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DLN: 93493129021094

Department of the Treasury

### **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)

OMB No 1545-0047

Open to Public

	Revenu			F The organization may					-	rting requiren	icits	Inspection	
				endar year, or tax year beg C Name of organization	jinning	07-01-2012	, 2012, and end	ding 06-	-30-2013	D Emple	ver ider	ntification number	
	eck if a dress c			Mary & Robert Pew Public Ed	ucation	Fund Inc					•		
	me cha	_		Doing Business As						58-6	365702	2	
	tial reti												
				Number and street (or P O b 601 Hentage Drive No 206	ox if ma	all is not delivered	l to street address)	Room/	suite	E Teleph	one numl	ber	
	rmınate			-	1 70	TD				(561	659-6	800	
	nended			City or town, state or country Jupiter, FL 33458	, and Z	IP + 4							
Ap	plicatio	on pe	nding		_					<b>G</b> Gross	receipts \$	5,772,544	
				<b>F</b> Name and address Louise Grant	of princ	cipal officer				s this a group iffiliates?	return	for	
				601 Heritage Drive No	206				· "	illillaces.		1 1651 110	
				Jupiter, FL 33458								ded? 「Yes 「No	
<b>T</b> Ta	ax-exer	mpt	L status	▼ 501(c)(3)	) <b>-=</b> (ır	nsert no ) $\Gamma$ 49	947(a)(1) or 🗀	 527	<b>⊣</b> ւ	f "No," attach	n a list	(see instructions)	
				pewfund org	, , ,				H(c)	Group exemp	tıon nun	nber ►	
				·									
		_		Corporation Trust Ass	sociation	Other 🟲			<b>L</b> Year	of formation 19	998 <b>M</b>	State of legal domicile FL	
Pa	rt I			mary									
	1			escribe the organization's i we public education for eco					Beach & M	artın Countie	s and to	positively impact	
<b>01</b>	children's lives by providing access to high quality instruction and educational enhancements												
ĕ		_											
Governance													
₹	2	2 Check this box ┡┌─ if the organization discontinued its operations or disposed of more than 25% of i										sets	
ు ×ర	,	N	mhara	of voting members of the g	01/0551	na hody (Bart)	// line 1 a \				з	l .	
Activities &		<ul><li>3 Number of voting members of the governing body (Part VI, line 1a)</li><li>4 Number of independent voting members of the governing body (Part VI, line 1b)</li></ul>									4	8	
纟	1			nber of individuals employ							5	1	
T V		<b>6</b> Total number of volunteers (estimate if necessary)							6	0			
				elated business revenue f							7a	0	
	Ь	Net	t unrel	ated business taxable inc	ome fro	om Form 990-	T, line 34 .				7b	0	
										Prior Year		Current Year	
<b>a.</b>				outions and grants (Part V	III, lın	e 1 h)				1,000,	000	1,000,000	
Revenue				m service revenue (Part V	III, lın	ne 2g)					0	0	
356	10			ment income (Part VIII, c						432,		860,452	
_	11			revenue (Part VIII, colum evenue—add lines 8 throu						0		0	
	12			evenue—add inies o tinou					ne	1,432,	282	1,860,452	
	13			and sımılar amounts paıd						1,412,838		1,349,285	
	14	Е	Benefit	s paid to or for members (	Part I	K, column (A),	line 4)				0	0	
Ø	15		alarıe (–10)	s, other compensation, en	nploye	e benefits (Par	t IX, column (A	( ), lines	;	148,063		3 157,38	
Expenses	16a		•	sional fundraising fees (Pa	rt IX. o	column (A.), lın	e 11e)			148,063		0	
₹ •	Ь			ndraising expenses (Part IX, colu									
ш	17			expenses (Part IX, column			,11f-24e) .	<del></del>		128,	685	140,538	
	18			xpenses Add lines 13-1						1,689,	586	1,647,211	
	19	R	Reveni	ue less expenses Subtrac	t line 1	.8 from line 12	·			-257,	304	213,241	
\$ &									Begi	nning of Curre	ent	End of Year	
Net Assets or Fund Balances	20	т	ماجان	ssets (Part X, line 16) .						<b>Year</b> 10,957,	581	11,657,989	
AS dB:	21			abilities (Part X, line 16)						408,		704,386	
25	22			sets or fund balances Sub						10,548,		10,953,603	
	rt II			ature Block						,	<u> </u>	, :,::-	
				erjury, I declare that I ha									
				oelief, it is true, correct, ar owledge	id com	plete Declara	tion of preparer	(other	than office	r) is based on	all info	rmation of which	
, p.													
			****							2014-05-02			
Sigr			Signa	ture of officer						Date			
Her	е			e Grant Executive Director									
				or print name and title		Preparer's signa	ature	- 1	Date		PTIN	_	
Pai	Ч			ESLIE K MILTON		r reparer s signa	naic		Date	Check If self-employed		416	
	u ·pare	۵r	Fi	rm's name 🕨 Holyfield & Tho	mas LLC					Firm's EIN 🟲 6	5-108352	<u></u> 21	
	·pare • On		Fi	rm's address ► 125 Butler Stree	t					Phone no (56:	1) 689-60	000	
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West Palm Beach, FL 33407

