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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 black lung benefit trust or private foundation)

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

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 07-01-2009	and ending 06-30-201	LO		
B Ch	eck ıf a	pplicable	Please	C Name of organization MARY & ROBERT PEW PUBLIC EDUCATIO	N FUND		D Employe	er identification number
☐ Add	tress ch	nange	use IRS label or				58-636	55702 ne number
☐ Nai	ne cha	nge	print or type. See	Doing Business As			E leiepnor	ne number
┌ Init	ial retu	rn	Specific	Number and street (or P O box if mail is	not delivered to street addre	ess) Room/s	suite	559-6800
Г _{Тег}	mınate	d	Instruc- tions.	601 HERITAGE DRIVE STE 206			G Gross rec	ceipts \$ 3,464,853
┌ Am	ended	return		City or town, state or country, and ZIP +	4			
Г _{Арт}	olication	n pending		JUPITER, FL 33458				
		. ,	F Nan	L ne and address of principal officer		Ш(-) т		
				E GRANT			s this a group re ffiliates?	Yes V No
				ERITAGE DRIVE STE 206 ER,FL 33458				
			301111	10,712 33430		1	are all affiliates in	
T Ta	x-exen	npt status	▼ 501(c) (3) ◀ (insert no)	_ ₅₂₇		f "No," attach a Group exemptio	a list (see instructions)
		e:⊫ n/a				H(c) (Group exemptio	in number F
						1		
			•	ion Trust Association Other		L Year	of formation 1998	8 M State of legal domicile FL
Pa	rt I		mary					
	•			e organization's mission or most sig IMPACT CHILDREN'S LIVES BY PF		O HIGH Q	UALITY INSTR	RUCTION AND
		EDUCA	TIONALE	NHANCEMENTS TO IMPROVE PU	BLIC EDUCATION FO	RECONO	MICALLY DISA	ADVANTAGED CHILDREN
φ.				AND MARTIN COUNTY BY DEVEL [,] ASSROOMS, SCHOOLS AND NEIG				
Governance				AVAILABLE AS PART OF REGULA				
Ĕ								
Š								
ල න්	2	Check	this box 🛏	if the organization discontinued its	operations or disposed	d of more t	han 25% of its	net assets
	3			nembers of the governing body (Part				3
Activities	4			ident voting members of the governi				4
ξ	5			nployees (Part V , line 2a)		•		5
4.	6			lunteers (estimate if necessary) .				6
	7a			ted business revenue from Part VIII				7a
	ь	Net unr	elated busi	ness taxable income from Form 990	ı-T, lıne 34			7b
							Prior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)			1,000,00	00 1,000,000
Rayenue	9	Progra	am service	revenue (Part VIII, line 2g)		•		0
9.5	10	Invest	tment incor	ne (Part VIII, column (A), lines 3, 4	, and 7d)		-443,84	47 530,497
立	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			0
	12			dd lines 8 through 11 (must equal P		ne	556,15	53 1,530,497
	13			ar amounts paid (Part IX, column (A)			1,633,35	'
	14			or for members (Part IX, column (A),			1,000,00	0
	15			ompensation, employee benefits (Pa		5-		
\$		10)	,	((· , , · · · · · · · · · · · · · · · ·		123,98	85 129,952
Ехрепзез	16a	Profes	sional fund	raising fees (Part IX, column (A), lir	ne 11e)			0
ਡੋ	ь	Total fu	ındraısıng exp	enses (Part IX, column (D), line 25) 🕨 🔼				
	17	Other	expenses	(Part IX, column (A), lines 11a–11d	, 11f-24f)		153,15	56 134,136
	18			Add lines 13–17 (must equal Part I)			1,910,49	99 1,524,558
	19	Reven	ue less exp	penses Subtract line 18 from line 12	2		-1,354,34	46 5,939
Net Assets or Fund Balances						Begir	nning of Current	t End of Year
Sets fan	20	Tatal	accoto /Dr.	t V line 16\			10 000 23	32 11 600 515
A B	21			t X, line 16)			10,909,23	
を 20 20 20 20 20 20 20 20 20 20 20 20 20	21		•	d balances Subtract line 21 from lir			10,099,63	
	22 13 0 1		ature Blo				10,099,03	10,777,180
ru		_		equry, I declare that I have examined this re	turn including accompanying	ı schedules a	and statements and	 nd to the hest of my knowledge
				correct, and complete Declaration of prepare				
C:		l 				1		
Sign Here		**** Sian	*** ature of office	<u> </u>			2011-05-13 Date	
	-	'				-		
			ISE GRANT ex e or print nam					
] F			Date	Check If	Prenarer's	Identifying number
Paid		Preparer signatur		J THOMAS		self-	(see instruc	
	arer's	Epma/-	r 	■ HOLYFIELD & THOMAS LLC		empolyed 🕨	1	
Use (ıf self-er	ame (or your nployed),	· • · · · · · · · · · · · · · · · · · ·			EIN Þ	
	~···y	address,	and ZIP + 4	125 BUTLER STREET			Dhone ==	▶ (561) 689-6000
				WEST PALM BEACH, FL 33407				
May	he IR	S discus	s this retu	rn with the preparer shown above? (s	see instructions)			✓ Yes 「No

