thead>
</table>

### Part II Conservation Easements.

#### 1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)
- Preservation of a historically important land area
- Protection of natural habitat
- Preservation of open space

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

<table>
<thead>
<tr>
<th><strong>Held at the End of the Tax Year</strong></th>
</tr>
</thead>
</table>

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

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

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

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

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

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

<table>
<thead>
<tr>
<th><strong>Held at the End of the Tax Year</strong></th>
</tr>
</thead>
</table>

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

**LHA**

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

**Schedule D (Form 990) 2018**

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

#### b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

<table>
<thead>
<tr>
<th><strong>Revenue included on Form 990, Part VIII, line 1</strong></th>
<th><strong>Assets included in Form 990, Part X</strong></th>
</tr>
</thead>
</table>

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

<table>
<thead>
<tr>
<th><strong>Revenue included on Form 990, Part VIII, line 1</strong></th>
<th><strong>Assets included in Form 990, Part X</strong></th>
</tr>
</thead>
</table>
### Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange programs
- [ ] Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

- [ ] Yes
- [ ] No

### Part IV: Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

#### 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- [ ] Yes
- [ ] No

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

### Part V: Endowment Funds.

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

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

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

- [ ] Board designated or quasi-endowment %
- [ ] Permanent endowment %
- [ ] Temporarily restricted endowment %

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

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

- [ ] unrelated organizations
- [ ] related organizations

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

### Part VI: Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>400,670.</td>
<td>393,529.</td>
<td>7,141.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td>39,967.</td>
<td>39,967.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| [ ] 7,141. |

Schedule D (Form 990) 2018
**Part VII** Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII** Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX** Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X** Other Liabilities.

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

1.  (a) Description of liability | (b) Book value |
    (1) Federal income taxes     |                |
    (2)                          |                |
    (3)                          |                |
    (4)                          |                |
    (5)                          |                |
    (6)                          |                |
    (7)                          |                |
    (8)                          |                |
    (9)                          |                |

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. □
Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>3,026,858</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>212,857</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>212,857</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>2,814,001</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>2,814,001</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>2,829,843</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>212,857</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>212,857</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>2,616,986</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>2,616,986</td>
</tr>
</tbody>
</table>

Part XIII  Supplemental Information.

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

Part X, Line 2:

On July 1, 2009, the Organization 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.
threshold when making its assessment. At adoption, the Organization did not record any cumulative effect adjustment, and the Organization did not accrue any interest expense or penalties related to tax positions. There are currently no open federal or state tax years under audit.

Part XI, Line 2d - Other Adjustments:

Special Fundraising Events 212,857.

Part XII, Line 2d - Other Adjustments:

Special Fundraising Events 212,857.
SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Center for Family Services of Palm Beach County, Inc.

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

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

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

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

   a  Yes
   b  No

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

   (i) Name and address of individual or entity (fundraiser)
   (ii) Activity
   (iii) Did fundraiser have custody or control of contributions?
   (iv) Gross receipts from activity
   (v) Amount paid to (or retained by)
       fundraiser listed in col. (i)
   (vi) Amount paid to (or retained by)
       organization

<table>
<thead>
<tr>
<th>(i)</th>
<th>(ii)</th>
<th>(iii)</th>
<th>(iv)</th>
<th>(v)</th>
<th>(vi)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Total

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

   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

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

Schedule G (Form 990 or 990-EZ) 2018
**Center for Family Services of Palm**

Schedule G (Form 990 or 990-EZ) 2018  
**Beach County, Inc.**  
59-1084179  
**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.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other Events</th>
<th>Total Events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunch</td>
<td>Old Bags</td>
<td>Dinner-Dance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Gross receipts</td>
<td>425,652</td>
<td>95,957</td>
<td></td>
<td>521,609</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>253,367</td>
<td>58,857</td>
<td></td>
<td>312,224</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>172,285</td>
<td>37,100</td>
<td></td>
<td>209,385</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Event Type</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>17,785</td>
<td>17,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>7,194</td>
<td>7,194</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer labor</td>
<td></td>
<td></td>
<td>Yes %</td>
<td>No %</td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>7,194</td>
</tr>
<tr>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>10,591</td>
</tr>
</tbody>
</table>

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

a Is the organization licensed to conduct gaming activities in each of these states?  