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

✓ Yes No

Form **990** (2012)

Par	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
lives disac	nprove public education for economically disadvantaged children in Palm Beach & Martin Counties and to positively impact children's by providing access to high quality instruction and educational enhancements To improve public education for economically divantaged children in Palm Beach and Martin Counties by developing, testing and implementing new strategies for learning in srooms, schools and neighborhoods and to support educational enrichment programs unavailable as part of the regular curriculum
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 337,959 including grants of \$ 337,959 ) (Revenue \$ )
	To support project associated with Palm Beach County STEM Initiative The School District of Palm Beach County, together with the University of Florida, today announced the launch of a three-year reform effort to build a "best-in-class" educational program in the vital STEM subject areas of science, technology, engineering and math
	(Code ) (Expenses \$ 276,966 including grants of \$ 276,966 ) (Revenue \$ )
40	To support project Galvanizing Change in Mathematics This grant initiative will focus on providing training and support to mathematics and science teachers in the Boynton Beach High School and Glades Central High School feeder patterns. Fourteen lead teachers will be identified and will be funded to conduct intensive and ongoing lesson studies, model best practices, and utilize distance learning technology to develop teacher capacity in mathematics and science. Teachers will have opportunities to reflect on their teaching practices and collaborate with other teachers to enhance their effectiveness and improve student achievement. A summer institute for training and collaborating will also be funded from this grant.
4c	(Code ) (Expenses \$ 185,480 including grants of \$ 185,480 ) (Revenue \$ )
	To support project associated with Columbia University Teachers College Reading and Writing Project The Reading and Writing Workshop Project provides excellent professional development at school sites and at summer institutes at Teachers College at Columbia University. It increases teacher capacity and improves instruction quality. Data in the schools participating in this professional development initiative show gains in both reading and writing, when implemented with fidelity Instructional leaders in this school district serving 175,000+ students continue to request assistance in implementing the Reading and Writing Workshop Model in their schools. The School District of Palm Beach County continues to replicate this effort by adding additional schools each year and developing their own capacity to continue the work. As planned last year, the SDPBC has begun a focused effort in rolling out Reading Workshop by creating an alignment of literacy expectations throughout the district based on this balanced reading approach.
	(Code ) (Expenses \$ 136,607 including grants of \$ 136,607 ) (Revenue \$ )
	To support "Summer Reading Slide 2013" Nineteen high-poverty public schools received grants of under \$10,000 to assist them in addressing the "Summer Reading Slide" by providing access to print rich environments. Children were provided up to ten self-selected "just right" books to read over the summer. Most schools offered opportunities for the children to exchange books over the summer. Schools, to which children may walk, opened their media centers for book checkout during the week. Opportunities to discuss books were offered. The original goal of this effort was to help children maintain their reading levels. Again this year, not only did the majority of participating readers maintain their reading levels.
	(Code ) (Expenses \$ 125,720 including grants of \$ 125,720) (Revenue \$ )
	To support E-Mentoring Program The Palm Beach Lakes Community High School grant is to build and improve the biotechnology program by developing the capacity of the program's instructors through an e-mentoring approach with Seminole Ridge High School, by providing an opportunity for two bioscience teachers to attend the University of Florida's bioscience summer institute, and to provide the supplies necessary for a successful bioscience program, allowing for complete restoration and provision of supplies for the next three years. The grant also supports the recreation and revitalization of the SECME club
	/Codo \/Evpopooc d
	(Code ) (Expenses \$ 470,511 including grants of \$ 286,553 ) (Revenue \$ )  Additional program accomplishments and grants for other educational initiatives
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 732,838 including grants of \$ 548,880 ) (Revenue \$ )
4e	Total program service expenses ► 1,533,243

