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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable; C Name of organization (Palm Healthcare Foundation, Inc.); D Employer identification number (59-2391119); E Telephone number ((561) 833-6333); F Name and address of principal officer (Patrick McNamara); G Gross receipts (\$100,978,107); H(a) Is this a group return; H(b) Are all subordinates included?; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature Block fields: Sign Here (Patrick McNamara, CEO/President); Preparer (Scott Y. Haynes, CPA); Preparer's signature; Date (12-5-2025); PTIN (P01366363); Firm's name (Holyfield & Thomas, LLC); Firm's EIN (65-1083521); Firm's address (125 Butler Street, West Palm Beach, FL 33407); Phone no. ((561) 689-6000).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: Palm Health Foundation invests in bold, community-led solutions that improve health and well-being in Palm Beach County.

(Continued on Schedule O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,976,091. including grants of \$ 2,790,422.) (Revenue \$ 14,168.) Palm Health Foundation deepened its investment in brain health innovation, community-led health solutions, and workforce development during FY2025.

Through initiatives such as the Brain Coast Network and the Center for the Resilient Mind, the Foundation advanced research, education, and NeuroArts programming that strengthen mental well-being and cognitive resilience.

The Foundation continued to build community resilience through Healthier Together, empowering local changemakers to address behavioral health, caregiving, (Continued on Schedule O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,976,091.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Christina Perron, Dir of Finance - (561) 833-6333
700 S. Dixie Highway, West Palm Beach, FL 33401

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Patrick J. McNamara, L.C.S.W. President & CEO	40.00			X				319,979.	0.	39,625.
(2) Abigail Goodwin Exec VP	40.00			X				156,466.	0.	39,068.
(3) Dr. Marsha Fishbane MD. Chair	1.00	X		X				0.	0.	0.
(4) Christine Koehn, Ph.D. Vice Chair	1.00	X		X				0.	0.	0.
(5) Nathan Nason, Esq. Treasurer	1.00	X		X				0.	0.	0.
(6) Frances Fisher Secretary	1.00	X		X				0.	0.	0.
(7) Jyothi Gunta, MD Trustee	1.00	X						0.	0.	0.
(8) Lisa Wiese, PhD. Trustee	1.00	X						0.	0.	0.
(9) Andrea Stephenson-Royster, M.B. Trustee	1.00	X						0.	0.	0.
(10) Ellen Andel Trustee	1.00	X						0.	0.	0.
(11) Mark Elhilow, C.P.A., P.F.S. Trustee	1.00	X						0.	0.	0.
(12) Clarence Williams, J.D. Trustee	1.00	X						0.	0.	0.
(13) Barbara James, M.B.A. Trustee	1.00	X						0.	0.	0.
(14) Stephen Zaloom, Esq Trustee	1.00	X						0.	0.	0.
(15) Naelys Luna, PhD. Trustee	1.00	X						0.	0.	0.
(16) Clovis Moodie Trustee	1.00	X						0.	0.	0.
(17) Julie Fisher Cummings Trustee	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	224,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,869,278.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 60,150.			
	h	Total. Add lines 1a-1f		2,093,278.			
Program Service Revenue	2 a	Program Revenue	Business Code				
			900099	14,168.	14,168.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		14,168.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,904,676.		1904676.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				343,023.			
	b	Less: rental expenses	6b	639,578.			
	c	Rental income or (loss)	6c	-296,555.			
	d	Net rental income or (loss)		-296,555.		-296,555.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				96,622,962.			
	b	Less: cost or other basis and sales expenses	7b	90,558,888.			
	c	Gain or (loss)	7c	6,064,074.			
d	Net gain or (loss)		6,064,074.		6064074.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		9,779,641.	14,168.	0.	7672195.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,790,422.	2,790,422.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	551,502.	323,143.	142,231.	86,128.
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	944,800.	553,252.	243,030.	148,518.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,173.	28,162.	13,143.	5,868.
9 Other employee benefits	164,245.	98,791.	47,143.	18,311.
10 Payroll taxes	98,162.	59,075.	24,392.	14,695.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,667.		5,667.	
c Accounting	40,700.		40,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	337,096.	287,717.	49,379.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	185,203.	184,814.	389.	
12 Advertising and promotion	291,435.	290,954.	481.	
13 Office expenses	27,572.	7,785.	13,243.	6,544.
14 Information technology	129,455.	38,215.	83,841.	7,399.
15 Royalties				
16 Occupancy	144,370.	2,700.	139,924.	1,746.
17 Travel	19,580.	10,321.	398.	8,861.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	108,849.	80,876.	1,537.	26,436.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,444.		14,444.	
23 Insurance	22,580.		22,580.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Training & Education	13,119.	9,477.	496.	3,146.
b Donor Recognition	5,917.	1,499.	16.	4,402.
c Repairs & Maintenance	4,221.	1,246.	2,734.	241.
d Volunteer & Employee Re	1,813.	150.	1,663.	
e All other expenses _____	1,017.	207,492.	-232,411.	25,936.
25 Total functional expenses. Add lines 1 through 24e	5,949,342.	4,976,091.	615,020.	358,231.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	500.	1	500.
	2 Savings and temporary cash investments	625,770.	2	631,673.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	2,134.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	104,652.	9	8,143.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,149,726.		
	b Less: accumulated depreciation	10b 5,691,015.	10c	4,458,711.
	11 Investments - publicly traded securities	81,317,525.	11	86,342,494.
	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	3,354,423.	15	3,536,327.
16 Total assets. Add lines 1 through 15 (must equal line 33)	90,051,072.	16	94,979,982.	
Liabilities	17 Accounts payable and accrued expenses	154,649.	17	240,875.
	18 Grants payable	200,000.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 D	355,486.	25	407,958.
	26 Total liabilities. Add lines 17 through 25	710,135.	26	648,833.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	64,686,786.	27	67,703,000.
	28 Net assets with donor restrictions	24,654,151.	28	26,628,149.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	89,340,937.	32	94,331,149.
33 Total liabilities and net assets/fund balances	90,051,072.	33	94,979,982.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,779,641.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,949,342.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,830,299.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,340,937.
5	Net unrealized gains (losses) on investments	5	1,159,913.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	94,331,149.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1527687.	1175285.	1085009.	1775789.	2093278.	7657048.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1527687.	1175285.	1085009.	1775789.	2093278.	7657048.
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)						61,199.
6 Public support. Subtract line 5 from line 4.						7595849.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1527687.	1175285.	1085009.	1775789.	2093278.	7657048.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1607178.	2616846.	2203232.	2009991.	1904676.	10341923.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17998971.
12 Gross receipts from related activities, etc. (see instructions)					12	261,027.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	42.20	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	38.67	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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 in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 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 furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b 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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Palm Healthcare Foundation, Inc.

