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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning

and ending

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

PALM BEACH COUNTRY CLUB FOUNDATION, INC

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

760 N. OCEAN BOULEVARD

City or town, state or country, and ZIP + 4

PALM BEACH, FL 33480

## D Employer identification number

20-1330372

## E Telephone number

561-844-3501

## F Group Exemption Number

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

## I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 384,795.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	330,750.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	51,708.
b	Less: cost or other basis and sales expenses	5b	53,191.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<1,483.>
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ SEE STATEMENT 2 )	8	2,337.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	331,604.
10	Grants and similar amounts paid (attach schedule)	10	366,200.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	7,862.
17	Total expenses. Add lines 10 through 16	17	374,062.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<42,458.>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	325,858.
20	Other changes in net assets or fund balances (attach explanation)	20	653.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	284,053.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	325,858.	284,053.
23 Land and buildings		
24 Other assets (describe ▶ )		
25 Total assets	325,858.	284,053.
26 Total liabilities (describe ▶ )	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	325,858.	284,053.

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

Form 990-EZ (2009)

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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What is the organization's primary exempt purpose? **SEE STATEMENT 7**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 PALM BEACH COUNTRY CLUB FOUNDATION, INC. PROVIDED FINANCIAL  
AID TO MANY PALM BEACH COUNTY CHARITIES.

(Grants \$ 357,500. ) If this amount includes foreign grants, check here

28a	357,500.
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29 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here

29a	
-----	--

30 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here

30a	
-----	--

**31 Other program services (attach schedule)**

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

31a	
-----	--

**32 Total program service expenses** (add lines 28a through 31a)

32	357,500.
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">37a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;">38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float: right;">39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float: right;">39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">0.</span> ; section 4912 <span style="float: right;">0.</span> ; section 4955 <span style="float: right;">0.</span>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float: right;">FL</span>		
42a	The organization's books are in care of <span style="float: right;">CAROL BERKLAND</span> Telephone no <span style="float: right;">(561) 844-3501</span> Located at <span style="float: right;">760 N. OCEAN BLVD., PALM BEACH, FL</span> ZIP + 4 <span style="float: right;">33480</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: <span style="float: right;">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</span>		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <span style="float: right;">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">43 N/A</span> and enter the amount of tax-exempt interest received or accrued during the tax year		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

Sign Here	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: <i>Alan Curtis</i> Date: <i>11/9/10</i>		
Type of print name and title: <i>ALAN CURTIS - PRESIDENT</i>			
Paid Preparer's Use Only	Preparer's Signature: <i>Cynthia A. Loftus</i>	Date: <i>11/8/2010</i>	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <i>RSM MCGLADREY, INC. 1555 PALM BEACH LAKES BLVD. SUITE 1400 WEST PALM BEACH, FLORIDA 33401</i>		Preparer's identifying number (See instr.): <i>EIN: (561) 697-1785</i>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

**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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**PALM BEACH COUNTRY CLUB FOUNDATION, INC**

Employer identification number

**20-1330372**

**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 11, 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)
- 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)(vi).** (Complete Part II)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	232,570.	344,000.	255,004.	337,800.	332,354.	1,501,728.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	232,570.	344,000.	255,004.	337,800.	332,354.	1,501,728.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						1,501,728.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	232,570.	344,000.	255,004.	337,800.	332,354.	1,501,728.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		7,714.	24,472.	11,724.	2,310.	46,220.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						1,547,948.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.01	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	96.68	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

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

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

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

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

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

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



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
ANNUAL REPORT	70.		
BANK FEES	34.		
ARTICLE REVIEW	598.		
TAX PREP FEES	2,160.		
CHARITABLE CONTRIBUTIONS	4,000.		
REFUND	1,000.		
TOTAL TO FORM 990-EZ, LINE 16	7,862.		

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
DESCRIPTION	AMOUNT		
INTEREST	2,327.		
DIVIDENDS	10.		
TOTAL TO FORM 990-EZ, LINE 8	2,337.		

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
	51,708.	53,191.	0.	<1,483.>	
TO FORM 990-EZ, LINE 5	51,708.	53,191.	0.	<1,483.>	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION	AMOUNT		
UNREALIZED GAIN	628.		
ACCRUED INTEREST	25.		
TOTAL TO FORM 990-EZ, LINE 20	653.		

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GRANT PALM BEACH TREASURE COAST  LANTANA, FL 33465	NONE	10,000.
GRANT ALLIANCE FOR EATING DISORDERS  NORTH PALM , FL 33408	NONE	10,000.
GRANT ALPERT JEWISH FAMILY & CHILDREN'S SERVICE 5841 CORPORATE WAY WEST PALM BEACH, FL 33407	NONE	50,000.
GRANT BOYS & GIRLS CLUBS OF FL 800 NORTHPOINT WEST PALM BEACH, FL 33407	NONE	20,000.
GRANT CHILDREN'S HOME SOCIETY 3333 FOREST HILL BLVD. WEST PALM BEACH, FL 33406	NONE	25,000.
GRANT DEAF SERVICE CENTER 3111 S. DIXIE HIGHWAY, STE 237 WEST PALM BEACH, FL 33405	NONE	7,500.
GRANT HOSPICE OF PALM BEACH COUNTY 5300 EAST AVENUE WEST PALM BEACH, FL 33407	NONE	25,000.
GRANT JEWISH ASSOCIATION FOR RESIDENTIAL CARE 21160-95TH AVENUE S BOCA RATON, FL 33428	NONE	10,000.
GRANT JEWISH COMM. CENTER FOR THE GREATER PB'S 3151 N. MILITARY TRAIL WEST PALM BEACH, FL 33409	NONE	20,000.

