PUBLIC DISCLOSURE COPY

(Not for IRS Filing)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Town of Palm Beach United Way, Inc.
Doing business as

D Employer identification number
59-0637885

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
44 Cocoanut Row M-201

E Telephone number
(561) 655-1919

City or town, state or province, country, and ZIP or foreign postal code
Palm Beach, FL 33480

G Gross receipts $ 10,516,934.

F Name and address of principal officer: Elizabeth Walton
same as C above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.palmbeachunitedway.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1945 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The Town of Palm Beach United Way, Inc. is committed to building a healthy community by helping

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	80
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	80
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,564,051.	7,837,310.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,368.	909,135.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,739,419.	8,746,445.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,684,788.	5,970,941.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	544,112.	573,441.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 567,930.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	644,817.	782,526.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,873,717.	7,326,908.
19	Revenue less expenses. Subtract line 18 from line 12	865,702.	1,419,537.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,936,783.	23,382,043.
21	Total liabilities (Part X, line 26)	4,254,133.	4,691,420.
22	Net assets or fund balances. Subtract line 21 from line 20	16,682,650.	18,690,623.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Elizabeth Walton, President & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Scott Y. Haynes	Scott Y. Haynes CPA	10-23-2025	☐	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 ☒ Yes ☐ No

See Schedule O for Organization Mission Statement Continuation

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:
The Town of Palm Beach United Way, Inc. is committed to building a healthy community by helping people care for one another, and investing in programs that build a better life for all by focusing on improving education, income, and health.

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,771,433. including grants of $ 1,608,400.) (Revenue $)
HELPING ADULTS ACHIEVE FINANCIAL STABILITY AND STRENGTHEN THE SAFETY NET: Investing in financial stability plays a crucial role in lifting people out of poverty. Income-based programs empower adults to secure and maintain employment, find stable housing, pay down debt, and save for the future. Financially stable adults are less likely to face homelessness, become involved in crime, or develop health issues.

The Town of Palm Beach United Way has invested $1,608,400 into 29 programs in Palm Beach County, targeting key areas of need:

Access to Jobs and Skills
While unemployment rates have decreased (continued on Schedule O)

4b (Code:) (Expenses $ 1,640,432. including grants of $ 1,477,400.) (Revenue $)
BUILD HEALTHIER COMMUNITIES FOR ALL: Investing in health creates a ripple effect that benefits entire communities. When residents have access to quality healthcare, they become more productive, rely less on government services, and reduce the need for expensive long-term care. Healthy children are better equipped to succeed in school, and healthy adults are more likely to maintain stable jobs or secure new employment opportunities.

The Town of Palm Beach United Way made a significant impact by investing $1,477,400 into 23 programs in Palm Beach County, focusing on the following critical areas: (continued on Schedule O)

4c (Code:) (Expenses $ 1,390,132. including grants of $ 1,227,100.) (Revenue $)
IMPROVING CHILDREN'S EDUCATION: Investing in education is a powerful way to prepare the next generation to lead in our families, businesses, and communities. When children have access to high-quality education from early childhood through to their careers, they are more likely to secure jobs with sustainable wages and opportunities for growth.

The Town of Palm Beach United Way invested $1,227,100 into 19 programs across Palm Beach County, focusing on the following key areas:

Early Childhood Education
Children who experience high-quality learning in their early years are more likely to succeed throughout (continued on Schedule O)

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,821,075. including grants of $ 1,658,041.) (Revenue $)

4e Total program service expenses 6,623,072.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	80		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	80		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

Elizabeth Walton - (561) 655-1919

44 Cocoanut Row, Palm Beach, FL 33480

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) Elizabeth Walton President and CEO	50.00			X				181,800.	0.	58,937.
(2) Missy Agnello Treasurer	1.00	X		X				0.	0.	0.
(3) Debra Vasilopoulos Secretary	1.00	X		X				0.	0.	0.
(4) Jorge Cabrera Assistant Treasurer	1.00	X		X				0.	0.	0.
(5) Mark Cook Vice Chairman	1.00	X		X				0.	0.	0.
(6) Christine Curtis Vice Chairwoman	1.00	X		X				0.	0.	0.
(7) Jeffrey Marcus Vice Chairman	1.00	X		X				0.	0.	0.
(8) Danielle Moore Vice Chairwoman	1.00	X		X				0.	0.	0.
(9) Trip Moore Vice Chairman	1.00	X		X				0.	0.	0.
(10) Richard Rothschild Chairman	1.00	X		X				0.	0.	0.
(11) Suzanne Ainslie Trustee	1.00	X		X				0.	0.	0.
(12) Skip Aldridge Trustee	1.00	X		X				0.	0.	0.
(13) Ann-Britt Angle Trustee	1.00	X						0.	0.	0.
(14) Sean Baker Trustee	1.00	X						0.	0.	0.
(15) Howard Bernick Trustee	1.00	X						0.	0.	0.
(16) David Blue Trustee	1.00	X						0.	0.	0.
(17) Cynthia Boardman Trustee	1.00	X						0.	0.	0.