Form 990 (2009)

Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- TO POSITIVELY IMPACT CHILDREN'S LIVES BY PROVIDING ACCESS TO HIGH-QUALITY INSTRUCTION AND EDUCATIONAL ENHANCEMENTS TO IMPROVE PUBLIC EDUCATION FOR ECONOMICALLY DISADVANTAGED CHILDREN IN PALM BEACH AND MARTIN COUNTIES BY DEVELOPING, TESTING AND IMPLEMENTING NEW STRATEGIES FOR LEARNING IN CLASSROOMS, SCHOOLS AND NEIGHBORHOODS AND TO SUPPORT EDUCATIONAL ENRICHMENT PROGRAMS UNAVAILABLE AS PART OF THE REGULAR SCHOOL CURRICULUM

4e	Total program service e	ynenses ⊭ ¢	1 392 753			
4d	Other program services (Expenses \$	•	chedule O) See als ncluding grants of \$		ofor Description 0,950) (Revenue \$)
	IMPLEMENTATION OF PROFES CONTINUED REPLICATION OF CLIMATE OF DIMINISHING FU	SSIONAL DEVELOPM THIS DEEP PROFE: UNDING FOR PUBLIC	ENT FOR LUCY CALKINS SSIONAL DEVELOPMENT C SCHOOLS	5' WRITERS WORKSH IN SCHOOL YEAR 200	09-2010 IN 28 SCHOOLS BUT RE	CESFULLY SUPPORTED SDPBC LEMENTARY SCHOOLS THE SDPBC LIQUIRES EXTERNAL SUPPORT IN A
4c	(Code) (Expenses \$	513,801 II	ncluding grants of \$	465,000) (Revenue	e \$)
4b	ADVANCEMENT OF TEACHING COMMUNITY PARTNERSHIP A	G (FIAT) THE FIAT P AWARD FIAT WAS R IDERS COMMITTED	DICATED TO THE EXPAN: ROGRAM HAS RECEIVED RECOGNIZED FOR ITS IN TO SUPPORTING THE W	D NATIONAL RECOGN: INOVATIVE APPROACH	ITION FROM MUTUAL OF AMERIC I TO TEACHER PREPARATION IT	ER THE FLORIDA INSTITUTE FOR TH
4a 	READERS AND WRITERS WOI WRITERS WORKSHOP PROJE COLUMBIA UNIVERSITY IT IN GAINS IN BOTH READING ANI	RKSHOP PROFESSIC CT PROVIDES EXCE NCREASES TEACHER D WRITING, WHEN :	R TEACHERS AND PRINC DNAL DEVELOPMENT PRO ILLENT PROFESSIONAL C R CAPACITY AND QUALIT IMPLEMENTED WITH FII	OVIDED BY TEACHERS DEVELOPMENT AT SCH Y DATA IN THE SCHO DELITY AN EVER INC	S COLLEGE AT AND WITH THE UN HOOL SITES AND AT SUMMER INS DOLS PARTICIPATING IN THIS PR	PARENT INVOLVEMENT THROUGH LIVERSITY OF COLUMBIA THE READE STITUTES AT TEACHERS COLLEGE AT OFESSIONAL DEVELOPMENT SHOW S IN THIS SCHOOL DISTRICT SERVI
4	Section 501(c)(3) and 50 allocations to others, the	01(c)(4) organız total expenses,	rations and section , and revenue, if any	4947(a)(1) trust: y, for each progra	•	amount of grants and
4	If "Yes," describe these o	•				
3	Did the organization ceasservices?	se conducting, o	r make significant o	hanges in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe these r	new services on	Schedule O			
2	Did the organization unde the prior Form 990 or 99		ficant program serv	ices during the ye	ear which were not listed on	↑ Yes 🔽 No