Employer identification number

59-2391119

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Palm Healthcare Foundation, Inc.	Employer identification number 59-2391119
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>46,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>173,845.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>130,819.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>60,150.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>224,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>226,927.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Palm Healthcare Foundation, Inc.	Employer identification number 59-2391119
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>206,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>132,639.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>421,394.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>51,518.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Palm Healthcare Foundation, Inc.	Employer identification number 59-2391119
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	Event sponsorship _____ _____ _____	\$ <u>60,150.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization Palm Healthcare Foundation, Inc.	Employer identification number 59-2391119
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **Palm Healthcare Foundation, Inc.** Employer identification number **59-2391119**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	6	
2 Aggregate value of contributions to (during year)	134,219.	
3 Aggregate value of grants from (during year)	135,254.	
4 Aggregate value at end of year	2,631,218.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,317,525.	77,159,294.	74,846,179.	92,518,707.	76,151,475.
b Contributions	54,500.				4,380.
c Net investment earnings, gains, and losses	8,884,549.	8,051,065.	6,317,730.	-13,535,122.	19,846,082.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,609,214.	3,660,265.	3,611,665.	3,649,399.	3,012,909.
f Administrative expenses	249,299.	232,569.	392,950.	488,007.	470,321.
g End of year balance	86,398,061.	81,317,525.	77,159,294.	74,846,179.	92,518,707.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 73.2000 %
 - b** Permanent endowment _____ %
 - c** Term endowment 26.8000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	8,619,594.		4,890,725.	3,728,869.
c Leasehold improvements	757,420.		258,027.	499,393.
d Equipment		69,443.	56,239.	13,204.
e Other	514,375.	188,894.	486,024.	217,245.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,458,711.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Other Current Liabilities	54,486.
(3) Right-of-Use Obligations	353,472.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	407,958.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	11,242,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,159,913.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	639,578.	
e	Add lines 2a through 2d	2e		1,799,491.
3	Subtract line 2e from line 1	3		9,442,545.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337,096.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		337,096.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,779,641.

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

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

1	Total expenses and losses per audited financial statements		1	6,251,824.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	639,578.	
e	Add lines 2a through 2d	2e		639,578.
3	Subtract line 2e from line 1	3		5,612,246.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337,096.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		337,096.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,949,342.

Part XIII Supplemental Information

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

Part X, Line 2:

The Internal Revenue Service has determined that the Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Foundation's tax-exempt purpose is subject to taxation as unrelated business income. There was no unrelated business income during the year ended June 30, 2025.

The Foundation follows FASB ASC Topic 740-10, Accounting for Uncertainty in Income Taxes. This pronouncement seeks to reduce the diversity in practice associated with certain aspects of measurement and recognition in accounting for income taxes. It prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position that an entity takes or expects to take in a tax return. An entity may only recognize or continue to recognize tax positions that meet a "more likely than not" threshold. The Foundation assesses its income tax positions based on management's evaluation of the facts, circumstances, and information available at the reporting date. The Foundation uses the prescribed "more likely than not" threshold when making its assessment. The Foundation has not accrued any interest expense or penalties related to tax positions for the year ended June 30, 2025, and there are currently no open Federal or State tax years under audit.

Part XI, Line 2d - Other Adjustments:

Rent expenses 639,578.