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

(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			
(18) Sandra Bornstein Trustee	1.00	X						0.	0.	0.
(19) Carrie Bradburn Trustee	1.00	X						0.	0.	0.
(20) Atesh Chandra Trustee	1.00	X						0.	0.	0.
(21) Carla Cove Trustee	1.00	X						0.	0.	0.
(22) Wendy Cox Trustee	1.00	X						0.	0.	0.
(23) David Duffy Trustee	1.00	X						0.	0.	0.
(24) Ginny Edlavitch Trustee	1.00	X						0.	0.	0.
(25) Natalie Emerson Trustee	1.00	X						0.	0.	0.
(26) Gaye Engel Trustee	1.00	X						0.	0.	0.
1b Subtotal								181,800.	0.	58,937.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								181,800.	0.	58,937.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) Gail Engelberg Trustee	1.00	X						0.	0.	0.
(28) Elizabeth Feuer Trustee	1.00	X						0.	0.	0.
(29) Kristen Kelly Fisher Trustee	1.00	X						0.	0.	0.
(30) Stephen Fiverson Trustee	1.00	X						0.	0.	0.
(31) Mary Freitas Trustee	1.00	X						0.	0.	0.
(32) David Frisbie Trustee	1.00	X						0.	0.	0.
(33) Kimberly Goodwin Trustee	1.00	X						0.	0.	0.
(34) Lee Gordon Trustee	1.00	X						0.	0.	0.
(35) Nicki Harris Trustee	1.00	X						0.	0.	0.
(36) Ann Heathwood Trustee	1.00	X						0.	0.	0.
(37) Brian Hurley Trustee	1.00	X						0.	0.	0.
(38) Arthur Indursky Trustee	1.00	X						0.	0.	0.
(39) Ellen Jaffe Trustee	1.00	X						0.	0.	0.
(40) Josephine Kalisman Trustee	1.00	X						0.	0.	0.
(41) Paulette Koch Trustee	1.00	X						0.	0.	0.
(42) Paul Kozloff Trustee	1.00	X						0.	0.	0.
(43) Roberta Kozloff Trustee	1.00	X						0.	0.	0.
(44) Kristen Lambert Trustee	1.00	X						0.	0.	0.
(45) Nancy Lane Trustee	1.00	X						0.	0.	0.
(46) Frances Levy Trustee	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(47) Helene Lorentzen	1.00									
Trustee		X						0.	0.	0.
(48) William Mack	1.00									
Trustee		X						0.	0.	0.
(49) David Mack	1.00									
Trustee		X						0.	0.	0.
(50) Sara Maggio	1.00									
Trustee		X						0.	0.	0.
(51) Cara McClure	1.00									
Trustee		X						0.	0.	0.
(52) Pamela McIver	1.00									
Trustee		X						0.	0.	0.
(53) Diane McNeal	1.00									
Trustee		X						0.	0.	0.
(54) Evie McNiff	1.00									
Trustee		X						0.	0.	0.
(55) William Meyer	1.00									
Trustee		X						0.	0.	0.
(56) Hess Musallet	1.00									
Trustee		X						0.	0.	0.
(57) Rita Nowak	1.00									
Trustee		X						0.	0.	0.
(58) Edward Pantzer	1.00									
Trustee		X						0.	0.	0.
(59) Katherine Parr	1.00									
Trustee		X						0.	0.	0.
(60) Michael Pucillo	1.00									
Trustee		X						0.	0.	0.
(61) Thomas Quick	1.00									
Trustee		X						0.	0.	0.
(62) Farley Rentschler	1.00									
Trustee		X						0.	0.	0.
(63) Eugene Ribakoff	1.00									
Trustee		X						0.	0.	0.
(64) Laing Rogers	1.00									
Trustee		X						0.	0.	0.
(65) Lyn Ross	1.00									
Trustee		X						0.	0.	0.
(66) Barbara Rothschild	1.00									
Trustee		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(67) John Scarpa Trustee	1.00	X						0.	0.	0.
(68) Louise Snyder Trustee	1.00	X						0.	0.	0.
(69) Christine Stiller Trustee	1.00	X						0.	0.	0.
(70) Jessica Surovek Trustee	1.00	X						0.	0.	0.
(71) John Tatooles Trustee	1.00	X						0.	0.	0.
(72) William Tiefel Trustee	1.00	X						0.	0.	0.
(73) Robbi Toll Trustee	1.00	X						0.	0.	0.
(74) Wendy Topkis Trustee	1.00	X						0.	0.	0.
(75) Betsy Turner Trustee	1.00	X						0.	0.	0.
(76) Wallace Turner Trustee	1.00	X						0.	0.	0.
(77) Kathryn Vecellio Trustee	1.00	X						0.	0.	0.
(78) Simone Vickar Trustee	1.00	X						0.	0.	0.
(79) Beth Wilf Trustee	1.00	X						0.	0.	0.
(80) Lisa Wilkinson Trustee	1.00	X						0.	0.	0.
(81) Adolfo Zaralegui Trustee	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,837,310.			
	g Noncash contributions included in lines 1a-1f	1g	$ 619,266.			
	h **Total.** Add lines 1a-1f		7,837,310.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		633,744.			633,744.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	2,045,880.				
	b Less: cost or other basis and sales expenses 7b	1,770,489.				
	c Gain or (loss) 7c	275,391.				
	d Net gain or (loss)		275,391.			275,391.
	8a 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					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a 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		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		8,746,445.	0.	0.	909,135.