<table>
<thead>
<tr>
<th>State</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

b If "No," explain: **501(c)(3) organizations are excluded from State of Florida Licensing requirements for raffle activity.**

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year?  

b If "Yes," explain: 

---

Schedule G (Form 990 or 990-EZ) 2018
Does the organization conduct gaming activities with nonmembers?  
☐ Yes  ☒ No

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  
☐ Yes  ☒ No

Indicate the percentage of gaming activity conducted in:

a. The organization’s facility  
☐ 13a %

b. An outside facility  
☐ 13b %

Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name ▶

Address ▶

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

b. If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $.

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

Name ▶

Address ▶

Gaming manager information:

Name ▶

Gaming manager compensation ▶ $.

Description of services provided ▶

☐ Director/officer  ☐ Employee  ☐ Independent contractor

Mandatory distributions:

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

b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $.

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

#### (Form 990)

**Part I**

**Types of Property**

<table>
<thead>
<tr>
<th>(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if applicable</td>
</tr>
</tbody>
</table>

| (b) |
| Number of contributions or items contributed |

| (c) |
| Noncash contribution amounts reported on Form 990, Part VIII, line 1g |

| (d) |
| Method of determining noncash contribution amounts |

#### 2018

**Name of the organization**

Center for Family Services of Palm Beach County, Inc.

**Employer identification number**

59-1084179

<table>
<thead>
<tr>
<th>#</th>
<th>Types of Property</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td>☑</td>
<td>2</td>
<td>54,105</td>
<td>Public Exchange</td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>☑</td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 30a

**During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period?**

- Yes [ ] No [x]

#### 31

**Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?**

- Yes [ ] No [x]

#### 32a

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

- Yes [ ] No [x]

#### 33

**If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.**

**LHA**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Form 990, Part III, Line 1, Description of Organization Mission:
services to all who qualify without discriminating based on race,
creed, religion, color, gender, sexual orientation, disability, marital
status, veteran status, national origin or age.

Form 990, Part III, Line 4a, Program Service Accomplishments:
aims to equip parents with the skills and confidence they need to be
self-sufficient and to be able to manage family issues without ongoing
support. The Center for Family Services has clinicians trained and
accredited in several levels of Triple P and provides the program to
parents and families in their home, community, and office setting. The
Triple P Practitioners facilitate the program in English, Spanish and
Creole. Triple P is offered through a grant from Children's Services
Council of Palm Beach County to all parents who reside in Palm Beach
County.

In FY 2018-2019, the Triple P Program served 311 parents/caregivers in
the community.

Treatment Outcomes for clients completing Triple P in 2018-2019
indicate:

77% of clients enrolling in Primary Care successfully completed.

60% of clients enrolling in Level 4 Standard Triple P successfully
completed.

TEEN TRIPLE P (Positive Parenting Program):
Teen Triple P provides parents and caregivers of teenagers from 12 to 17 years of age with parenting support interventions on a weekly one-on-one basis. After thorough family assessments, parents set their own parenting goals, learn ways to encourage positive behavior in their teens, and learn how to teach their children new skills such as problem solving, conflict resolution and self-regulation. Parents also learn ways to use appropriate consequences for misbehaviors (e.g., breaking family rules, taking inappropriate risks, and emotional outbursts, among others.) Parents who benefit from this program are those that have concerns about their teenager's development and behavior. They may be concerned that their relationship with their teen is not positive, or that their teen has not learned independence and self-regulation skills, or maybe that they have not found an effective way to discourage inappropriate or risk-taking behavior. Parents are most likely to benefit from Teen Triple P services if they are committed to complete 10 weekly sessions for about one hour each one. Center for Family Services of Palm Beach County, Inc. provides Teen Triple P to parents and caregivers living in Palm Beach County through the funding of Children's Services Council. Teen Triple P services are provided in English, Spanish and Creole in the office, clients' homes and community settings.

In 2018-2019, the Teen Triple P Program served 114 parents/caregivers in the community.