Part XIII Supplemental Information *(continued)*

Part XII, Line 2d - Other Adjustments:

Rent expenses 639,578.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **Palm Healthcare Foundation, Inc.** Employer identification number **59-2391119**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Alpert Jewish Family & Children Services - 5841 Corporate Drive, Suite 200 - West Palm Beach, FL 33407	59-1520581	501(c)(3)	20,000.	0.			Mental Health First Aid
Ann Norton Sculpture Gardens 253 Barcelona Road West Palm Beach, FL 33401	59-1874060	501(c)(3)	83,500.	0.			General Operating Support
Community Partners of South Florida - 2001 W. Blue Heron Blvd. - Riviera Beach, FL 33404	59-2704597	501(c)(3)	203,500.	0.			General Operating Support - Palm Beach County School District
Florida Atlantic University School of Social Work and Criminal Justice - 777 Glades Road - Boca Raton, FL 33431	59-0917284	501(c)(3)	70,000.	0.			Social Work Practicum Support
For the Children, Inc. 1718 S Douglas Street Lake Worth, FL 33460	65-0950530	501(c)(3)	175,000.	0.			General Operating Support
Housing Leadership Council of Palm Beach County - 2101 Vista Parkway, #4027 - West Palm Beach, FL 33411	20-4416008	501(c)(3)	1,000.	0.			General Operating Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 38.

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Palm Beach County Medical Society Services - 3540 Forest Hill Blvd., Suite 101 - West Palm Beach, FL 33406	65-1048299	501(c)(3)	50,000.	0.			Community Health Worker Training and Development
Providencia WPB, Inc. 1300 S Olive Avenue West Palm Beach, FL 33401-6724	47-4503878	501(c)(3)	43,000.	0.			MS of Hope
American Heart Association 2300 Centrepark West Drive West Palm Beach, FL 33409	13-5613797	501(c)(3)	50,000.	0.			General operating support
Clinics Can Help, Inc. 2560 Westgate Avenue West Palm Beach, FL 33409	20-2778895	501(c)(3)	25,000.	0.			General Operating Support
Max Planck Florida Corporation One Max Planck Way Jupiter, FL 33458	26-2117502	501(c)(3)	5,000.	0.			Ask Max STEM Education Program
Wounded Veterans Relief Fund 300 Prosperity Farms Road, Unit F North Palm Beach, FL 33408	26-2886846	501(c)(3)	20,000.	0.			Emergency and Essential Dental Care for Disabled Veterans
Catchafire, Inc. 2093 Philadelphia Pike, #8715 Claymont, DE 19703	27-0155003	N/A	90,000.	0.			Catchafire
Grace Notes Music Foundation 500 Commerce Way West, Suite 9 Jupiter, FL 33458	27-1548189	501(c)(3)	20,000.	0.			General Operating Support
Pathways to Prosperity 639 East Ocean Avenue, Suite 101 Boynton Beach, FL 33435	27-3550271	501(c)(3)	392,225.	0.			Healthier Delray Beach - Project Director's Salary and Benefits

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boynton Cultural Centre Inc., dba Schoolhouse Children's Museum - 129 E. Ocean Avenue - Boynton Beach, FL 33435	31-1494582	501(c)(3)	3,000.	0.			Schoolhouse Childrens Museum strategic planning
Marine Education Initiative, Inc. 755 NW 17th Avenue, Suite 101 Delray Beach, FL 33445	45-3862555	501(c)(3)	25,000.	0.			General operating support
Digital Vibez, Inc. 5 Harvard Circle, Suite 109 West Palm Beach, FL 33409	46-5032425	501(c)(3)	35,000.	0.			Let's Move 365 Campaign - General Operating Support
Emanuel Jackson Sr. Project, Inc. 3300 S. Seacrest Blvd Boynton Beach, FL 33435	47-1912341	501(c)(3)	20,000.	0.			General Operating Support
Arms of Hope Community Inc. 1512 Wingfield Street Lake Worth, FL 33460	47-2851445	501(c)(3)	25,000.	0.			General Operating Support
Azul - Fashion, Art, Design, inc. 2635 Old Okeechobee Road West Palm Beach, FL 33409	47-3826013	501(c)(3)	15,000.	0.			General operating support
Envision Kindness Inc. 14 Alexander Drive East Lyme, CT 06333	47-1446859	501(c)(3)	217,727.	0.			Kindness Project
Federation of Families of Florida, Inc. - 12288 Hamlin Drive - West Palm Beach, FL 33412	52-2313668	501(c)(3)	25,000.	0.			Youth Explosion - Glades
University of Miami Miller School of Medicine - 1501 N.W. 9th Avenue, 2nd Floor - Miami, FL 33136	59-0624458	501(c)(3)	92,627.	0.			Dr. Mitrani Arrythmia Research