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	5,970,941.	5,970,941.		
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	247,465.	123,734.	24,748.	98,983.
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	231,350.	115,674.	23,134.	92,542.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,702.	17,351.	3,470.	13,881.
9 Other employee benefits	28,819.	14,410.	2,882.	11,527.
10 Payroll taxes	31,105.	15,553.	3,111.	12,441.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,500.	13,750.	2,750.	11,000.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,000.		25,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	14,732.	7,366.	1,473.	5,893.
13 Office expenses	82,225.	41,113.	8,222.	32,890.
14 Information technology	16,560.	8,280.	1,656.	6,624.
15 Royalties				
16 Occupancy				
17 Travel	4,500.	2,250.	450.	1,800.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	68,541.	51,406.	6,854.	10,281.
22 Depreciation, depletion, and amortization	1,442.	663.	245.	534.
23 Insurance	11,146.	5,573.	1,115.	4,458.
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 Sponsored meetings and	243,552.	171,525.	14,411.	57,616.
b Donated Goods	163,945.			163,945.
c Repairs and maintenance	33,433.	16,717.	3,343.	13,373.
d Processing and bank fee	31,553.	15,777.	3,155.	12,621.
e All other expenses	58,397.	30,989.	9,887.	17,521.
25 **Total functional expenses.** Add lines 1 through 24e	7,326,908.	6,623,072.	135,906.	567,930.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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	4,867,363.	2	5,307,353.
	3	Pledges and grants receivable, net	168,003.	3	149,610.
	4	Accounts receivable, net		4	
	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	6,303.	9	8,703.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 471,670.			
	b	Less: accumulated depreciation — 10b: 462,743.	3,859.	10c	8,927.
	11	Investments - publicly traded securities	2,617,204.	11	2,739,565.
	12	Investments - other securities. See Part IV, line 11	10,576,870.	12	12,324,491.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,696,681.	15	2,842,894.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	20,936,783.	16	23,382,043.
Liabilities	17	Accounts payable and accrued expenses	13,330.	17	8,159.
	18	Grants payable	3,906,000.	18	4,312,900.
	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	334,803.	25	370,361.
	26	**Total liabilities.** Add lines 17 through 25	4,254,133.	26	4,691,420.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	9,695,682.	27	10,791,376.
	28	Net assets with donor restrictions	6,986,968.	28	7,899,247.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	16,682,650.	32	18,690,623.
	33	Total liabilities and net assets/fund balances	20,936,783.	33	23,382,043.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,746,445.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,326,908.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,419,537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,682,650.
5	Net unrealized gains (losses) on investments	5	442,223.
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	146,213.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,690,623.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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?	3a		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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
Town of Palm Beach United Way, Inc.

Employer identification number
59-0637885

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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.")	5462980.	8112321.	7848159.	6644518.	7837310.	35905288.
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	5462980.	8112321.	7848159.	6644518.	7837310.	35905288.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						35905288.

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	5462980.	8112321.	7848159.	6644518.	7837310.	35905288.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	136,906.	365,626.	384,136.	533,253.	633,744.	2053665.
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						37958953.

12 Gross receipts from related activities, etc. (see instructions) 12

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	94.59 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	95.83 %

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 ☒

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 ☐

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 ☐

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 ☐

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 ☐

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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**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? *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.*	**1**		
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? *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.*	**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)? *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).*	**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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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? 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.*	**2a**		
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? *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.*	**2b**		
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? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**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 ☐ 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 - *provide details in* **Part VI**)	**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 (*provide details in* **Part VI**). 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 - *explain in* **Part VI**). 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, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. 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			

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.)

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

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

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: Town of Palm Beach United Way, Inc.

Employer identification number: 59-0637885

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
1		$ 351,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 341,870.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 312,656.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: Town of Palm Beach United Way, Inc.

Employer identification number: 59-0637885

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
3	US Treasury Strip 0%54INT Due 2/15/54 Strip FM	$ 312,656.	09/09/24
		$	
		$	
		$	
		$	
		$	

Name of organization: Town of Palm Beach United Way, Inc.

Employer identification number: 59-0637885

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
Town of Palm Beach United Way, Inc.

Employer identification number
59-0637885

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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 $ _____

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	334,803.
d Additions during the year	1d	498,864.
e Distributions during the year	1e	463,306.
f Ending balance	1f	370,361.