Treatment Outcomes for clients completing Teen Triple P in 2018-2019 indicate:

63% of clients enrolling in Level 4 Standard Teen Triple P
successfully completed.

Form 990, Part III, Line 4b, Program Service Accomplishments:
CPYC program's aim is to work together to promote healthy births, reduce abuse and neglect, and promote healthy home environments.

In 2018-2019, the CPYC Program served 332 families and provided 7,228 hours of behavioral health services.

Treatment Outcomes for clients completing CPYC in 2019 indicate:
61% of adult clients who attended at least three face-to-face sessions reached reliable change as measured by an increase of at least six points from pre to post on the outcome rating scale (ORS) at discharge.

Form 990, Part III, Line 4c, Program Service Accomplishments:
pregnancies and result in healthier infants by using a client-centered approach. The Prenatal Plus Program is funded by Children's Services Council (CSC), and CSC has incorporated and accepted the evidence-based practice, Partners for Change Outcome Management System (PCOMS), to demonstrate that the expectant mothers are benefiting from the behavioral health services they are receiving.

In 2018-2019, the Prenatal Plus Mental Health Services Program served 177 expectant mothers and provided 1,714 hours of behavioral health services.

Treatment Outcomes for clients completing Prenatal Plus Mental Health Services in 2018-2019 indicate:
54% of clients enrolling in Prenatal Plus Mental Health Services successfully completed services.

Form 990, Part III, Line 4d, Other Program Services:

STOP ABUSE BY FAMILY EMPOWERMENT (SAFE) KIDS PROGRAM:

SAFE Kids program is the only officially recognized Sexual Abuse Treatment Program (SATP) in Palm Beach County by the Florida Department of Health, Children's Medical Services. SAFE Kids provides a much-needed service in our community by helping adults molested as children, as well as children, their siblings, and non-offending parents learn ways to keep themselves safe and find ways to cope effectively with traumatic events. We provide therapy and advocacy for children and adults who are victims of sexual abuse, physical abuse, neglect, domestic violence, human trafficking and/or other crimes. A team of trauma-informed therapists, who are designated as Victim Services Practitioners through the Office of the Attorney General, provides comprehensive safety planning as well as various forms of play activities to engage children, as young as three years old, in processing their traumas. SAFE Kids therapists are trained in Trauma-Focused Cognitive Behavioral Therapy (TFCBT) and receive specialized training in the treatment of sexual abuse. SAFE Kids partners with local experts in the areas of Play Therapy, Clinical Sexology, and Child & Adolescent Psychiatry to receive specialized training and support the provision of services to this vulnerable population.

In 2018-2019, the SAFE Kids Program served 241 children and adults and provided 1,615 hours of mental health counseling, crisis intervention,
and advocacy.

Treatment Outcomes for clients completing treatment in 2018-2019 indicate:

- 96% of clients increased their knowledge of abuse and/or domestic violence.
- 99% of clients learned safety strategies for self-protection.
- 99% of clients learned how to report abuse and/or domestic violence.

Expenses $239,177. including grants of $0. Revenue $0.

INDIVIDUAL AND FAMILY COUNSELING PROGRAM:

The Individual and Family Counseling Program offers professional and confidential mental health counseling to individuals, families and children on an outpatient basis to assist with various problems including marital issues, family discord, substance abuse, domestic violence, grief and loss, trauma, depression, anxiety, and life transitions. The program helps individuals and families build upon their strengths and resources to develop strong social relationships, improve coping skills, lead satisfying, productive lives and gain knowledge of how to access necessary services. Our therapists are licensed or license eligible with graduate degrees and trained in a variety of research-based therapies in addition to the evidence-based practice Partners for Change Outcome Management System (PCOMS).

In 2018-2019, the Individual and Family Counseling Program served 281 clients and provided 1,467 hours of counseling.
indicate:

- 96% of clients learned at least one new coping skill.
- 98% of clients identified solutions to their problems.
- 80% of clients achieved 50% of their treatment goals.

Expenses $303,397. including grants of $0. Revenue $0.