### Part IV Checklist of Required Schedules

			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 (see instructions)? $^{*}$	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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	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	11b		No
С	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	11c		No
d	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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

9.1	Statements Regarding Other 1RS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	.ı No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	<b>1</b> c		
	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			
)	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 (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		14
	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		N
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
		30		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	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		N
	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		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?		1	
		8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		No
<b>L</b>	more members of the governing body?	7a 7b		No
	or persons other than the governing body?	70		IN O
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<u>ie Cod</u>	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶FL			
18	List the States with which a copy of this Form 990 is required to be medified.			

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►Gloria Ortega Rex 700 South Dixie Ste 200 West Palm Beach, FL (561) 659-6800

# 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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) John E Pew	2 00	×		×				0	0	C
President & Treasurer										
(2) Kate P Wolters Vice President	2 00	х		х				0	0	C
(3) Stephanie Pew	2 00									
Secretary		Х		Х				0	0	C
(4) Pedro Del Sol	2 00	X						0	0	(
Director	3 00	^_						Ŭ	Ŭ	,
(5) Kathleen Emmett	2 00	х						0	0	
Director	3 00	^						U	U	C
(6) Virginia Smith	2 00	х						0	0	(
Director	3 00									
(7) Deborah Dale Pucillo	2 00	x						0	0	C
Director (8) Royall Victor III	3 00									
Director	3 00	х						0	0	C
(9) Louise P Grant Exec Dir	40 00			х				130,995	0	(
EXCC DII										

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

	(A)	(B)			(C)				(D)		(E)	$\top$	(F)	
	Name and Title	Average	Position (do not check Re		Reporta	table Reportable			Estima	ted				
		hours per week (list					unless officer	•	compens from tl		compensation from related		mount of compens	
		any hours for related		a dire			stee)		organization 2/1099-M		organizations (W 2/1099-MISC)		from t rganızatı	
		organizations	Individual trustee or director	<u> </u>	Office	Key employee	Highest compensated employee	Former		.100,			relate	ed l
		below dotted line)		Institutional Trustee	Ě	emp	9 9 9	重					organıza	tions
			얼	<u>  } </u>		jo	e S							
			<u> </u>	Trus		Œ.	Pen							
			•	ê ê			SEL ep							
									+					
												+		
												$\top$		
												+		
												+		
									+					
												+		
1b	Sub-Total					<u> </u>		<b> </b>						
c	Total from continuation sheet		ection A	١.			•	Þ						
d	Total (add lines 1b and 1c) .							Þ		130,995		0		0
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	ho received	more th	an			
													Yes	No No
3	Did the organization list any <b>f</b> o						emplo	yee	, or highest o	ompen	sated employee			
	on line 1a? If "Yes," complete S	Schedule J for suc	ch indivi	dual	•	•		•				3		No
4	For any individual listed on line organization and related organ													
	individual	· · · ·		• •	•	•	• •	•	· · ·			4		No
5	Did any person listed on line 1									nızatıon	or individual for			
	services rendered to the organ	nization? <i>If</i> "Yes	," compl	ete S	ched	ule J	forsu	ch p	erson		[	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix	/e highest comp												
	compensation from the organiz	zation Report co	ompens	atıon	for	the c	alenda	arye	ear ending wi	th or wi	thin the organizati (B)	on's T	tax year <b>(C</b>	
	N	lame and business	address							Des	cription of services		Comper	
												+		
												$\downarrow$		
												+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	100	Statement o						
		Check if Schedu	ule O contains a respor	nse to any question		(D)		<u>.</u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated cam	paigns 1a					5 2 .
Contributions, Giffs, Grants and Other Similar Amounts	Ь	Membership du	es <b>1b</b>					
0 E	С	Fundraising eve	ents <b>1c</b>					
ffs, FA	d		rations 1d					
ja je	e	Government grants						
Sin S	_			1 000 000				
iệi lịc	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	1,000,000				
를 풀	g	Noncash contribute 1a-1f \$	ons included in lines					
o but	h	Total. Add lines	s 1 a - 1 f		1,000,000			
				Business Code				
Program Serwce Revenue	2a							
Es l	b							
93	С							
Ze.	d							
Ē	е							
0gr8	f	All other progra	im service revenue					
Ě	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen		115,324			115,324
	4		ar amounts) Itment of tax-exempt bond		,			,
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)	· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other than inventory	4,657,220					
	b	Less cost or other basis and sales expenses	3,912,092					
	с	Gain or (loss)	745,128		745,128			745,128
	d 8a	Gross income f	rom fundraising		743,120			743,120
an ne	<b>5.</b>	events (not inc \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c)					
重	b	Less direct ex	penses <b>b</b>					
δ	С	Net income or (	loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19					
	b c		penses <b>b</b> (loss) from gaming acti					
		Gross sales of returns and allo	inventory, less					
	b		a oods sold b					
	С	Net income or (	(loss) from sales of inve	-				
ŀ	11a	miscellaneous	s Nevellue	Business Code				
	ь		<del>-</del>					
	С							
	d	All other reven	ue					
	e	Total. Add lines		🕨				
	12		See Instructions					

#### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comp	lete column (A )	
	Check if Schedule O contains a response to any question in this Pa				г
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,349,285	1,349,285		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	145,441	145,441		
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 accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	2,449	2,449		
LO	Payroll taxes	9,498	9,498		
l1	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,400	3,400		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	57,143		57,143	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,825		56,825	
.2	Advertising and promotion	,			
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	11,797	11,797		
7	Travel	3,513	3,513		
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Other Expenses	6,668	6,668		
b	Telephone Communication	1,192	1,192		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,647,211	1,533,243	113,968	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	<b>Balance Sheet</b> Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	16,013	1	5,001
	2	Savings and temporary cash investments	273,050	2	423,070
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
S.	l _			6	
Assets	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,733	9	1,780
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	10,666,785	11	11,228,138
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,957,581	16	11,657,989
	17	Accounts payable and accrued expenses	14,323	17	9,045
	18	Grants payable	394,404	18	695,341
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
_iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	D	408,727	26	704,386
- Sé	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	100,1121	20	
ű		lines 27 through 29, and lines 33 and 34.	10,548,854	<u>,                                    </u>	10.053.603
<u>ත</u>	27	Unrestricted net assets	10,546,654	27	10,953,603
ã	28	Temporarily restricted net assets		28	
ПÇ	29	Permanently restricted net assets	<del>                                     </del>	29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
Šφ	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ĄŠ	32	Retained earnings, endowment, accumulated income, or other funds		32	_
Net	33	Total net assets or fund balances	10,548,854	33	10,953,603
	34	Total liabilities and net assets/fund balances	10,957,581	34	11,657,989

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	360,452
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	,647,211
3	Revenue less expenses Subtract line 2 from line 1	3			213,241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,548,8		
5	Net unrealized gains (losses) on investments	5	191,5		
6	Donated services and use of facilities	6		-	. , , , , , , ,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10.9	953,603
Par	t XII Financial Statements and Reporting			10,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis 🔽 Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
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?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

