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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

Admirals Cove Cares Charitable Foundation, Inc.

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

200 Admiral's Cove Blvd.

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

Jupiter, FL 33477

D Employer identification number

59-3786373

E Telephone number

561-744-1700

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) _____

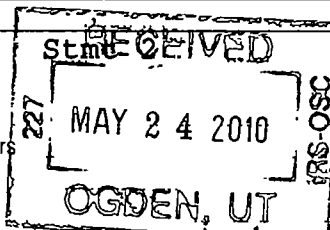
I Website: www.admiralscove.net (About Us)J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

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 **\$ 280,484.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	279,933.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	551.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	280,484.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	308,000.
	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	1,000.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	485.
	16	Other expenses (describe _____)	16	34,459.
	17	Total expenses. Add lines 10 through 16	17	343,944.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<63,460.>
	Net Assets	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
20		Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	81,317.



See Statement 1)

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	144,777.	81,317.
23 Land and buildings		
24 Other assets (describe _____)		
25 Total assets	144,777.	81,317.
26 Total liabilities (describe _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	144,777.	81,317.

932171
02-08-10

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

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What is the organization's primary exempt purpose? See Statement 5

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

(Grants \$ 308,000.) If this amount includes foreign grants, check here

28a	31,498.
-----	---------

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	31,498.
----	---------

**Admirals Cove Cares Charitable
Foundation, Inc.**

59-3786373

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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. ▶ 37a 0.		
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 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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. ▶ None		
42a The organization's books are in care of ▶ George Marose Telephone no. ▶ 561-744-1700 Located at ▶ 200 Admiral's Cove Blvd., Jupiter, FL ZIP + 4 ▶ 33477		
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: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
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: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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)

**Admirals Cove Cares Charitable
Foundation, Inc.**

59-3786373

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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		<input checked="" type="checkbox"/>
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
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

0

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.

Sign Here: **John Hewing** CEO
Signature of officer: _____ Date: _____

Harvey Gold, Treasurer CEO
Type or print name and title: _____

Paid Preparer's Use Only: Preparer's signature: **Mitchell L. Stump** Date: **5-18-10** Check if self-employed: ☒ Preparer's identifying number (See instr): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **Mitchell L. Stump, CPA, PA**
26 Princewood Lane
Palm Beach Gardens, FL 33410-1493

EIN: _____ Phone no.: **561-776-0452**

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 **Admirals Cove Cares Charitable
Foundation, Inc.**

Employer identification number
59-3786373

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	
Total									

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990 or 990-EZ) 2009

Admirals Cove Cares Charitable

Schedule A (Form 990 or 990-EZ) 2009 **Foundation, Inc.**

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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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	800.	10,000.	102,000.	112,825.	31,500.	257,125.
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	304,611.		341,217.		248,433.	894,261.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	305,411.	10,000.	443,217.	112,825.	279,933.	1,151,386.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1,151,386.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	305,411.	10,000.	443,217.	112,825.	279,933.	1,151,386.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	144.	6.	1,285.	746.	551.	2,732.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	144.	6.	1,285.	746.	551.	2,732.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	305,555.	10,006.	444,502.	113,571.	280,484.	1,154,118.

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

Form 990-EZ	Other Expenses	Statement	1
-------------	----------------	-----------	---

Description	Amount
2009 Event Expenses	31,499.
Business Registration Fee	61.
Insurance	1,159.
Office Supplies	353.
Service Fees	1,386.
Rounding	1.
Total to Form 990-EZ, line 16	34,459.

Form 990-EZ	Noncash Grants and Allocations	Statement	2
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Class of Activity

Grant

Name of GranteeGrantee Address

Adopt-a-Family

1712 Second Avenue, North
Lake Worth, FL 33460-3210Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

12,500.

12,500.

Class of Activity

Grant

Name of GranteeGrantee Address

American Cancer Society

235 S County Road # 20
Palm Beach, FL 33480-4282Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

5,000.

5,000.

Class of Activity

Grant

Name of Grantee

Autism Project of Palm Beach County

Grantee Address5800 Corporate Way
West Palm Beach, FL 33407Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

15,000.

15,000.

Class of Activity

Grant

Name of Grantee

Cancer Alliance

Grantee AddressPO Box 3038
Tequesta, FL 33469Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

10,000.

10,000.

Class of Activity

Grant

Name of GranteeGrantee Address

Charities For Children

825 Parkway Plaza #8
Jupiter, FL 33477Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

10,000.

10,000.

Class of Activity

Grant

Name of GranteeGrantee Address

Daily Bread

426 Claremore Drive
West Palm Beach, FL 33023Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

5,000.

5,000.

Class of Activity

Grant

Name of Grantee

El Sol

Grantee Address106 Military Trail
Jupiter, FL 38458Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

12,000.

12,000.

Class of Activity

Grant

Name of Grantee

Eissey Theatre

Grantee Address11051 Campus Drive
Palm Beach Gardens, FL 33410Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

15,000.

15,000.

Class of Activity

Grant

Name of Grantee

Hospice of Palm Beach

Grantee Address5300 East Avenue
West Palm Beach, FL 33407Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

15,000.

15,000.

Class of Activity

Grant

Name of Grantee

Jupiter High School

Grantee Address500 N Military Trail
Jupiter, FL 33458Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

2,000.

2,000.

Class of Activity

Grant

Name of GranteeGrantee Address

Jupiter Medical Center

1210 S Old Dixie Hwy
Jupiter, FL 33458Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

50,000.

50,000.

Class of Activity

Grant

Name of GranteeGrantee Address

Jupiter Medical Center Auxiliary

1210 S Old Dixie Hwy
Jupiter, FL 33458Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

9,000.