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mental Health America of Palm Beach County, Inc. - 909 Fern Street - West Palm Beach, FL 33401	59-0760220	501(c)(3)	50,000.	0.			General operating support
Cox Science Center and Aquarium 4801 Dreher Trail North West Palm Beach, FL 33405	59-0915177	501(c)(3)	67,627.	0.			General Operational Support
FAU Foundation 777 Glades Road, Adm. 247 Boca Raton, FL 33431	59-0917284	501(c)(3)	50,000.	0.			Florida Atlantic University Foundation/Grant#20210077
George Snow Scholarship Fund 201 Plaza Real, Suite 260 Boca Raton, FL 33432	59-2162597	501(c)(3)	628,216.	0.			Nursing Scholarships
Central Florida Foundation, Inc. 1001 W Yamato Road, #405 Boca Raton, FL 33431	59-3182886	501(c)(3)	17,500.	0.			The Opioid Project
Compass, Inc. 201 N. Dixie Highway Lake Worth, FL 33460	65-0052657	501(c)(3)	50,000.	0.			General Operating Support for Youth Mental Health Programs
Suits for Seniors, inc. 5762 Okeechobee Blvd West Palm Beach, FL 33417	81-2028864	501(c)(3)	2,500.	0.			General Operating Support
M & S Community Stars of Performing Arts and Academics Inc. - 922 SW 11th Terrace - Delray Beach, FL 33444	81-2046269	501(c)(3)	42,000.	0.			General Operating Support
KTM Youth and Community Network Inc. - 1025 Palm Beach Road - South Bay, FL 33493	81-2809737	501(c)(3)	20,000.	0.			General operating support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Love Serving Autism, Inc. 11231 US Hwy 1, #158 North Palm Beach, FL 33408	81-3503417	501(c)(3)	15,000.	0.			General Operating Support
Community Greening Corp. 3601 N. Military Trail Social Impact Lab at Lynn University - Boca Raton,	81-3559159	501(c)(3)	50,000.	0.			General operating support for Glades projects
HERD Foundation 5135 Conklin Drive Delray Beach, FL 33484	83-2268455	501(c)(3)	20,000.	0.			General Operating Support
Mind Music and Movement Foundation P.O. Box 7128 Jupiter, FL 33468	84-3610224	501(c)(3)	30,000.	0.			General Operating Support
The Pink Queen Foundation 2635 Old Okeechobee Road West Palm Beach, FL 33409	81-2632425	501(c)(3)	38,000.	0.			Capacity building, general operating support, and cancer support
Bcalmed Inc. 11058 Sweet Sage Avenue Boynton Beach, FL 33473	87-2463735	501(c)(3)	3,000.	0.			General Operating Support

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Evaluation should generate useable information for both the foundation and grant partners; there is an emphasis on learning. Evaluation should document results to share, to build credibility and reputation, and to build collaboration and attract. Accountability should focus on identifying the goal and meeting milestones. Data are generated through a mix of internal evaluations and assessments, grantee reports, and external evaluations.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **Palm Healthcare Foundation, Inc.** Employer identification number **59-2391119**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Patrick J. McNamara, L.C.S.W. President & CEO	(i)	319,979.	0.	0.	8,400.	31,225.	359,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Abigail Goodwin Exec VP	(i)	156,466.	0.	0.	8,400.	30,668.	195,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Palm Healthcare Foundation, Inc.

Employer identification number

59-2391119

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Misc. supplies)	X	2	60,150.	Retail value
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Palm Healthcare Foundation, Inc.

Employer identification number

59-2391119

Form 990, Part III, Line 1, Description of Organization Mission:

Established in 2001 from the sale of Good Samaritan and St. Mary's hospitals, the Foundation partners with residents, donors, and professional advisors to advance brain health, strengthen the healthcare workforce, and build thriving, resilient communities.

Through strategic investments and partnerships, we address the social and environmental conditions that shape health and create opportunities for all residents to reach their full health potential.

Through scholarships, capacity building, and systems-focused philanthropy, Palm Health Foundation drives innovation and lasting change.

Form 990, Part III, Line 4a, Program Service Accomplishments:

and the social and economic factors that influence health.

To strengthen the health professions, Palm Health Foundation provided scholarships and workforce development support in nursing and behavioral health ensuring a skilled, compassionate pipeline for the region's future health needs.

As the fiscal agent for BeWellPBC, the Foundation demonstrates its role as a convener of cross-sector partners, leveraging philanthropy to align systems, drive measurable impact, and promote a shared vision for brain health and community well-being.

Key FY2025 investments included \$1 million in Florida Atlantic University's (FAU) computational neuroscience program and commitment to launch FAU's Center for Resilient Mind.

Part III, Line 1, Public Benefit Narrative:

Palm Health Foundation is Palm Beach County's health conversion foundation, created from the sale of Good Samaritan and St. Mary's hospitals to invest in lasting community health.

The Foundation invests in community-led solutions that improve health and well-being across the region. Through initiatives such as Brain Coast Network, Healthier Together, BeWellPBC, and Train the Brain, Palm Health Foundation partners with residents, donors, and professional advisors to advance brain health, strengthen the healthcare workforce, and build resilient communities.

The Foundation's philanthropic approach focuses on innovation, partnership, and learning testing new ideas, aligning systems, and using data and community wisdom to scale what works. Since its inception, Palm Health Foundation has granted more than \$96 million to improve health outcomes in Palm Beach County and position the region as a national model for community-led health innovation.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization Palm Healthcare Foundation, Inc.	Employer identification number 59-2391119
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Form 990, Part VI, Section A, line 4:

The Foundation was formed in 2001 following the merger of two companies and its Articles of Merger was file to reflect the results of the merger. During the year, the Board approved and filed the Foundation's new Articles of Incorporation to reflect its independent status and specify its purposes, powers, limitation on activities, registered office, principle place of business and registered agent.

Form 990, Part VI, Section B, line 11b:

The Organization makes its Form 990 available to the board of directors by distributing a copy to each member of the board of trustees prior to filing with the IRS. The board reviews the content and discusses at a regularly scheduled board meeting. A motion is made to approve the filing of the Form 990.

Form 990, Part VI, Section B, Line 12c:

The Foundation strictly adheres to the conflict of interest/disclosure policy. Pursuant to the policy, during discussion or debate at scheduled board committee meetings, trustees, employees and volunteers with real, perceived, or potential conflicts of interest must announce those conflicts to the attendees. Trustees, employees, and volunteers who have stated a potential conflict must abstain from the vote, vacate the room while the vote is taken and return after the vote has been decided. The action will be noted in the meeting minutes. Additionally, board members provide a conflict of interest/disclosure form annually in conjunction with the annual meeting.