**Employer identification number** 

#### OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

### **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

Mary 8	& Robert	Pew Public Education I	Fund Inc							
								58-63657		
			ıblic Charity Sta						struction	S.
The	organiza	ition is not a priva	te foundation becaus	seitis (Forl	lines 1 throu	ıgh 11, checl	conly one b	ox)		
1		A church, convent	ion of churches, or a	ssociation of	f churches d	escribed in <b>s</b>	ection 170(	b)(1)(A)(i).		
2		A school described	d in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedı	ule E)				
3		A hospital or a cod	perative hospital se	rvice organiz	zatıon descri	ıbed ın <b>sectic</b>	n 170(b)(1)	(A)(iii).		
4		A medical researc	h organization opera	ted ın conjun	iction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii).	Enter the
	ı	hospital's name, c	ity, and state	_						
5		An organization op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a government	al unit des	cribed in
		section 170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II )						
6		A federal, state, or	local government o	r government	tal unit desc	rıbed ın <b>sect</b> i	ion 170(b)(:	L)(A)(v).		
7		An organization th	at normally receives	a substantia	al part of its	support from	a governme	ental unit or fi	om the ge	neral public
			on 170(b)(1)(A)(vi).							
8			: described in <b>sectio</b>							
9		An organization th	at normally receives	(1) more th	ian 331/3% o	of its support	from contrib	outions, mem	bership fee	es, and gross
	ı	receipts from activ	rities related to its e	xempt functı	ons—subjec	t to certaın e	xceptions, a	and (2) no mo	re than 33	1/3% of
	ı	ts support from gr	oss investment inco	me and unre	lated busine	ss taxable in	come (less	section 511	tax) from b	ousinesses
	6	acquired by the or	ganızatıon after June	30,1975 9	ee <b>section</b> 5	<b>509(a)(2).</b> (C	omplete Pa	rt III )		
10		An organızatıon or	ganized and operated	d exclusively	to test for p	public safety	See <b>sectio</b>	n 509(a)(4).		
11	<b>▽</b>	An organization or	ganized and operated	d exclusively	for the ben	efit of, to peri	form the fun	ctions of, or t	o carry out	the purposes of
			ly supported organiz						ee <b>section</b>	<b>509(a)(3).</b> Check
	t		ibes the type of supp							
			<b>b</b>							
е			ox, I certify that the ion managers and ot							
		section 509(a)(2)		ner than one	or more pub	nicly support	eu organiza	cions describ	eu III secti	011 30 9 (a)(1 ) 01
f			received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III suppor	ting organization,
	(	check this box								
g			2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		
		following persons?								
			rectly or indirectly o				persons de	scribed in (ii)		Yes No
			governing body of th			n /				g(i) No
			er of a person descr							g(ii) No
			lled entity of a perso						110	g(iii) No
h	ı	Provide the followi	ng information about	the support	ed organizat	ion(s)				
<del></del>			l			1,,,,,		1		1
	Name of	, , ,	(iii) Type of	(iv) Is		(v) Did you	•	(vi) Is		(vii) A mount of
-	ported nizatio		organization (described on	organızatı col (i) lıs		the organi		organizat col (i) org		monetary support
Orga	IIIZa CIO	•	lines 1- 9 above	your gove		suppor		in the U		Support
			or IRC section	docume		3			_	
			(see							
			instructions))	Yes	No	Yes	No	Yes	No	
(A)		1								
Comi	munity									
	dation of Beach	237181875	11a	Yes		Yes		Yes		56,825
and N	1artın	23,1010,3		'``		'		'		]
Coun	ties Inc	1	1	1	1		1	1		1

56,825

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	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 Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
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 income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. 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) 2012

DLN: 93493129021094

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public Inspection

tema	l Revenue Service	► Attach to For	m 990. ► See separate instructions.	Inspection
	me of the organi			Employer identification number
мar	у а кореп Рем Рис	olic Education Fund Inc		58-6365702
Pa				unds or Accounts. Complete if the
	organiz	zation answered "Yes" to Form 990	`	1 (1) 5 1 1 1 1
L	Total number a	t and afwaar	(a) Donor advised funds	(b) Funds and other accounts
!		ributions to (during year)		
		nts from (during year)		
		e at end of year		
;	Did the organiz	•	L ors in writing that the assets held in don- ganization's exclusive legal control?	or advised <b>Yes No</b>
3	used only for c conferring impe	haritable purposes and not for the benef ermissible private benefit?	onor advisors in writing that grant funds fit of the donor or donor advisor, or for an the organization answered "Yes" to	y other purpose <b>Yes No</b>
		conservation easements. Complete in	-	o Form 990, Part IV, line 7.
<u>.</u>	Preservation Preservation	on of land for public use (e g , recreation of natural habitat on of open space	or education)  Preservation of an	ertified historic structure
	easement on th	ne last day of the tax year	Г	
_	Total number o	of conservation easements	-	Held at the End of the Year
a L			-	24
)	_	restricted by conservation easements servation easements on a certified histo	aria atrustura includad in (a)	2b
C			` `	2c
d		servation easements included in (c) acq ure listed in the National Register	uned after 6/17/06, and not on a	2d
	Number of cons	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization during
	the tax year 🛌			
	Number of stat	es where property subject to conservat	on easement is located 🕨	
		nization have a written policy regarding t the conservation easements it holds?	the periodic monitoring, inspection, hand	Iling of violations, and <b>Yes No</b>
	Staff and volun	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
	<u> </u>			
	A mount of exp	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year
	Does each con and section 17		d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	balance sheet,	and include, if applicable, the text of the	nservation easements in its revenue and footnote to the organization's financial	
ali		n's accounting for conservation easeme	s of Art, Historical Treasures, (	or Other Similar Assets
للند		ete if the organization answered "Y		. Caron Cillian Addedi
.a	works of art, hi	storical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o o its financial statements that describes	or research in furtherance of public
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items	
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets incl	luded in Form 990, Part X		<b>&gt;</b> \$
2	If the organizat	·	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	
а	Revenues incli	ıded ın Form 990, Part VIII, line 1		<b>-</b> \$
				. т