9,000.

Class of Activity

Grant

Name of GranteeGrantee Address

Loxahatchee River Historical Societ

805 N US Hwy 1
Jupiter, FL 33477Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

5,000.

5,000.

Class of Activity

Grant

Name of GranteeGrantee Address

MacArthur Beach State Park

10900 Jack Nicklaus Drive
North Palm Beach, FL 33408-3440Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

5,000.

5,000.

Class of Activity

Grant

Name of Grantee

Maltz Theatre

Grantee Address1001 East Indiantown Road
Jupiter, FL 33477Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

10,000.

10,000.

Class of Activity

Grant

Name of Grantee

Operation Hope, Inc.

Grantee Address1253 10th Street
West Palm Beach, FL 33401-3103Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

15,000.

15,000.

Class of Activity

Grant

Name of Grantee

Palm Beach Community College

Grantee Address3160 PGA Boulevard
Palm Beach Gardens, FL 33410Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

3,000.

3,000.

Class of Activity

Grant

Name of Grantee

Palm Healthcare Foundation

Grantee Address1016 North Dixie Hwy
West Palm Beach, FL 33401Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

10,000.

10,000.

Class of Activity

Grant

Name of GranteeGrantee Address

Project Acess

3540 Forest Hill Blvd. #101
West Palm Beach, FL 33406Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

7,500.

7,500.

Class of Activity

Grant

Name of GranteeGrantee Address

Safe Harbour Animal Rescue

185 E Indiantown Road # 211
Jupiter, FL 33469Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

5,000.

5,000.

Class of ActivityName of GranteeGrantee Address

Special Olympics of the Palm Beache

Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

10,000.

10,000.

Class of Activity

Grant

Name of GranteeGrantee Address

West Jupiter Community Center

6401 W Indiantown Road
Jupiter, FL 33458Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

10,000.

10,000.

Class of Activity

Grant

Name of Grantee

The Children's Golf Foundation

Grantee Address7301 N Haverhill Road
West Palm Beach, FL 33407Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/07/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

60,000.

60,000.

Class of Activity

Grant

Name of Grantee

Scripps Research Facility

Grantee Address130 Scripps Way
Jupiter, FL 33458Relationship of Grantee

None

Description of Property

Cash

Date of Gift

05/08/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

5,000.

5,000.

Class of Activity

Grant

Name of GranteeGrantee Address

PBA Charity Fund Jose Family

2100 N Florida Mango Road
West Palm Beach, FL 33409Relationship of GranteeDescription of PropertyDate of Gift

None

Cash

10/12/09

Method Used to Determine Book ValueMethod Used to Determine Fair Market ValueBook ValueAmount Given

2,000.

2,000.

Total included on Form 990-EZ, line 10

308,000.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 3

- 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 2Statement 4

In 2009, Admirals Cove Cares Charitable Foundation held their biennial Charity Weekend where volunteers turned out to help in an array of activities including a tag sale, card tournament, golf and tennis tournament, etc. Funds from this event are distributed among 23 benefiting organizations and charities.

990-EZ Pg 2

Statement 5

To provide aid to worthy civic, cultural, education, social and health related non-profit institutions within Palm Beach County

**Power of Attorney
and Declaration of Representative**

▶ Type or print. ▶ See the separate instructions

OMB No. 1545-0150

For IRS Use Only

Received by _____

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.**i Taxpayer information** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

Admirals Cove Cares Charitable
Foundation, Inc.
200 Admiral's Cove Blvd.
Jupiter, FL 33477

Social security number(s)

Daytime telephone number
561-744-1700Employer identification
number**59-3786373**

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

Mitchell L. Stump
26 Princewood Lane
Palm Beach Gardens, FL 33410-1493CAF No. **5005-37158R**Telephone No. **561-776-0452**Fax No. **561-776-0454**Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Income	990	12/31/2009

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Uses Not Recorded on CAF.** ▶ ☐**5 Acts authorized** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, or additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

**Admirals Cove Cares Charitable
Foundation, Inc.**

Form 2848 (Rev. 6-2008)

59-3786373

Page 2

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box ☐

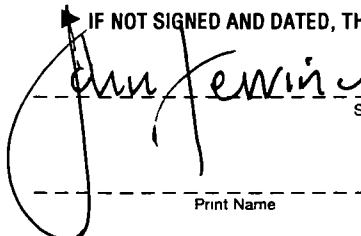
b If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

 Signature _____
Date _____ Title (if applicable) _____
Print Name _____ PIN Number _____
Admirals Cove Cares Charitable
Foundation, Inc.
Print name of taxpayer from line 1 if other than individual

Signature _____ Date _____ Title (if applicable) _____
Print Name _____ PIN Number _____


Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
 - d** Officer - a bona fide officer of the taxpayer's organization.
 - e** Full-Time Employee - a full-time employee of the taxpayer.
 - f** Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h** Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
 - k** Student Attorney - student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
 - l** Student CPA - student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - r** Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230(the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation - Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
B	Florida		5-18-10

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

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

Type or print	Name of Exempt Organization Admirals Cove Cares Charitable Foundation, Inc.	Employer identification number 59-3786373
	Number, street, and room or suite no. If a P.O. box, see instructions 200 Admiral's Cove Blvd.	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Jupiter, FL 33477	

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

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

George Marose

- The books are in the care of ► **200 Admiral's Cove Blvd. - Jupiter, FL 33477**

Telephone No ► **561-744-1700**

FAX No ► **561-575-9854**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **August 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☒ calendar year **2009** or
- ☐ tax year beginning _____, and ending _____

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

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

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

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

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