Form 990, Part VI, Section B, Line 15:

The CEO and key employees compensation is reviewed annually and compared with similar not for profit positions from independent surveys. By recommendation of the executive committee, the board of trustees approves the CEO compensation. In addition, the board approves all employees compensation as detailed in the annual operating budget.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy, financial statements available upon request. The annual report is made available on the Organization's website.

Part XII Line 2C:

Audit Report Review Process: The audit report is reviewed annually at the audit report review meeting as presented by the independent auditors. The process has not changed from the prior year.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **Palm Healthcare Foundation, Inc.** Employer identification number **59-2391119**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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
5205 Building, LLC - 20-5116933 5205 Greenwood Avenue West Palm Beach, FL 33405	Commercial Rental Property & Programmatic Rent Concessions	Florida	-284,599.	4,809,825.	Palm Healthcare Foundation, Inc.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

See Part VII for Continuations

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 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 transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part I, Identification of Disregarded Entities:

Name, Address, and EIN of Disregarded Entity:

5205 Building, LLC

EIN: 20-5116933

5205 Greenwood Avenue

West Palm Beach, FL 33405

Primary Activity: Commercial Rental Property & Programmatic Rent

Concessions

Direct Controlling Entity: Palm Healthcare Foundation, Inc.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. Palm Healthcare Foundation, Inc.	Taxpayer identification number (TIN) 59-2391119
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 700 South Dixie Highway, 103	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. West Palm Beach, FL 33401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Christina Perron, Dir of Finance**
700 S. Dixie Highway - West Palm Beach, FL 33401

Telephone No. **(561) 833-6333** Fax No. _____

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

1 I request an automatic 6-month extension of time until **May 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2025)

**Mail to: Internal Revenue Service
 Mail Stop 6054
 1973 N Rulon White Blvd.
 Ogden, UT 84201-0045**

**AMENDED AND RESTATED ARTICLES OF INCORPORATION FOR
PALM HEALTHCARE FOUNDATION, INC.
D/B/A PALM HEALTH FOUNDATION**

WHEREAS, by Articles of Merger dated January 4, 2002, ST. MARY'S HOSPITAL FOUNDATION, INC., merged with INTRACOASTAL HEALTH FOUNDATION, INC., both of which were, at the time, Florida not-for-profit corporations; and

WHEREAS, the details of such merger are attached hereto for historical purposes only as "Exhibit A"; and

WHEREAS, the merged entity amended its Articles of Incorporation on even date with the referenced merger; and

WHEREAS, the merged entity was renamed as PALM HEALTHCARE FOUNDATION, INC., under the terms of the restated Articles; and

WHEREAS, PALM HEALTHCARE FOUNDATION, INC. (hereinafter "the Corporation") does business as PALM HEALTH FOUNDATION; and

WHEREAS, the Board of Trustees of the Corporation is desirous of updating and revising the Articles of Incorporation;

WHEREAS, pursuant to §§ 617.1002, 617.1006 and 617.1007 of the Florida Not-For-Profit Corporation Act (the "Act"), PALM HEALTHCARE FOUNDATION, INC., also known as PALM HEALTH FOUNDATION, a Florida not-for-profit corporation originally incorporated on December 22, 1983 (Document Number N00544) (the "Corporation"), does hereby certify that these Amended and Restated Articles of Incorporation were duly adopted by the requisite vote of the Board of Trustees on June 25, 2025, and there are no members or members entitled to vote on this amendment and restatement; and

NOW, THEREFORE, the Articles of Incorporation of the Corporation are amended and restated in their entirety as follows:

ARTICLE I. NAME OF ENTITY

The name of this Corporation is PALM HEALTHCARE FOUNDATION, INC.
d/b/a PALM HEALTH FOUNDATION.

ACCEPTANCE BY REGISTERED AGENT

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Date: June 30, 2025

DocuSigned by:

Patrick McNamara

771ΔF0N7QΔR0ΔQΔ

Patrick McNamara

subject to all the restrictions, disabilities and duties of each of the corporations and all property, real, personal and mixed, and all debts due to each of said corporations on whatever account, as well as all other things in action or belong to each of such corporations, shall be vested in Intracoastal as the surviving corporation.

ARTICLE IV
AMENDMENTS OR CHANGES
TO THE CERTIFICATE OF INCORPORATION
OF INTRACOASTAL AS SURVIVING CORPORATION

The Amended and Restated Articles of Incorporation of Intracoastal are amended in connection with the merger as follows:

ARTICLE I, dealing with the name of the Corporation and currently reading as follows:

The name of this Corporation is Intracoastal Health Foundation, Inc.
is hereby amended as follows:

The name of this Corporation is Palm Healthcare Foundation, Inc.