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	10,045,537.	10,476,898.	10,313,813.	11,545,071.	9,320,297.
b Contributions	612,656.	108,362.		250,000.	253,700.
c Net investment earnings, gains, and losses	1,133,151.	-514,723.	675,603.	-1,481,258.	1,971,074.
d Grants or scholarships					
e Other expenditures for facilities and programs			512,518.		
f Administrative expenses	25,000.	25,000.			
g End of year balance	11,766,344.	10,045,537.	10,476,898.	10,313,813.	11,545,071.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 59.8200 %
b Permanent endowment 40.1800 %
c Term endowment ____ %

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?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		303,028.	301,209.	1,819.
c Leasehold improvements				
d Equipment		168,642.	161,534.	7,108.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				8,927.

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) Iberia CD	558,147.	Cost
(B) Investment - Endowment	11,766,344.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,324,491.	

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) Beneficial Interest in Trusts	2,842,894.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	2,842,894.

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) Agency payable - Impact 100	370,361.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	370,361.

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 ... X

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	9,066,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	588,436.		
b	Donated services and use of facilities	2b	21,150.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	609,586.
3	Subtract line 2e from line 1			3	8,457,345.
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	25,000.		
b	Other (Describe in Part XIII.)	4b	264,100.		
c	Add lines 4a and 4b			4c	289,100.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,746,445.

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	7,058,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	21,150.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	21,150.
3	Subtract line 2e from line 1			3	7,037,808.
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	25,000.		
b	Other (Describe in Part XIII.)	4b	264,100.		
c	Add lines 4a and 4b			4c	289,100.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	7,326,908.

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 IV, line 1b:
Impact 100 activity.

Part X, Line 2:
Part X FASB ASC 740 Footnote

The Organization is exempt from federal & state income taxes as a voluntary health & welfare organization under Internal Revenue Section 501(c)(3). Income fom activities not directly related to the Organization's exempt purpose is subject to taxation at statutory corporate tax rates. There were no income activities unrelated to the Organization's exempt purpose during the current year. Accordingly, no income taxes are provided in the financial statements.

Management analyzes tax positions in jurisdictions where it is required to file income tax returns. Interest and penalties attributable to income taxes, if any, are included in operating expenses. Based on its evaluation, management did not identify any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease. No interest or penalties related to income taxes were recorded for the years ended June 30, 2025 and 2024. The Organization is no longer subject to income tax examination for the fiscal years prior to 2021.

Part XI, Line 4b - Other Adjustments:

Part XIII Supplemental Information *(continued)*

Designation to other agencies	264,100.

Part XII, Line 4b - Other Adjustments:

Designation to other agencies	264,100.

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: Town of Palm Beach United Way, Inc.

Employer identification number: 59-0637885

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? [X] 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
211 Palm Beach PO Box 3588 Lantana, FL 33465	23-7153017		172,400.	0.	Cash		Grants to support program operations
Achievement Centers 555 NW 4th Street Delray Beach, FL 33444	59-1264435		187,000.	0.	Cash		Grants to support program operations
Adopt-a-Family 1712 Second Avenue North Lake Worth, FL 33460	59-2471253		221,000.	0.	Cash		Grants to support program operations
Aid to Victims of Domestic Abuse PO Box 6167 Delray Beach, FL 33482	59-2486620		256,960.	0.	Cash		Grants to support program operations
Alpert Jewish Family Service P.O. Box 220627 West Palm Beach, FL 33422	59-1520581		133,750.	0.	Cash		Grants to support program operations
Alzheimer's Community Care 800 Northpoint Parkway West Palm Beach, FL 33407	31-1481653		22,000.	0.	Cash		Grants to support program operations

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

3 Enter total number of other organizations listed in the line 1 table 67.

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
American Assoc of Caregiving Youth 6401 Congress Avenue Boca Raton, FL 33487	65-0866677		27,000.	0.	Cash		Grants to support program operations
American Friends of Magen David Adom - 20 W 36th Street, Suite 1100 - New York, NY 10018	13-1790719		25,000.	0.	Cash		Grants to support program operations
American Red Cross 431 18th St NW Washington, DC 20006	53-0196605		15,000.	0.	Cash		Grants to support program operations
Americares 88 Hamilton Avenue Stamford, CT 06902	06-1008595		190,000.	0.	Cash		Grants to support program operations
ARC of the Glades 4250 NW 16th Street Belle Glade, FL 33430	59-1760374		25,375.	0.	Cash		Grants to support program operations
Boca Helping Hands 1500 NW 1st Ct Boca Raton, FL 33432	31-1713631		25,000.	0.	Cash		Grants to support program operations
Boys and Girls Club of PBC 800 Northpoint Parkway West Palm Beach, FL 33407	23-7060561		219,000.	0.	Cash		Grants to support program operations
Brown University Foundation PO Box 1925 Providence, RI 02912	05-0258809		10,000.	0.	Cash		Grants to support program operations
CROS Ministries 301 S First Street Lake Worth, FL 33460	59-1802917		62,680.	0.	Cash		Grants to support program operations