**b** Assets included in Form 990, Part X

Part	<b>111</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	stori	<u>cal Tı</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	wing that a	ire a s	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Г	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	s of ar	rt, his	torical	treasure	es or othei	rsımı	lar		
	assets to be sold to raise funds rather than t		•							│ Yes	┌ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or	other ass	ets n	ot	┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
								_	Aı	mount	
с	Beginning balance							1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						F	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pro	vided in P	art X	III		Γ
Pa	tt V Endowment Funds. Complete										
4_	Degraping of week belongs	(a)Current year	(Ь	)Prior	year	<b>b (c)</b> Two	o years back	(d)⊤	hree years back	<b>(e)</b> Four y	ears back
1a 	Beginning of year balance							<u> </u>			
b	Contributions							<del>                                     </del>		<del> </del>	
С	Net investment earnings, gains, and losses							<u> </u>			
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
g g	End of year balance							<del>                                     </del>			
_	Provide the estimated percentage of the curr	cont year and halan	co (lur	20.10	colum	n (a)) ho	old ac	<u> </u>			
2	Board designated or quasi-endowment	ent year end baran	ce (iii	ic ry	, coluii	iii (a)) iie	iu as				
a	•										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and ad	ministered	l for t	he	Yes	No
	(i) unrelated organizations								3a	(i) res	140
	(ii) related organizations									(ii)	<del>                                     </del>
b	If "Yes" to 3a(II), are the related organization								3	ВЬ	
4	Describe in Part XIII the intended uses of th	ie organization's en	dowm	nent f	unds						
Par	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 99	0, Pa				14-26	1	(-) A		Dan Incombra
	Description of property				a) Cost ( asis (inve	estment)	( <b>b)</b> Cost or basis (oth		(c) Accumula depreciatioi		Book value
1a	Land										
b	Buildings		•								
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	ımn (	B), line	10(c).)					0

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Par	Reconciliation of Revenue per Audited Financial State	emer	nts With Revenue p	er Retui	rn
1	Total revenue, gains, and other support per audited financial statements .			1	1,994,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	191,508		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)..............	2d	56,824		
e	Add lines <b>2a</b> through <b>2d</b>			2e	248,332
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,746,485
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )	4b	113,967		
c	Add lines <b>4a</b> and <b>4b</b>			4c	113,967
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12)		5	1,860,452
Part	XII Reconciliation of Expenses per Audited Financial Stat	teme	nts With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements			1	1,590,068
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d	56,824	]	
e	Add lines <b>2a</b> through <b>2d</b>			2e	56,824
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,533,244
4	Amounts 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			
b	Other (Describe in Part XIII )	4b	113,967	1	
c	Add lines <b>4a</b> and <b>4b</b>			4c	113,967
5	Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line	18 \		5	1 647 211

#### Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	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 subject to taxation as unrelated business income. There was no unrelated business income allocable to the fund for 2012 or 2013, accordingly, there is no provision for income taxes made in the accompanying financial statements.
Part XI, Line 2d - Other Adjustments		Consolidated Audit Report-Management Fee 56,824
Part XI, Line 4b - Other Adjustments		Investment management fees 57,143 Separate Audit Report- Management fee 56,824
Part XII, Line 2d - Other Adjustments		Consolidated Audit Report-Management Fee 56,824
Part XII, Line 4b - Other Adjustments		Separate Audit Report-Management fee 56,824 Investment management fees 57,143

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493129021094

Open to Public Inspection

Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Department of the Treasury Attach to Form 990

Employer identification number

Manue of the organization						Improyer ruentineut	
Mary & Robert Pew Public Education I	rund Inc					58-6365702	
Part I General Information	on on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance?			he grants or assist	ance, and	✓ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(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 gran or assistance
See Additional Data Table							
		1					
2 Enter total number of section 5						_	5
3 Enter total number of other orga				Cat No EQUEED			25