ARTICLE II, dealing with the purposes of the Corporation and currently reading as follows:

This Corporation is organized not for profit and is organized and shall be operated exclusively for the purposes described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), as amended, and the objects and purposes to be exclusively transacted and carried on are:

- a. To further, promote and support the benevolent, charitable, scientific, religious and educational activities of Intracoastal Health Systems, Inc., or of any public charitable corporation carrying on the works of, originally founded by, or supported by Intracoastal or the Corporation, provided that such organizations qualify as exempt organizations under Section 501(c)(3) of the Code, as amended;
- b. To solicit and raise funds and endowments, and to receive by way of gift, purchase, grant, devise, will or otherwise, property, real, personal or mixed, and to hold, use, maintain, lease, donate, pledge, encumber, sell, convey and otherwise dispose of all such property in the furtherance of the mission and purpose of this Corporation in conformity with the Articles of Incorporation and the reservation of powers in the Bylaws;
- c. To make loans to Intracoastal or to any of its affiliated organization upon such terms and conditions as the Corporation, in its sole discretion, may determine;

d. To make grants, gifts, donations, or charitable contributions to Intracoastal or to any of its affiliated organizations exempt from taxation under Section 501(c)(3) of the Code, as amended;

e. To manage and operate any of its assets in recognition and attainment of the foregoing objectives; and

f. To engage in such pursuits as may be necessary or incidental, or which may aid and assist, in carrying out the Corporation's mission and purposes.

is hereby amended as follows:

This Corporation is organized not-for-profit and is organized and shall be operated exclusively for charitable and educational purposes as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), as amended, the following being the particular objects and purposes of the Corporation:

a. To further, promote and support the healthcare of the citizens of Palm Beach County and surrounding communities by removing barriers to healthcare access for underserved populations through collaborative programs, including neighborhood and community-based primary care, nursing advocacy and healthcare education;

b. To solicit and raise funds and endowments, and to receive by way of gift, purchase, grant, devise, **will or** otherwise, property, real, personal or mixed, and to hold, use, maintain, lease, donate, pledge, encumber, sell, convey and otherwise dispose of such property in the furtherance of the mission and purpose of this Corporation;

c. To make grants, gifts, donations, or charitable contributions to organizations and programs which are described in Section 501(c)(3) of the Code, as amended for the purposes described herein;

d. To manage and operate any of its assets in recognition and attainment of the foregoing objectives; and

e. To engage in such pursuits as may be necessary or incidental, or which may aid and assist, in carrying out the Corporation's mission and purposes.

ARTICLE III, dealing with the powers of the Corporation and currently reading as follows:

In order to accomplish the purposes and to attain the objects for which this Corporation is formed and for which the funds and property of this Corporation shall be handled, administered, operated and distributed as hereinabove set forth, the Corporation, its Member, Trustees, and Officers, shall possess and exercise all powers, authorities and privileges granted by and allowed under the laws of the State of Florida, subject to the limitation and condition that, notwithstanding any other provision of these Articles, only such powers shall be exercised as are in furtherance of the federal income tax exempt purposes of the Corporation and as

may be exercised by an organization exempt under Section 501(c)(3) of the Code, as amended, and Treasury Regulations thereunder as they now exist or as may be hereafter amended, and by an organization, contributions to which are deductible under Sections 170(c)(2) and 2055(a) of such Code and Treasury Regulations thereunder as they now exist or as may be hereafter amended.

is hereby amended as follows:

In order to accomplish the purposes and to attain the objects for which this Corporation is formed and for which the funds and property of this Corporation shall be handled, administered, operated and distributed as hereinabove set forth, the Corporation, its Trustees and officers shall possess and exercise all powers, authorities and privileges granted by and allowed under the laws of the State of Florida, subject to the limitation and condition that, notwithstanding any other provision of these Articles, only such powers shall be exercised as are in furtherance of those exercised by an organization exempt under Section 501(c)(3) of the Code, as amended, and Treasury Regulations thereunder as they now exist or as may be hereafter amended, and by an organization, contributions to which are deductible under Sections 170(c)(2) and 2055(a) of such Code and Treasury Regulations thereunder as they now exist or as may be hereafter amended.

ARTICLE IV, dealing with limitations on activities and currently reading as follows:

Section 1. No part of the earnings or assets of the Corporation shall inure to the benefit of any Member (unless such Member is exempt from taxation under Section 501(c)(3) of the Code, as amended), Trustee or Officer of the Corporation, or any other person (except that the Corporation may pay reasonable compensation for services rendered to or on behalf of the Corporation and make other payments and distributions in furtherance of one or more of its purposes) and no Member (unless such member is exempt from taxation under Section 501(c)(3) of the Code, as amended), Trustee or Officer of the Corporation, or any other person shall be entitled to share in the distribution of any of the corporate assets on dissolution or liquidation of the Corporation. The Corporation shall pay no dividends.

Section 2. The Corporation shall not participate, directly, or indirectly or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation, except to the extent permitted by Section 501(h) of the Code.

Section 3. Notwithstanding any other provision of these Articles, the Corporation shall not conduct or carry on any activities not permitted to be conducted or earned on by an organization exempt from federal income tax under Section 501(c)(3) of the Code, as amended, and Treasury Regulations thereunder as they now exist or as they may be hereafter amended, or by any organizations, contributions to which are deductible under Sections 170(c)(2) and 2055(a) of

such Code, and Treasury Regulations thereunder as they now exist or may be thereafter amended.