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		No
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		N o
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
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		No
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Part V	Statements	Regarding	Other	IRS	Filings	and	Tax	Compliance	:
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N.a
h	return?	3a 3b		Νο
la	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)?	4a		Νο
b	If "Yes," enter the name of the foreign country ►			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

WEST PALM BEACH, FL 33401

(561) 691-6044

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 9			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
5	filed? Did the organization become aware during the year of a material diversion of the organization's assets?	5		No No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- GD	163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		IN U
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		N o
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νο
	Other officers or key employees of the organization	15b		N o
	If "Yes" to line a or b, 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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n ▶ -
	gloria ortega rex 700 SOUTH DIXIE STE 200	-		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did n		ate any	curr	ent d	or fo	rmer o	ffıce	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours (C) Position (check all that apply)				II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Officer Officer Institutional Trustee Individual trustee or director		Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
ROBERT C PEW PRESIDENT	3 00	х		х				0	0	0
JOHN E PEW treasurer	4 00	х		х				0	0	0
STEPHANIE PEW VICE PRESIDENT	3 00	х		х				0	0	0
KATE WOLTERS DIRECTOR	1 00	х						0	0	0
PEDRO DEL SOL DIRECTOR	1 00	Х						0	0	0
SAMUEL BRUCE MCDONALD DIRECTOR	1 00	х						0	0	0
WILLIAM MATTHEWS DIRECTOR	1 00	х						0	0	0
SALLY GINGRAS DIRECTOR	1 00	х						0	0	0
DEBORAH DALE PUCILLO DIRECTOR	1 00	х						0	0	0
LOUISE P GRANT EXEC DIR	40 00			х		х		108,145	0	0

Forr	n 990 (2009)			Page 8
1b	Total	0		C
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0			
		F	orm 99 0) (2009

Form 9	•	•						Page 9
Part \	<u>VIIII</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
필필	ь	Membership du	es 1b					
s,g ∰	С	Fundraising eve	ents 1c					
#g te	d	Related organiz	zations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grant	s (contributions) 1e					
tion S	f	All other contribute	ons, gifts, grants, and 1f	1,000,000				İ
έξ	g		butions included in					
ξğ								
ರ್ಷ	h	Total. Add lines	s 1a-1f	🏲	1,000,000			
<u>-e</u>				Business Code				
шe	2a							
æ	Ь							
-S-	C							
<u> </u>	d							
Program Serwce Revenue	e							
<u> </u>	f	All other progra	am service revenue					
ΔĚ	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen	+				
		and other simil	aramounts)	▶	87,424			87,424
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	2,377,429					
		assets other than inventory						
	ь	Less cost or other basis and	1,934,356					
		sales expenses						
	C	Gain or (loss)	443,073	<u> </u>	442.072			442.072
	d		ss)		443,073			443,073
Φ	8a	events (not inc	rom fundraising luding					
Other Revenue		\$						
Š			reported on line 1c)					
<u>.</u>		·	а					
Ŧ	Ь	Less direct ex	penses b					
Ö	С		(loss) from fundraising	events 🗠				
	9a		rom gaming activities ne 19					
	b		a penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		(loss) from sales of inve					
	44-	Miscellaneous	s kevenue	Business Code				
	11a							
	b							
	C	A II - + I-						
	d		ue					
	e	rotal. A dd lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶│				
	1				1,530,497	0	0	530,497

Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations must other organizations must complete column (A) but are not required to 6			(D)	
			(B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,260,470	1,260,470		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,200,170	1,200,170		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,062	112,062		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,724	6,724		
9	Other employee benefits	1,960	1,960		
10	Payroll taxes	9,206	9,206		
11	Fees for services (non-employees)				_
а	Management				
ь	Legal				
С	Accounting	4,425		4,425	
d	Lobbying	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	51,169		51,169	
g g	Other	56,927		56,927	
12	Advertising and promotion	30,327		30,32.	
13	Office expenses	63		63	_
14	Information technology	36		36	
15	Royalties	30		30	-
16	Occupancy	11,040		11,040	
17	Travel	11,040		11,040	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,331	2,331		_
20	Interest	2,331	2,331		_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	980		980	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	350		330	
а	Auto & Parking	3,661		3,661	
b	Telephone Communication	866		866	
c	Meals & Entertainment	622		622	
d	Office Supplies	594		594	
e	Dues & Membership	500		500	
f	All other expenses	922		922	
25	Total functional expenses. Add lines 1 through 24f	1,524,558	1,392,753	131,805	0
26	Joint costs. Check here ► ☐ If following SOP 98-2	1,327,330	1,372,133	131,003	
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) End of vear Beginning of vear 5.044 14.683 1 1 Cash—non-interest-bearing 314 2 718,124 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 1.810 9 1,718 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation 10c 10.902.064 11 10.955.990 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 10,909,232 16 11,690,515 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 15.227 17 11.815 17 Accounts payable and accrued expenses . 794,375 901,540 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 0 26 **Total liabilities.** Add lines 17 through 25 809,602 26 913,355 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 10.099.630 10.777.160 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 10,777,160 33 10,099,630 33 34 Total liabilities and net assets/fund balances 10.909.232 34 11.690.515

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

Inspection

Name of the organization MARY & ROBERT PEW PUBLIC EDUCATION FUND **Employer identification number**

		58-6365702			
Pari	tΙ	Reason for Public Charity Status (All organizations must complete this part.) See instruct	tions		
ne or	ganız	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	- d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	\Box	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	_	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	n fees, ar	nd aros	5.5
_	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than		_	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	om busini		
0	$\overline{}$	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
	, \	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry	out the	urnoc	oc of
•	14	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di- other than foundation managers and other than one or more publicly supported organizations described in s- 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 sup check this box	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	ı		
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		Νo
		(ii) a family member of a person described in (i) above?	11g(ii)		Νο
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11a(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	of Is the organization in col (i) listed in your governing document?		Type of organization (described on lines 1- 9 above or IRC section (see		Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No			
COMMUNITY FOUNDATION OF PALM BEACH AND MARTIN COUNTIES INC	237181875	11a	Yes		Yes		Yes		0		
Total									0		

Provide the following information about the supported organization(s)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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SCHEDULE D (Form 990)

Department of the Treasury

As Filed Data

DLN: 93493133028051

OMB No 1545-0047

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization MARY & ROBERT PEW PUBLIC EDUCATION FUND 58-6365702 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cai ii</u>	easur	es, or (<u>Jtnei</u>	r Similar <i>i</i>	Assets	(contini	ued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing	that are	a sıgnıfıc	ant us	se of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	er the org	ganızatıo	n's ex	empt purpos	e ın		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г Ye	s \lceil r	No
Part	Part IV, line 9, or reported an an						answere	ed "Ye	es" to Form	າ 990,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions or	other as	sets n	ot	ΓYe	s	No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing ta	able		ı			A		
_								1.		A mount		—
c d	Beginning balance							1c 1d				
	Additions during the year							1e				
_	Distributions during the year							1f				
	Ending balance	orm 000 Bart V I	. 212				l	Τ1		Гүе	s Г	
	Did the organization include an amount on Fo		e 21'							, re	> [10
ь Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n anc	WOr	d "Vo	s" to Fo	orm gan	Dart	TV line 1	n		
FGI	Endowment Funds. Complete	(a)Current Year		Prior \			Years Back		hree Years Bad		ur Years E	
1a	Beginning of year balance	.,						1				
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	atıon t	that a	re held	d and ad	mınıstere	d for t	:he	Y	es No	_
	(i) unrelated organizations								[3	Ba(i)		_
	(ii) related organizations								3	a(ii)		_
	If "Yes" to 3a(II), are the related organizatio							•		3b		_
	Describe in Part XIV the intended uses of th					00 0	+ V l	10				
Part	VI Investments—Land, Buildings	o, and Equipme	11 t. 5				I '			T		
	Description of investment				a) Cost (sis (inve	or other estment)	(b)Cost o basis (o		(c) Accumu depreciat	17	d) Book v	alue
	and		•									
	Guildings		-									
	easehold improvements		•									
	quipment		•	-								
	Other											
		000 -	/		401							0