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
Caridad Center 8545 W Boynton Beach Boynton Beach, FL 33472	65-0149453		262,000.	0.	Cash		Grants to support program operations
Catholic Charities P.O. Box 109650 Palm Beach Gardens, FL 33410	65-0932032		93,000.	0.	Cash		Grants to support program operations
Center for Child Counseling 8995 N Military Trail Suite 300 Palm Beach Gardens, FL 33410	65-0932032		87,000.	0.	Cash		Grants to support program operations
Center for Family Services 4101 Parker Avenue West Palm Beach, FL 33405	59-1084179		51,000.	0.	Cash		Grants to support program operations
Clinics Can Help 2560 Westgate Avenue West Palm Beach, FL 33409	20-2778895		65,000.	0.	Cash		Grants to support program operations
Convoy of Hope PO Box 1125 Springfield, MO 65801	68-0051386		60,000.	0.	Cash		Grants to support program operations
Drug Abuse Foundation 400 South Swinton Avenue Delray Beach, FL 33444	23-7074625		173,000.	0.	Cash		Grants to support program operations
Drug Abuse Treatment Association 1016 Clemons Street, Suite 300 Jupiter, FL 33477	59-1363887		213,000.	0.	Cash		Grants to support program operations
El Sol 106 Military Trail Jupiter, FL 33458	01-0870672		72,800.	0.	Cash		Grants to support program operations

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
Elev8Hope, Inc. 3700 SE Salerno Road Stuart, FL 34997	90-0806545		55,000.	0.	Cash		Grants to support program operations
Families First of PBC 3333 Forest Hill West Palm Beach, FL 33406	65-0166352		147,500.	0.	Cash		Grants to support program operations
Farmworker Coordinating Council 1123 Crestwood Boulevard Lake Worth, FL 33460	59-1830267		78,000.	0.	Cash		Grants to support program operations
Feed the Hungry Pantry of Palm Beach County - 8306 155th Place North - Palm Beach Gardens, FL 33418	82-3760456		25,000.	0.	Cash		Grants to support program operations
Glades Initiative 141 SE Avenue C Belle Glade, FL 33430	01-0733180		242,680.	0.	Cash		Grants to support program operations
Global Empowerment Mission 1309 North Flagler Drive West Palm Beach, FL 33401	95-2557091		245,000.	0.	Cash		Grants to support program operations
Habitat for Humanity Greater Palm Beach County - 181 SE 5th Avenue - Delray Beach, FL 33483	65-0307017		82,077.	0.	Cash		Grants to support program operations
Habitat for Humanity of Martin County - 2090 NW Federal Highway - Stuart, FL 34994	59-2816698		20,000.	0.	Cash		Grants to support program operations
Harbor House 430 East Avenida de Los Arboles, Suite 105 - Thousand Oaks, CA 91360	38-4100881		40,000.	0.	Cash		Grants to support program operations

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
House of Hope Martin County 2484 SE Bonita Street Stuart, FL 34997	59-2422998		35,000.	0.	Cash		Grants to support program operations
Jewish Federation of Palm Beach County - 1 Harvard Circle, Suite 100 - West Palm Beach, FL 33409	59-0948696		15,500.	0.	Cash		Grants to support program operations
Healthy Mothers Healthy Babies 4601 Lake Worth Road Greenacres, FL 33463	59-2657051		53,000.	0.	Cash		Grants to support program operations
Home Safe 2840 South Dixie Hwy Lake Worth, FL 33461	59-1935485		106,625.	0.	Cash		Grants to support program operations
Kings Foundation America 1600 Bausch and Lomb Place Rochester, NY 14604	61-2055366		6,000.	0.	Cash		Grants to support program operations
Legal Aid Society 423 Fern West Palm Beach, FL 33401	59-6046994		90,350.	0.	Cash		Grants to support program operations
Literacy Coalition of Palm Beach County - 3651 Quantum Blvd. - Boynton Beach, FL 33426	65-0169781		197,000.	0.	Cash		Grants to support program operations
Lord's Place PO Box 3265 West Palm Beach, FL 33402	59-2240502		392,000.	0.	Cash		Grants to support program operations
Los Angels Fire Department Foundation - 1700 Stadium Way, Suite 100 - Los Angeles, CA 90012	27-2007326		50,000.	0.	Cash		Grants to support program operations