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered	"Yes" to Form 990,	Part IV,	line 22
Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	<b>(e)</b> 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	l '	Schedule I, Part I, Line 2 Proposals are received, reviewed and approved by board of directors Executive director visits and meets with grantees Grantee's reports request are evaluated
Grants in the 0.5		Infects with grantees. Grantee's reports request are evaluated

Schedule I (Form 990) 2012

Software ID:

**Software Version:** 

**EIN:** 58-6365702

Name: Mary & Robert Pew Public Education Fund Inc

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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	
Education Foundation of Palm Beach County3300 Forest Hill Blvd E-50-116 West Palm Beach,FL 33406	59-2420369	501(C)(3)	80,000				Dance and String Program	
Conniston Middle School 3630 Parker Avenue West Palm Beach, FL 33405	59-6000783	170(C)(1)	28,000				Educational Assistance	

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Belvedere Elementary School 3000 Parker Ave West Palm Beach,FL 33405	59-6000783	170(C)(1)	19,900				Educational Assistance
Gove Elementary School900 SE Avenue G Belle Glade, FL 33430	59-6000783	170(C)(1)	10,000				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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	( <b>h</b> ) Purpose of grant or assistance
Dr Mary McLeod Bethune Elementary School1501 Avenue U Riviera Beach,FL 33404	59-6000783	170(C)(1)	14,000				Educational Assistance
Florida Atlantic University Foundation Inc777 Glades Road Adm 383 Boca Raton, FL 33431	59-0917284	501(C)(3)	26,650				Music Education

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
South Grade Elementary School716 S K ST Lake Worth,FL 33460	59-6000783	170(C)(1)	19,400				Educational Assistance
West Gate Elementary School 1545 Loxahatchee Drive West Palm Beach, FL 33409	59-6000783	170(C)(1)	9,998				Educational Assistance

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
North Palm Beach Elementary School2936 Lone Pine Road Palm Beach Gardens,FL 33410	59-6008783	170(C)(1)	29,751				Educational Assistance
Forest Hill Community High School6901 Parker Ave West Palm Beach, FL 33409	59-6000783	170(C)(1)	13,604				Educational Assistance

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
Palm Beach Lakes Community High School3505 Shiloh Drive West Palm Beach,FL 33407		170(C)(1)	125,720				Educational Assistance
Pioneer Park Elementary School39500 Pioneer Park Road Belle Glade, FL 33430	59-6000783	170(C)(1)	19,800				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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
Port Salerno Elementary School3260 SE Lionel Terrace Stuart,FL 34997	59-6000742	170(C)(1)	18,860				Educational Assistance
Forest Hill Elementary School5555 Pardy Lane West Palm Beach, FL 33415	59-6000783	170(C)(1)	15,000				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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	( <b>h)</b> Purpose of grant or assistance
Diamond View Elementary School5300 Haverhill Road Lake Worth,FL 33463	59-6000783	170(C)(1)	9,350				Educational Assistance
Glade View Elementary1100 SW Avenue G Belle Glade, FL 33430	59-6000783	170(C)(1)	10,000				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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
Greenacres Elementary School405 Jackson Avenue Greenacres,FL 33463	59-6000783	170(C)(1)	34,999				Educational Assistance
Highland Elementary School 500 Highland Avenue Lake Worth, FL 33460	59-6000783	170(C)(1)	19,850				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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
KE CunninghamCanal Pt Elementary School37000 Main St Canal Pt, FL 33438	59-6000783	170(C)(1)	19,800				Educational Assistance
Hope-Centennial Elementary School5350 Stacy Street West Palm Beach, FL 33417	59-6000783	170(C)(1)	10,000				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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
Max Planck Florida CorporationOne Max Planck Way Jupiter,FL 33458	26-2117502	501(C)(3)	12,245				Battle of the Brain Competation
Meadow Park Elementary School956 Florida Mango Road West Palm Beach, FL 33406	59-6000783	170(C)(1)	22,500				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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	( <b>h)</b> Purpose of grant or assistance
Melaleuca Elementary School 5759 W Gun Club Road West Palm Beach,FL 33415	59-6000783	170(C)(1)	19,900				Educational Assistance
North Grade Elementary School824 North K Street Lake Worth,FL 33460	59-6000783	170(C)(1)	9,950				Educational Assistance