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

	Reconcination of change in Net Assets from Form 350 to Financial Statemen		I
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,530,497
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,524,558
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,939
4	Net unrealized gains (losses) on investments	4	671,591
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	671,591
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	677,530
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,150,919
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	671,591
3	Subtract line 2e from line 1	3	1,479,328
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	51,169
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,530,497
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,473,389
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,473,389
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b 51,169		
c	Add lines 4a and 4b	4c	51,169
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,524,558
			<u>.</u>

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FUND IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FUND'S TAX EXEMPT PURPOSE IS SUBLECT TO TAXATION AS UNRELATED BUSINESS INCOME THERE WAS NO UNRELATED BUSINESS INCOME ALLOCABLE TO THE FUND FOR 2010 OR 2009, ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS
Part XII, Line 4b - Other Adjustments		investment management fees 51169
Part XIII, Line 4b - Other Adjustments		investment management fees 51169

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Schedule I

(Form 990)

Internal Revenue Service

DLN: 93493133028051

OMB No 1545-0047

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990

Inspection

Name of the organization						Employer identification	on number
MARY & ROBERT PEW PUBLIC EDUC	CATION FUND					58-6365702	
Part I General Information	n on Grants and	l Assistance				'	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as	sıstance?					Γ Yes Γ I
Part II Grants and Other A Form 990, Part IV, In Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Che	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga		_				<u>*</u> _	3 18

Grants and Other Assistance to Organizations,

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assist	(b)Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	·	·	·	·	-

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

Ident if ier	Return Reference	Explanation
	Part IV	PROPOSALS ARE RECEIVED, REVIEWED AND APPROVED BY BOARD OF DIRECTORS EXECUTIVE DIRECTOR SCHEDULES VISITS AND MEETS WITH GRANTEES GRANTEES REPORTS REQUEST ARE EVALUATED

Software ID:

Software Version:

EIN: 58-6365702

Name: MARY & ROBERT PEW PUBLIC EDUCATION FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,3chedule 1, Pai	t 11, Grants and	1 Other Assistance	to governments	and Organizations	3 III tile Ullited Sta	, tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANIC COMMUNITY HIGH SCHOOL2455 W ATLANTIC AVE DELRAY BEACH,FL 33445	59-6000783	170(C)(1)	40,000				EDUCATION ASSISTANCE
BELLE GLADE ELEMENTARY SCHOOL500 NW AVE L BELLE GLADE, FL 33430	59-6000783	170(C)(1)	29,975				EDUCATION ASSISTANCE
BELEVEDERE ELE SCHOOL 3000 PARKER AVE WEST PALM BEACH,FL 33405	59-6000783	170(C)(1)	40,150				EDUCATION ASSISTANCE
CONNISTON COMMUNITY MIDDLE SCHOOL3630 PARKER AVE WEST PALM BEACH,FL 33405	59-6000783	170(C)(1)	30,750				EDUCATION ASSISTANCE
FL ATL UNIV FD777 GLADES AVE BOCA RATON,FL 33431	59-0917284	501(C)(3)	198,425				EDUCATION ASSISTANCE
GLADE VIEW ELEM SCHOOL 1100 SW AVE G BELLE GLADE, FL 33430	59-6000783	170(C)(1)	19,580				EDUCATION ASSISTANCE
GOVE ELEM SCH900 SE AVE G BELLE GLADE, FL 33430	59-6000783	170(C)(1)	50,655				EDUCATION ASSISTANCE
GROVE PARK ELEM SCH 8330 N MIL TRL PALM BEACH GDNS,FL 33410	59-6000783	170(C)(1)	29,500				EDUCATION ASSISTANCE
KE CUNNINGHAMCANAL PT ELEM SCH37000 MAIN ST CANAL PT, FL 33438	59-6000783	170(C)(1)	26,235				EDUCATION ASSISTANCE
MELALEUCA ELEM SCH5759 W GUN CLUB RD WEST PALM BEACH,FL 33415	59-6000783	170(C)(1)	26,000				EDUCATION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(C)(3) NORTON MUSEUM OF ART 59-0624432 **EDUCATION** 1451 S OLIVE AVE ASSISTANCE 29,865 WEST PALM BEACH, FL 33401 PAHOKEE ELEM SCH560 E 59-6000783 170(C)(1) EDUCATION MAIN ST ASSISTANCE 24,090 PAHOKEE, FL 33476 PAHOKEE MIDDLE SENIOR 59-6000783 170(C)(1) EDUCATION HIGH SCH900 LARRIMORE ASSISTANCE 21,813 RD PAHOKEE, FL 33476 170(C)(1) PALMETTO ELEM SCH5801 59-6000783 **EDUCATION** PARKER AVE ASSISTANCE 9,785 WEST PALM BEACH, FL 33405 59-6000783 170(C)(1) PIONEER PARK ELEM SCH EDUCATION 39500 PIONEER PARK RD ASSISTANCE 20,625 BELLE GLADE, FL 33430 170(C)(1) PORT SALERNO ELEM SCH EDUCATION 3260 SE LIONEL TR ASSISTANCE 57,892 STUART, FL 33497 RAYMOND F KRAVIS 59-2245054 501(C)(3) EDUCATION CENTER701 OKEECHOBEE ASSISTANCE 25,153 BVD WEST PALM BEACH, FL 33401 ROSENWALD ELEM SCH 59-6000783 170(C)(1) **EDUCATION** 1321 MLK BLVD ASSISTANCE 12,760 SOUTH BAY, FL 33493 SCH DIST PBC3340 59-6000783 170(C)(1) **EDUCATION** FORESHILL BLVD ASSISTANCE 516,800 WEST PALM BEACH, FL 33406 170(C)(1) S GRADE ELEM SCH716 S K 59-6000783 **EDUCATION** ASSISTANCE ST 25,000 LAKE WORTH, FL 33460