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
Milagro Center 695 Auburn Ave Delray Beach, FL 33444	65-0804625		163,000.	0.	Cash		Grants to support program operations
Norton Museum of Art 1450 South Dixie Highway West Palm Beach, FL 33401	59-0624432		25,000.	0.	Cash		Grants to support program operations
Palm Beach County Food Bank 525 Gator Avenue Lantana, FL 33462	90-0788707		57,000.	0.	Cash		Grants to support program operations
Opportunity, Inc. 4171 Westgate Ave West Palm Beach, FL 33409	59-0624429		212,000.	0.	Cash		Grants to support program operations
Palm Beach Synagogue 120 North County Road Palm Beach , FL 33480	65-0478910		7,500.	0.	Cash		Grants to support program operations
Planned Parenthood 2300 North Florida Mango West Palm Beach, FL 33409	59-1391115		200,000.	0.	Cash		Grants to support program operations
Project Hope 1220 19th Street, NW, Suite 800 Washington, DC 20036	53-0242962		45,000.	0.	Cash		Grants to support program operations
Project Lift, Inc 1330 SW 34th Street Palm City, FL 34990	27-3949112		113,500.	0.	Cash		Grants to support program operations
Society of the Four Arts 100 Four Arts Plaza Palm Beach, FL 33480	59-0454318		25,000.	0.	Cash		Grants to support program operations

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
St. Paul's Cathedral Trust in America, Inc. - 4804 Lockgreen Circle - Richmond, VA 23226	56-1852735		7,000.	0.	Cash		Grants to support program operations
Take Stock in Children 1896 Palm Beach Lakes West Palm Beach, FL 33409	59-3331584		93,800.	0.	Cash		Grants to support program operations
Team Rubicon 5230 Pacific Concourse Drive, Suite Los Angeles, CA 90045	27-1720480		20,000.	0.	Cash		Grants to support program operations
Triangle Club 1369 Okeechobee Road West Palm Beach, FL 33401	59-0919735		10,000.	0.	Cash		Grants to support program operations
Urban League of Palm Beach County 1700 N Australian Avenue West Palm Beach, FL 33407	59-1533710		13,000.	0.	Cash		Grants to support program operations
Valley Forge Military Academy & College - 1001 Eagle Road - Wayne, PA 19087	23-1178880		25,000.	0.	Cash		Grants to support program operations
Vita Nova 2724 N Australian Ave West Palm Beach, FL 33407	65-0298299		62,750.	0.	Cash		Grants to support program operations
World's Central Kitchen, Inc 200 Massachusetts Ave NW Washington, DC 20001	27-3521132		112,500.	0.	Cash		Grants to support program operations
YMCA of South Palm Beach 6631 S Palmetto Circle Boca Raton, FL 33431	59-1416281		20,000.	0.	Cash		Grants to support program operations

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
YWCA of Palm Beach County 1016 N Dixie Highway West Palm Beach, FL 33401	59-0751935		97,250.	0.	Cash		Grants to support program operations
Palm Beach Police and Fire Foundation - 139 North County Road, Suite 26 - Palm Beach, FL 33480	83-0462654		35,000.	0.	Cash		Grants to support program operations

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:
The Town of Palm Beach United Way maintains comprehensive records to substantiate all grant awards, eligibility of grantees, and the selection criteria used in the funding process. Grant records from 1996 to present are retained digitally and include agency applications, required documentation, financial audits, budgets, IRS Form 990s, program outcome reports, site visit notes, volunteer committee evaluations, and approval minutes. These records insure full substantiation of both agency eligibility and the rigorous selection process.

Grantmaking Process:
Our grantmaking is an extensive, volunteer-driven process. Each year, nonprofit agencies apply for funding and must demonstrate compliance with our established standards. More than 130 trained community volunteers serve on allocation committees, reviewing agency applications, financial audits, budgets, and outcome reports. These committees also conduct on-site visits, interview agency leadership, and assess program performance and community need. Recommendations are then submitted to the volunteer Board of Trustees

Part IV Supplemental Information

for final approval. This layered review ensures accountability, transparency, and fairness.

Selection Criteria:
The Town of Palm Beach United Way applies 13 published standards* that all agencies must meet to be eligible for funding. These criteria include legal nonprofit status, compliance with federal and state laws, submission of audited financial statements, limits on administrative and fundraising costs, demonstration of community need, program effectiveness, equal access policies, and governance requirements (active volunteer boards, conflict of interest policies, bylaws, etc.). Agencies that fail to maintain eligibility are subject to probation or removal from the partner network after consecutive non-funding cycles.

Record Retention:
All grantmaking records are retained in accordance with our Records Retention Policy (Policy 06-2010). Unless otherwise required by law or contract, these records are maintained for a minimum of seven (7) years. This retention period covers all grant applications, supporting documentation, committee reviews, board decisions, and outcome reports. In practice, many records (including digital archives dating back to 1996) are maintained longer for institutional continuity and transparency.

STANDARDS
With increasing need in our community for health and human services and with limited resources available, Town of Palm Beach United Way's Board of Trustees must ensure that our Community Partner Investments are being made as wisely as possible. Additionally, our investors (donors) want to know that we are making the greatest possible impact in the areas of need identified by our community.