Section 4. Upon any dissolution or liquidation of this Corporation, its assets remaining after all debts and expenses have been paid or provided for shall be distributed pursuant to a plan of distribution to one or more organizations qualifying as an exempt organization pursuant to Section 501(c)(3) of the Code, as amended, in accordance with Article XI hereof.

is hereby amended as follows:

Section 1. No part of the earnings or assets of the Corporation shall inure to the benefit of any Trustee or officer of the Corporation, or any other private person (except that the Corporation may pay reasonable compensation for services rendered to or on behalf of the Corporation and make other payments and distributions in furtherance of one or more of its purposes) and no Trustee or officer of the Corporation or any other private person shall be entitled to share in the distribution of any of the corporate assets on dissolution or liquidation of the Corporation. The Corporation shall pay no dividends.

Section 2. The Corporation shall not participate, directly, or indirectly or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office. No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation, except to the extent permitted by Section 501(h) of the Code_

Section 3. Notwithstanding any other provision of these Articles, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Code, as amended, and Treasury Regulations thereunder as they now exist or as they may be hereafter amended, or by any organizations, contributions to which are deductible under Sections 170(c)(2) and 2055(a) of such Code, and Treasury Regulations thereunder as they now exist or may be thereafter amended.

Section 4. Upon any dissolution or liquidation of this Corporation, its assets remaining after all debts and expenses have been paid or provided for shall be distributed pursuant to a plan of distribution to one or more organizations qualifying as an exempt organization pursuant to Section 501(c)(3) of the Code, as amended.

ARTICLE VIII, dealing with the Registered Office, Principal Place of Business and Registered Agent of the Corporation and currently reading as follows:

The street address of the registered office of this Corporation is 1309 N. Flagler Drive, West Palm Beach, FL 33401. The principal place of business address shall be the same as the registered office address. The name of the

registered agent of this Corporation located at the address of the registered office is Valerie Goodwin Larcombe.

is hereby amended as follows:

The street address of the registered office of this Corporation is IO16 North Dixie Highway, First Floor, West Palm Beach, Florida. The principal place of business address shall be the same as the registered office address. The name of the registered agent of this Corporation located at the address of the registered office is Ms. Suzette W. Wexner.

ARTICLE IX, dealing with conduct of affairs and currently reading as follows:

The business and affairs of the Corporation shall be conducted in a manner consistent with the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the United States Conference of Catholic Bishops, and in accordance with the provisions of these Amended and Restated Articles of Incorporation and the Bylaws of the Corporation.

is hereby deleted in its entirety.

ARTICLE XI, dealing with dissolution and currently reading as follows:

Upon the dissolution or liquidation of the Corporation, the Corporation's Board of Trustees shall adopt a resolution recommending a plan of distribution and directing its submission to a vote at a meeting of the Corporation's Member. Each Member of the Member of the Corporation shall be authorized and entitled to vote on the plan of distribution of fifty percent (50%) of all assets of the Corporation not disposed of in discharging the Corporation's liabilities or otherwise distributed in accordance with applicable requirements. Such assets of the Corporation shall be distributed by each Member of the Member of the Corporation, respectively, only to such not for profit corporations as are then exempt from taxation under Section 501(a) of the Code as an organization described in Section 501(c)(3) thereof. In the event the distributee designated by either of the Members of the Member of the Corporation is not an exempt organization at the time of distribution, the fifty percent (50%) of the assets of the Corporation in question will be distributed to another not for profit Corporation as designated by the Member so designating, which corporation shall then be exempt from taxation under Section 501(a) of the Code, as an organization described in Section 501(c)(3) thereof.

is hereby deleted in its entirety.

ARTICLE V

MISCELLANEOUS PROVISIONS

1. The proposed merger shall become effective upon the filing of the Certificate of Merger by the Department of State.

ARTICLE II. PURPOSES OF THE CORPORATION

This Corporation is organized not-for-profit and is organized and shall be operated exclusively for charitable and educational purposes as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), as amended, the following being the objectives and purposes of the Corporation:

- a. To further, promote and support the health, well-being and healthcare of the citizens of Palm Beach County and surrounding communities by removing barriers to healthcare access for underserved populations and promoting community health and well-being through collaborative programs, including but not limited to neighborhood and community-based primary care, nursing advocacy and healthcare education;
- b. To solicit and raise funds and endowments, and to receive by way of gift, purchase, grant, devise, will or otherwise, property, real, personal or mixed, and to hold, use, maintain, lease, donate, pledge, encumber, sell, convey and otherwise dispose of all such property in the furtherance of the mission and purpose of this Corporation;
- c. To make grants, gifts, donations, or charitable contributions to organizations and programs which are described in Section 501(c)(3) of the Code as amended for the purposes described herein;
- d. To manage and operate any of its assets in recognition and attainment of the foregoing objectives; and
- e. To engage in such pursuits as may be necessary or incidental, or which may aid and assist, in carrying out the Corporation's mission and purposes.

ARTICLE III. POWERS OF THE CORPORATION

In order to accomplish the purposes and to attain the objects for which this Corporation is formed and for which the funds and property of this Corporation shall be handled, administered, operated and distributed as hereinabove set forth, the Corporation, its Trustees and officers shall possess and exercise all powers, authorities and privileges granted by and allowed under the laws of the State of Florida, subject to the limitation and condition that, notwithstanding any other provision of these Articles, only such powers shall be exercised as are in furtherance of those exercised by an organization exempt under Section 501(c)(3) of the Code, as amended, and

Treasury Regulations thereunder as they now exist or as may be hereafter amended, and by an organization, contributions to which are deductible under Sections 170(c)(2) and 2055(a) of such Code and Treasury Regulations thereunder as they now exist or as may be hereafter amended.