Form 990,Schedule I, Pai	rt II, Grants ar	<u>id Other Assistanc</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARFIELD ELEM SCH15261 SW 150TH ST INDIANTOWN,FL 34956		170(C)(1)	25,300				EDUCATION ASSISTANCE

Software ID: Software Version:

EIN: 58-6365702

Name: MARY & ROBERT PEW PUBLIC EDUCATION FUND

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DLN: 93493133028051 OMB No 1545-0047

2009

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

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

▶ Attach to Form 990.

Name of the organization

MARY & ROBERT PEW PUBLIC EDUCATION FUND

Employer identification number

58-6365702

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		JOHN PEW, TREASURER AND STEPHANIE PEW, VICE PRESIDENT ARE THE CHILDREN OF ROBERT PEW, PRESIDENT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY ALL THE TRUSTEES AND RETURNED TO THE EXECUTIVE DIRECTOR WHO THEN REVIEWS EACH STATEMENT FOR POTENTIAL CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	AUDIT REPORT REVIEW PROCESS	THE AUDIT REPORT IS REVIEWED ANNUALLY AT THE ANNUAL AUDIT REPORT REVIEW MEETING AS PRESENTED BY THE INDEPENDENT AUDITOR THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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DLN: 93493133028051

2009

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Open
Insp
Employer identification number

MARY & ROBERT PEW PUBLIC EDUCATION FUND				58-6365702	
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon a	nswered "Yes" on	Form 990, Part	IV, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete ıf th tax year.)	e organization ans	swered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity st (if section 501(c	catus (f) Direct controlling entity
COMMUNITY FOUNDATION OF PALM BEACH AND MARTIN COUNTIES 700 SOUTH DIXIE HWY WEST PALM BEACH, FL 33401 23-7181875	(Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (b) Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entity (c) End-of-year assets Direct controlling entity (d) Find-of-year assets Direct controlling entity (f) Direct controlling entity (f) Direct controlling entity				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		Code amount ır Sched	V—UBI n box 20 of ule K-1	Gener mana	al or Iging
					Share of total income Share of end-of-year assets Share of end-of-year allocations? Yes No Yes No Yes No Share of end-of-year allocations? Yes No Yes No Share of end-of-year analount in box 20 of Schedule K-1 (Form 1065) Yes No Yes No Share of end-of-year analount in box 20 of Schedule K-1 (Form 1065) Yes No Yes No Yes No Share of end-of-year analount in box 20 of Schedule K-1 (Form 1065) Yes No Yes No Yes No Yes No Share of end-of-year analount in box 20 of Schedule K-1 (Form 1065) Yes No Yes No Yes No Share of end-of-year assets Share of end-of-year assets Share of end-of-year assets								
	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) (b) (c) (c) (c) (c) (c) (c												
						t (Complete If the organization answered "Yes" on Form 990, Part IV, or trust during the tax year.) (g) Share of end-of-year assets Share of end-of-year assets Dispropritionate allocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)							
												+	
								nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations)		(-)	(5)		
	f related organization	(b) Primary a	ctivity	Legal domicile (state or foreign	Direct controlling	Type of entity (C corp, S corp,	Share of	f total	Sh end-	are of -of-year	Percentag		
									1				