Therefore, it is important for the Town of Palm Beach United Way to adhere to rigorous standards when determining whether an organization is eligible to be considered a Community Partner and what it means to be a "Partner." Current Partners are required to meet the following standards:

Schedule I Part 1, Line 2, Continued
Standard 1
The agency has tax-exempt status under IRS Code 501 (c)(3); is incorporated as a nonprofit agency in the State of Florida; and is registered with the Florida Department of Agriculture and Consumer Services.

Standard 2
The agency agrees to understand and comply with all applicable federal, state, and local laws, including the USA Patriot Act and yearly submission of the IRS Form 990 within 6 months of the end of the fiscal year.

Standard 3
The agency must have an unqualified annual financial audit completed within 6 months of the end of the fiscal year by an Independent Certified Public Accountant in accordance with Generally Accepted Accounting Principles (GAAP).

Part IV Supplemental Information

Standard 4
The agency must submit yearly a proposed budget and make financial records available to authorized Town of Palm Beach United Way representatives for review.

Standard 5
The agency's fundraising and administrative expenses represent 25% or less of the total support and revenue for the last fiscal year according to IRS Form 990.

Standard 6
The agency must submit yearly data showing program activities in the geographical area covered by the Town of Palm Beach United Way and in other areas served.

Standard 7
The agency must provide community service based on documented need. Services should be clearly defined, their impact documented, and targeted to a population or locale not presently served by existing programs.

Standard 8
The agency will provide equal access to services to all who qualify. The agency will not discriminate on the basis of race, color, religion, gender, national origin, age, sexual orientation, disability, marital status, veteran status or any other characteristic protected by law: in employment, promotion of personnel, election to the Board of Directors or selection of volunteers or vendors.

Standard 9
The agency has by-laws that determine: minimum and maximum number of board members; tenure of board members; officers; committees; quorum Standards; and board members serve without compensation.

Standard 10
The agency is governed by an active, non-paid, volunteer Board of Directors that: meet with a quorum at least four times per year; annually reviews the agency's mission statement; annually reviews the agency's by-laws; approves the annual budget and reviews financial statements at least quarterly.

Standard 11
Board policies must state that Board Members must identify all conflicts of interest and may not participate in decisions affecting themselves or organizations they represent.

Standard 12
The agency must identify itself as a member agency through display of the Town of Palm Beach United Way logo and name on its physical facilities, public service announcements, and when speaking to groups at events which would be beneficial to both parties.

Standard 13
In the circumstance that a partner agency is not funded for two (2) consecutive years, the agency will be notified. The notice will inform the partner agency they have one more funding cycle remaining to complete a grant application. During that cycle, if the agency is

Part IV Supplemental Information

awarded funding, they will remain a partner agency. If the agency is not awarded funding, that agency will no longer be a Town of Palm Beach United Way partner agency. The agency can, however, reapply as a new partner agency in the future.

Eligibility determination does not necessarily result in Town of Palm Beach United Way funding. The amount of available dollars, the urgency of existing needs, and other key variables are important to the Town of Palm Beach United Way citizen review process and the final funding decision. The Town of Palm Beach United Way requires additional information from agencies as conditions for funding. These conditions are unique to the United Way funding relationship and are included in formalized agreements.

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

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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) Elizabeth Walton	(i)	181,800.	0.	0.	27,270.	31,667.	240,737.	0.
President and CEO	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

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	X	10	455,321.	FMV - Public Exchang
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 ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
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?	30a			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?	31	X		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X		
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.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 32b:
Any non-cash contributions of marketable securities are required to be delivered to the Organization's investment advisors generally for liquidation to cash, pursuant to company policy.

Form 990, Part I, Line 1, Description of Organization Mission:
people care for one another, and investing in programs that build a better life for all by focusing on improving education, income, and health.

Form 990, Part III, Line 4a, Program Service Accomplishments:
over the last decade, wages have not kept pace with the rising costs of housing and daily living. As a result, many low-income households rely on multiple jobs to make ends meet, often borrowing heavily or turning to high-cost alternatives to cover basic expenses. $200,000 was invested in 3 programs, serving 919 individuals.

Food
Food insecurity limited access to enough nutritious food for a healthy lifestyle affects nearly 200,000 people in Palm Beach County, including over 50,000 children. Hunger undermines child development, academic performance, and physical and mental health. $275,000 was invested in 9 programs, providing support to 71,423 individuals.

Housing and Community-Based Support
Many individuals and families live on the brink of homelessness, facing complex economic and social challenges that can lead to housing instability. Emergency shelters provide critical support for those in need, offering immediate relief and connecting people to long-term resources. $713,400 was invested in 11 programs, benefiting 55,439 individuals.

Domestic Violence Support
Domestic violence encompassing physical, sexual, emotional, and psychological abuse affects people of all ages, backgrounds, and socioeconomic statuses. It is a pervasive issue that requires targeted intervention to protect survivors and prevent further harm. $420,000 was invested in 6 programs, supporting 1,748 children and adults.