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	cash valuation		(h) Purpose of grant or assistance
Lincoln Elementary School 1160 Avenue N Riviera Beach,FL 33404	59-6000783	170(C)(1)	16,780				Educational Assistance
Orchard View Elementary School4050 Old German Road Delray Beach, FL 33445	59-6000783	170(C)(1)	15,000				Educational Assistance

(a) Name and address of organization or government	<b>(b)</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
Pahokee Elementary School 560 E Main Place Pahokee,FL 33476	59-6000783	170(C)(1)	24,170				Educational Assistance
Police Athletic League of West Palm Beach600 Banyon Blvd West Palm Beach,FL 33401	65-0939021	501(C)(3)	5,000				Educational AssistanceReading ProgramReading Program

(a) Name and address of organization or government	<b>(b)</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
School District of Palm Beach County K-123300 Forest Hill Blvd C-201 West Palm Beach,FL 33406	59-6000783	170(C)(1)	349,362				Educational Assistance
University of Florida Foundation IncPO Box 14425 Gainesville, FL 32604	59-0974739	501(C)(3)	337,959				STEM Initiative

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129021094

**Employer identification number** 

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Mary & Robert Pew Public Education Fund Inc

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

		58-6365702
ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	
	Form 990, Part VI, Section B, line 11	Upon the completion of the Form 990, the document is sent to the Treasurer, Executive Dire ctor, and "The Community Foundation of Palm Beach and Martin Counties, Inc "Chief Financial Officer for review
	Form 990, Part VI, Section B, line 12c	An annual conflict of interest disclosure statement is completed and signed by all the tru stees and returned to the executive director who then reviews each statement for potential conflicts of interest
	Form 990, Part VI, Section B, line 15a	Executive director's annual cost of living increase is recommended by the president/treasu rer and approved by the Board through the budget approval process
	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
Audit Report Review Process	PART XII LINE 2B	The audit report is reviewed at the annual audit report review meeting as presented by the independent auditor. The process has not changed from the prior year.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493129021094

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## **Related Organizations and Unrelated Partnerships**

► 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.

Department of the Treasury Internal Revenue Service

Name of the organization

Mary & Robert Pew Public Education Fund Inc

(Form 990)

**SCHEDULE R** 

58-6365702 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (f) (b) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No FL (1) Community Foundation of Palm Beach and Martin Counties To build healthy 501(c)(3) Line 7 communities through the South Dixie Highway power of charitable giving West Palm Beach, FL 33401 23-7181875

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

<b>1</b> During the tax year, did the orgranization engage in any of the	following transactions with one or more re	lated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) re	ent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s	)				1b		No
<b>c</b> Gift, grant, or capital contribution from related organization	(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)					1d		No
e Loans or loan guarantees by related organization(s)					1e		No
<b>f</b> Dividends from related organization(s)					1f		No
<b>g</b> Sale of assets to related organization(s)					<b>1</b> g		No
h Purchase of assets from related organization(s)					1h		No
i Exchange of assets with related organization(s)					1i		No
j Lease of facilities, equipment, or other assets to related or	ganızatıon(s)				1j		No
k Lease of facilities, equipment, or other assets from related	organization(s)				1k		No
I Performance of services or membership or fundraising solic	itations for related organization(s)				11		No
m Performance of services or membership or fundraising solic	itations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other asset	s with related organization(s)				1n		No
• Sharing of paid employees with related organization(s)					10		No
<b>p</b> Reimbursement paid to related organization(s) for expense	s				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expense	es				1q		No
					Ш		
r Other transfer of cash or property to related organization(s	,				1r		No
s Other transfer of cash or property from related organization	n(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructi	ons for information on who must complete	this line, including co	vered relationships	and transaction thresholds			
(a)		(b)	(c)	(d)			
Name of other organization		Transaction type (a-s)	Amount involved	Method of determining amo	ount ir	nvoivea	
1) Community Foundation of Palm Beach & Martin Counties		М	56,824	Fee Based 1/2% FMV Per Month			

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

> Software ID: **Software Version:**

**EIN:** 58-6365702

Name: Mary & Robert Pew Public Education Fund Inc

Schedule R (Form 990) 2012

Page **5** 

#### Part VII Supplemental Information

	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
	Identifier	Return Reference	Explanation						
_									