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part I	V, line 34, 35, or 36.)				
Note	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
1 During	the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II	-IV?				
a Rec	eıpt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty		1a		No	
b Gift	, grant, or capital contribution to other organization(s)		1b		No	
c Gift,	grant, or capital contribution from other organization(s)		1 c		No	
d Loa	ns or loan guarantees to or for other organization(s)		1d		No	
e Loa	ns or loan guarantees by other organization(s)		1e		No	
f Sale	e of assets to other organization(s)		1f		No	
g Pur	chase of assets from other organization(s)		1 g		No	
h Exc	hange of assets		1h		No	
i Leas	e of facilities, equipment, or other assets to other organization(s)		1 i		No	
j Leas	se of facilities, equipment, or other assets from other organization(s)		1j		No	
k Per	formance of services or membership or fundraising solicitations for other organization(s)		1k		No	
I Perf	ormance of services or membership or fundraising solicitations by other organization(s)		11		No	
m Sha	ring of facilities, equipment, mailing lists, or other assets		1m		No	
n Sha	ring of paid employees		1n		No	
o Reir	mbursement paid to other organization for expenses		10		No	
p Reir	mbursement paid by other organization for expenses		1р		No	
q Oth	er transfer of cash or property to other organization(s)		1 q	Yes		
r Oth	er transfer of cash or property from other organization(s)		1 r		No	
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	hips and transaction thre	sholds			
	P Reimbursement paid by other organization for expenses O ther transfer of cash or property to other organization(s) O ther transfer of cash or property from other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transa (a) Name of other organization COMMUNITY FOLINDATION OF PALM BEACH AND MARTIN COUNTIES					
(1) COMMU	NITY FOUNDATION OF PALM BEACH AND MARTIN COUNTIES	Q		56	5,927	
	ıtıonal Data Table					
(2)						
(3)						
(4)						
(5)						
(3)			İ			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Additional Data

Software ID: Software Version:

EIN: 58-6365702

Name: MARY & ROBERT PEW PUBLIC EDUCATION FUND

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program service	es				
(Code) (Expenses \$	4,364	ıncludıng grants of \$	3,950) (Revenue \$)
REVISED THE MATH STA MATH TEACHERS DO NO	NDARDS REQUIRING A I IT UNDERSTAND THIS M GRANT RESULTED IN AD	DEEPER U ETHOD W DITIONAL	NDERSTANDING OF MA AS REQUESTED BY PRI _ REQUESTS FROM PRIN	ELOPMENT THE STATE OF FLORIDA H THEMATICAL CONCEPTS THAT ELEM NCIPALS TO IMPROVE CAPACITY IN F NCIPALS FOR ASSISTANCE IN IMPROV DS	ENTARY HIGH
(Code) (Expenses \$	10,717	including grants of \$	9,700) (Revenue \$)
BOOKS AND INCENTIVE SCHOOL WITH HIGH ESO	S, AND ACCESS TO THE DL POPULATION RESULT	SCHOOL I	LIBRARY TO ENCOURAC TLE READING COMPRE	IN READING A SMALL GRANT TO SUPF GE SUMMER READING IN A HIGH-POV HENSION LOSS UPON STUDENTS' RET EMENTARY SCHOOLS FOR IMPLEMENT	ERTY TURN FOR
(Code) (Expenses \$	461,095	including grants of \$	417,300) (Revenue \$)
OTHER GRANTS TO SCH	OOLS AND NON-PROFIT	ORGANIZ	ATIONS IN PALM BEAC	CH AND MARTIN COUNTIES	
(Code A DDITIO NA L PRO GRA M) (Expenses \$ ACCOMPLISHMENTS		including grants of \$) (Revenue \$)

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Auto & Parking	3,661		3,661	
Telephone Communication	866		866	
Meals & Entertainment	622		622	
Office Supplies	594		594	
Dues & Membership	500		500	