EMPLOYEE ASSISTANCE PROGRAM (EAP):
The Employee Assistance Program, Life Enrichment EAP, provides assessment, referral, brief solution-focused therapy and crisis debriefing services. The goal of the EAP Program is to help employees find solutions to problems and issues that prevent them from being fully productive and effective in both their work and life. EAP also provides consultative services to managers and human resources personnel on workforce issues, Department of Transportation compliance and Drug-Free Workplace programs. Our EAP staff develops and presents topics that include leadership training, supervisory training, balancing work and family, conflict resolution, Job Performance Appraisals as a management tool, and other workforce issues.

In 2018-2019, EAP served 34 clients and provided 163 hours of counseling.

Treatment Outcomes of clients completing treatment in 2018-2019 indicate:

- 100% of clients learned at least one new coping skill.
- 100% of clients identified solutions to their problems.
- 97% of clients achieved 50% of their treatment goals.

Expenses $44,280. including grants of $0. Revenue $31,362.
PARTNERS FOR CHANGE:

Substance Abuse Treatment Services

The Partners for Change (PFC) serves adults who are experiencing problems with both substance use and co-occurring mental health issues. The program offers confidential outpatient therapy that recognizes client strengths and focuses on assisting clients to be successful with the goals they want to achieve. This unique approach views clients as valued partners in the change process and offers a systematic real-time outcome measurement process that maximizes effectiveness, the Partners for Change Outcome Management System (PCOMS). Center for Family Services PFC Program provides the county's adults, adolescents and families with access to multi-level substance abuse treatment services tailored to meet their needs. We provide intervention, substance abuse education, crisis intervention, professional consultation, substance abuse assessments, case management, group, individual and family therapy aimed at breaking the cycle of addiction. We collaborate with community stakeholders such as schools, law enforcement, state and county probation, traffic schools, the public defender's office and the county criminal and misdemeanor courts. The program is licensed through the Florida Department of Children and Families to provide substance abuse treatment services for adults and adolescents. All services are provided by professionally trained, licensed (or license eligible) clinicians, or Certified Addiction Professionals (CAP).

In 2018-2019, the Partners for Change Program served 64 clients and provided 372 hours of counseling.
Treatment Outcomes for clients completing treatment in 2018-2019 indicate:

- 88% of clients identified personal signs of chemical dependence or personal signs of substance abuse.
- 85% of clients understand their addictive disease and the need for total abstinence or their personal substance abuse pattern and risks of harm and the need to change their substance use behaviors.
- 82% of clients developed a personal plan for long-term recovery or a substance abuse risk reduction plan.

Expenses $ 88,463. including grants of $ 0. Revenue $ 126,459.

Form 990, Part VI, Section B, line 11b:
The Form 990 is submitted to the finance committee for review and the finance committee reports to the full board.

Form 990, Part VI, Section B, Line 12c:
Each board member is required to disclose potential conflicts of interest in a report submitted annually.

Form 990, Part VI, Section B, Line 15:
The chief executive officer's salary is reviewed and approved by the board. Other key employee's salaries are reviewed and approved by the chief executive officer.

Form 990, Part VI, Section C, Line 19:
The audited financial statements are distributed to funders and stakeholders. The agency's annual report with financial statements are distributed to major donors and funders. Financial statements are made.
available to the general public upon request.

<table>
<thead>
<tr>
<th>Part XII Line 2c</th>
</tr>
</thead>
<tbody>
<tr>
<td>The audit report is reviewed annually at the audit report review meeting as presented by the independent auditor. The process has not changed from the prior year.</td>
</tr>
</tbody>
</table>
### Part I: Election To Expense Certain Property Under Section 179

<table>
<thead>
<tr>
<th>Note: If you have any listed property, complete Part V before you complete Part I.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Maximum amount (see instructions)</td>
</tr>
<tr>
<td><strong>2</strong> Total cost of section 179 property placed in service (see instructions)</td>
</tr>
<tr>
<td><strong>3</strong> Threshold cost of section 179 property before reduction in limitation</td>
</tr>
<tr>
<td><strong>4</strong> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.</td>
</tr>
<tr>
<td><strong>5</strong> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.</td>
</tr>
</tbody>
</table>

### Part II: Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

| **14** Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | **14** |
| **15** Property subject to section 168(f)(1) election | **15** |
| **16** Other depreciation (including ACRS) | **16** 5,732. |