ARTICLE IV. LIMITATION ON ACTIVITIES

Section 1. No part of the earnings or assets of the Corporation shall inure to the benefit of any Trustee or officer of the Corporation, or any other private person (except that the Corporation may pay reasonable compensation for services rendered to or on behalf of the Corporation and make other payments and distributions in furtherance of one or more of its purposes) and no Trustee or officer of the Corporation or any other private person shall be entitled to share in the distribution of any of the corporate assets on dissolution or liquidation of the Corporation. The Corporation shall pay no dividends.

Section 2. The Corporation shall not participate, directly, or indirectly or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office. No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation, except to the extent permitted by Section 501(h) of the Code.

Section 3. Notwithstanding any other provision of these Articles, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Code, as amended, and Treasury Regulations thereunder as they now exist or as they may be hereafter amended, or by any organizations, contributions to which are deductible under Sections 170(c)(2) and 2055(a) of such Code, and Treasury Regulations thereunder as they now exist or may be hereafter amended.

Section 4. Upon any dissolution or liquidation of this Corporation, its assets remaining after all debts and expenses have been paid or provided for shall be distributed pursuant to a plan of distribution to one or more organizations qualifying as an exempt organization pursuant to Section 501(c)(3) of the Code, as amended.

**ARTICLE V. REGISTERD OFFICE, PRINCIPAL PLACE OF BUSINESS,
and REGISTERED AGENT**

The street address of the Principal Place of Business of this Corporation is 700 South Dixie Highway, Suite 103, West Palm Beach, Florida 33401. The Corporation may change its Principal Place of Business from time to time without Amending its Articles. The CEO of the Corporation shall serve as its Registered Agent. The street address of the registered office of the Corporation shall be the same as its principal place of business.

IN WITNESS WHEREOF, the undersigned have signed this instrument and caused it to be verified and effective this 30 day of June, 2025.

PALM HEALTHCARE FOUNDATION,
INC.

By:

Signed by:

Marsha Fishbane

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Marsha Fishbane, MD, ScM, Chairperson

DocuSigned by:

Frances Fisher

AA35F1A5DCBA4DD...

Frances Fisher, Secretary

EXHIBIT A

PLAN OF MERGER OF ST. MARY'S HOSPITAL FOUNDATION, INC. INTO INTRACOASTAL HEALTH FOUNDATION, INC.

ARTICLE I

NAMES OF CONSTITUENT CORPORATIONS AND OF SURVIVING CORPORATION

The names of the constituent corporations are St. Mary's Hospital Foundation, Inc. ("St. Mary's") and Intracoastal Health Foundation, Inc. ("Intracoastar"). The name of the surviving corporation is Intracoastal Health Foundation, Inc.

ARTICLE II

MEMBERSHIP

1. St. Mary's is a non-member corporation.
2. Intracoastal is a non-member corporation.

ARTICLE III

TERMS AND CONDITIONS OF PROPOSED MERGER

1. The surviving corporation will have no members.
2. Until altered, amended or repealed, as therein provided, and effective upon the closing of the sale of certain assets of Intracoastal Health Systems, Inc. to Tenet Healthcare Corporation, the Bylaws of Intracoastal as in effect at the time the merger shall become effective shall be the Bylaws of the surviving corporation.
3. AB persons who at the date when the merger shall become effective shall be the officers of Intracoastal shall remain like officers of the surviving corporation, until the Board of Trustees of Intracoastal shall elect their respective successors. The auditing firm approved by Intracoastal as its auditors for 2001 shall be the auditors of the surviving corporation for 2001.
4. The first regular meeting of the Board of Trustees of Intracoastal shall be held as soon as practicable after the date on which the merger shall become effective and may be called in the manner provided in the Bylaws of Intracoastal for the calling of special meetings of the Board of Trustees.
5. Intracoastal shall pay all expenses of carrying this Plan of Merger into effect and of accomplishing the merger.
6. When the merger shall become effective, the separate existence of St. Mary's shall cease and said corporation shall be merged into Intracoastal. Intracoastal shall possess all the rights, privileges, powers and franchises of a public as well as of a private nature, and be

2. Notwithstanding authorization of this plan by St. Mary's and Intracoastal, this Plan of Merger may be deemed abandoned if at any time prior to the filing of a Articles of Merger by the Department of State it becomes the opinion of the Board of Trustees of St. Mary's or Intracoastal that events or circumstances have occurred which render it inadvisable to consummate the merger, and court approval for such abandonment is received.

ARTICLE VI
ADOPTION OF PLAN OF MERGER

IN WITNESS WHEREOF, this Plan of Merger has been subscribed on behalf of St. Mary's and on behalf of Intracoastal by the undersigned duly authorized officers of those corporations, the plan having been duly adopted by the Board of Trustees of St. Mary's on June 26, 2001, and by the Board of Trustees of Intracoastal on June 26, 2001.

Dated: June 26, 2001

ST. MARY'S HOSPITAL FOUNDATION, INC.

David B. Robb, Jr.
David B. Robb, Jr., Chairperson

Suzette W. Wexner
Suzette W. Wexner, Secretary

Dated: June 26, 2001

INTRACOASTAL HEALTH FOUNDATION, INC.

David B. Robb, Jr.
David B. Robb, Jr., Chairperson

Suzette W. Wexner
Suzette W. Wexner, Secretary