## PALM BEACH COUNTRY CLUB FOUNDATION, INC

20-1330372

GRANT JUST CHECKING PROGRAM - MORSELIFE 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417	NONE	35,000.
GRANT LOLA & SAUL KRAMER SR. SERVICES AGENCY 4920 LORING DRIVE WEST PALM BEACH, FL 33417	NONE	40,000.
GRANT PALM BEACH HABILITATION CENTER 4522 CONGRESS AVENUE LAKE WORTH, FL 33461	NONE	10,000.
GRANT PALM BEACH PUBLIC SCHOOL 239 COCOANUT ROW PALM BEACH, FL 33480	NONE	20,000.
GRANT PALM HEALTH CARE 1016 N. DIXIE HWY WEST PALM BEACH, FL 33401	NONE	25,000.
GRANT PLANNED PARENTHOOD OF PB 2300 N FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409	NONE	20,000.
GRANT RICHARD DAVID KANN MELANOMA FOUNDATION 621 CLEARWATER PARK ROAD WEST PALM BEACH, FL 33401	NONE	10,000.
GRANT SCHOOL OF THE ARTS FOUNDATION  WEST PALM BEACH, FL 33402	NONE	20,000.
GRANT PALM BEACH COUNTRY CLUB SCHOLARSHIP FUND 760 N. OCEAN BLVD PALM BEACH, FL 33480	NONE	8,700.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		366,200.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2

STATEMENT 7

PALM BEACH COUNTRY CLUB FOUNDATION, INC. IS ORGANIZED AND OPERATED TO PROVIDE FINANCIAL ASSISTANCE TO PALM BEACH COUNTY CHARITIES.

**PALM BEACH COUNTRY CLUB FOUNDATION**  
**12/31/2009**

**INPUT SCREEN**

**USED ON TAX RETURN**

**CASH**

Beginning Balance per statement	BS1	270,080 47	
Less last year's checks clearing in Jan		-	
Beginning Balance per prior yr return		<u>270,080 47</u>	270,080 47
Interest	BS37	855 00	
Contributions	100 03	<u>330,749.54</u>	
Intra Bank Credit to Northern Trust Brokerage		-	
2009 Grants Per PBC Statement	160 1	<u>(357,500 00)</u>	
Expenses	100 02	(6,862 00)	
Other Grant - PBCC Scholarship Fund		<u>(8,700 00)</u>	
Refund to Ruth Abraham		<u>(1,000 00)</u>	
Ending Balance		<u>227,623 01</u>	
Ending Balance Per Bank Statement	BS37	<u>227,622 99</u>	227,622 99
PLUG		(0 02) checks outstanding at year-end, but written in 2009	

**Northern Trust Securities**

Beginning Balance	BS43	55,777 18	
Prior Year Unrealized (Gain)/Loss	PY	-	
PY Accrued Interest	PY	-	
		<u>55,777 18</u>	<u>55,777 18</u>
			325,857 65 ties to py tax return
Interest	BS43	1,445 52	
Interest - US Government	BS43	26 97	
Unrealized capital gain/(loss)		627 75	
Accrued Interest		25 23	
Proceeds		51,708 40	
Cost		<u>(53,190 58)</u>	
Dividends	BS43	<u>9 69</u>	
		56,430 16	
Withdrawal			
Ending Balance		56,430 16	
Per Statement	BS43	<u>56,430 16</u>	<u>56,430 16</u>
Plug		-	<u>284,053 15</u>

Total Cash per Balance Sheet 284,053.15

**INCOME STATEMENT**

Revenues			
Contributions		330,749 54	
PLUG		-	
			<u>330,749 54</u>
Interest		2,327 49	
Dividends		<u>9 69</u>	
Revenue Total			<u>333,086 72</u>
Expenses			
Florida Department of State	100 02	(70 00)	
International collection fee	100 02	(34 00)	
Lunch - Stein UFC	100 02	0 00	
Refund to Ruth Abraham	100 02	(1000 00)	
Kochman - (Foundation article review)		(598 00)	
RSM McGladrey (tax prep fees)		(2160 00)	
Jewish Federation	1076	(3,000 00)	
United Way	1077	(1,000 00)	
Misc to balance	100 02	0 00	
Loss		(1,482 18)	
2009 Grants		(366,200 00)	
Realized Loss			
Total Expenses			<u>(375,544 18)</u>
Income			<u><u>(42,457.46)</u></u>

## 2009 DEPOSITS

### USED ON TAX RETURN

MONTH	AMOUNT
JANUARY	14,500.00
FEBRUARY	8,000 00
MARCH	83,000.00
APRIL	13,500.00
MAY	0.00
JUNE	12,604 00
JULY	0.00
AUGUST	94,500 00
SEPTEMBER	32,000.00
OCTOBER	28,250 00
NOVEMBER	10,000.00
DECEMBER	36,000.00
	<u>332,354.00</u>

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

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

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

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	<b>PALM BEACH COUNTRY CLUB FOUNDATION, INC</b>	<b>20-1330372</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>760 N. OCEAN BOULEVARD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PALM BEACH, FL 33480</b>	

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

- ☐ Form 990    ☒ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

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

**CAROL BERKLAND**

- The books are in the care of **760 N. OCEAN BLVD. - PALM BEACH, FL 33480**

Telephone No **(561) 844-3501**

FAX No. ☐

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

7 State in detail why you need the extension

**ADDITIONAL TIME AND INFORMATION IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification**

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

Signature ☐ Title **AGENT FOR TAXPAYER** Date ☐

Form **8868** (Rev. 4-2009)