### Part III: MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

| **17** MACRS deductions for assets placed in service in tax years beginning before 2018 | **17** |
| **18** If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | **18** |

#### Section B: Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>19a</strong> 3-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> 5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> 7-year property</td>
<td></td>
<td></td>
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<tr>
<td><strong>d</strong> 10-year property</td>
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</tr>
<tr>
<td><strong>e</strong> 15-year property</td>
<td></td>
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<tr>
<td><strong>f</strong> 20-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g</strong> 25-year property</td>
<td></td>
<td>25 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h</strong> Residential rental property</td>
<td></td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>i</strong> Nonresidential real property</td>
<td></td>
<td>39 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C: Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

| **20a** Class life | **20a** | S/L |
| **b** 12-year | | S/L |
| **c** 30-year | | 12 yrs. | S/L |
| **d** 40-year | | 30 yrs. | MM | S/L |

### Part IV: Summary (See instructions.)

| **21** Listed property. Enter amount from line 28 | **21** |
| **22** Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | **22** 5,732. |
| **23** For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | **23** |
### Section A - Depreciation and Other Information

#### 24a. Do you have evidence to support the business/investment use claimed?

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>26 Property used more than 50% in a qualified business use:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>27 Property used 50% or less in a qualified business use:</td>
<td></td>
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</tbody>
</table>

#### 28. Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

#### 29. Add amounts in column (i), line 26. Enter here and on line 7, page 1

### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

#### 30. Total business/investment miles driven during the year (don't include commuting miles)

#### 31. Total commuting miles driven during the year

#### 32. Total other personal (noncommuting) miles driven

#### 33. Total miles driven during the year.

#### 34. Was the vehicle available for personal use during off-duty hours?

#### 35. Was the vehicle used primarily by a more than 5% owner or related person?

#### 36. Is another vehicle available for personal use?

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

#### 37. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

#### 38. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners

#### 39. Do you treat all use of vehicles by employees as personal use?

#### 40. Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

#### 41. Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

### Part VI - Amortization

#### 42. Amortization of costs that begins during your 2018 tax year:

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Code section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### 43. Amortization of costs that began before your 2018 tax year

#### 44. Total. Add amounts in column (f). See the instructions for where to report
Application for Automatic Extension of Time To File an Exempt Organization Return

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.

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

To file electronically: Go to www.e-file.com or call 1-800-512-0744.

Check here if you want to pay the extension fee using EFTPS (Federal Tax Payment System).

Type or print Application Is For

<table>
<thead>
<tr>
<th>Return Code</th>
<th>Application Is For</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Form 990-T (corporation)</td>
</tr>
<tr>
<td>02</td>
<td>Form 1041-A</td>
</tr>
<tr>
<td>03</td>
<td>Form 4720 (other than individual)</td>
</tr>
<tr>
<td>04</td>
<td>Form 5227</td>
</tr>
<tr>
<td>05</td>
<td>Form 6069</td>
</tr>
<tr>
<td>06</td>
<td>Form 8870</td>
</tr>
<tr>
<td>07</td>
<td>Form 990-BL</td>
</tr>
<tr>
<td>08</td>
<td>Form 4720 (individual)</td>
</tr>
<tr>
<td>09</td>
<td>Form 990-PF</td>
</tr>
<tr>
<td>10</td>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
</tr>
<tr>
<td>11</td>
<td>Form 990-T (trust other than above)</td>
</tr>
</tbody>
</table>

Enter filer’s identifying number

Employer identification number (EIN) or Social security number (SSN)

Center for Family Services of Palm Beach

Name of exempt organization or other filer, see instructions.

4101 Parker Avenue

Number, street, and room or suite no. If a P.O. box, see instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

West Palm Beach, FL 33405-2507

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

Karen Hilo, Chief Executive Officer

I request an automatic 6-month extension of time until _______________________, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

☐ calendar year ☐ tax year beginning JUL 1, 2018 ☐ calendar year ☐ tax year beginning JUL 1, 2018 and ending JUN 30, 2019.

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

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $0.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $0.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $0.

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

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

Form 8868 (Rev. 1-2019)