These investments are vital in creating a safety net for adults in Palm Beach County, helping them break the cycle of poverty and build stronger, more stable futures for themselves and their families.

Form 990, Part III, Line 4b, Program Service Accomplishments:
Medical and Dental Care
Many individuals lack health insurance or struggle to afford co-pays and prescriptions, which prevents them from improving or maintaining their health. This leads to long-term, serious health issues that affect their ability to work, go to school, or live independently. $484,500 was invested in 5 programs, providing care to 11,973 patients.

Mental Health Support
Mental health challenges are common, but when they evolve into ongoing conditions, they can significantly impair an individual's daily functioning. Early intervention and access to mental health services can prevent the escalation of these issues into more severe problems. $447,500 was invested in 11 programs, serving 16,078 children and

adults.

Substance Abuse Prevention and Treatment
Substance abuse not only risks the health of individuals but can also lead to job loss, family breakdowns, and dangerous behaviors. Evidence shows that those who engage in treatment and recovery programs often stop using drugs, reduce criminal behavior, and improve their overall quality of life. $385,000 was invested in 2 programs, helping 555 children and adults.

Support for Older Adults and Caregivers
Seniors today have different needs and expectations than previous generations. They require programs that allow them to live independently while ensuring financial stability. Caregivers, too, need support to provide a stable environment for their loved ones. $135,400 was invested in 4 programs, benefiting 1,692 seniors and caregivers.

Services for People with Disabilities and Special Needs
When individuals with disabilities reach adulthood, they often "age out" of the services that helped them maintain independence. These individuals need continued access to programs that support independent living, financial security, and overall stability. $25,000 was invested in 1 program, serving 44 children and adults.

By prioritizing these health and social services, the Town of Palm Beach United Way is fostering a healthier, more resilient community, one investment at a time.

Form 990, Part III, Line 4c, Program Service Accomplishments:
school and beyond. Early education sets the foundation for positive development, helping children avoid negative outcomes later in life. $371,000 was invested in 3 programs, reaching 356 children.

Elementary Afterschool and Out-of-School Programs
After-school and out-of-school programs give youth the extra support they need to stay on track and enhance their learning beyond the classroom. These programs help reinforce school-day activities and keep children engaged in their education. $531,600 was invested in 6 programs, supporting 3,245 children.

Middle School Support
Middle school is a critical time for academic, social, and behavioral development. By offering the right support at this stage, students are better prepared for the transition to high school and future success. $56,000 was invested in 3 programs, helping 414 students.

High School and Beyond
A high school diploma is a crucial stepping stone for higher education, certifications, and most career opportunities. Those who graduate from high school are more likely to enter the workforce, earn higher wages, and access safer housing, better healthcare, and improved quality of life. $268,500 was invested in 7 programs, serving 2,869 students.

These investments in education are creating pathways for success, ensuring that children and youth in Palm Beach County are prepared to lead and thrive in the workforce and beyond.

Name of the organization: Town of Palm Beach United Way, Inc.
Employer identification number: 59-0637885

Form 990, Part III, Line 4d, Other Program Services:
Other programs
Expenses $ 1,821,075. including grants of $ 1,658,041. Revenue $ 0.

Form 990, Part VI, Section A, line 2:
Paul Kozloff and Roberta Kozloff - Husband and Wife
Richard Rothchild and Barbara Rothchild - Husband and Wife
Wally Turner and Betsy Turner - Husband and Wife
William Mack and David Mack - Brothers

Form 990, Part VI, Section B, line 11b:
The IRS Form 990 is prepared by the Town of Palm Beach United Way's auditing firm, Holyfield & Thomas, LLC. A draft of Form 990 is reviewed by the CEO and bookkeeper and then is presented to the Audit Committee for review. A final version of Form 990 is presented to the Board of Trustees for review. Once reviewed by the entire board the 990 is filed with the Internal Revenue Service and posted on the agency's website.

Form 990, Part VI, Section B, Line 12c:
The Town of Palm Beach United Way annually provides a Conflict of Interest document to all staff, board of trustees members, and allocation committee volunteers. Each are required to sign the statement. The statements are reviewed by the CEO of the Town of Palm Beach United Way and tracked by a staff member. It is the responsibility of the individual to make the Town of Palm Beach United Way aware of any conflicts that arise after they sign the document. If there is a real or perceived conflict of interest an individual may participate in discussion around a given issue but will abstain from any vote pertaining to their conflict.

Form 990, Part VI, Section B, Line 15:
The executive committee of the Palm Beach United Way evaluates the CEO. The CEO evaluates the performance of all employees against goals and sets compensation accordingly. The salaries of all employees are voted on by the executive committee and the entire board.

Form 990, Part VI, Section C, Line 19:
The Town of Palm Beach United Way makes its governing documents and Conflict of Interest policy available to the public upon request. The Town of Palm Beach United Way's Forms 990 and audited financial statements are available on the website at www.palmbeachunitedway.org.

The Town of Palm Beach United Way's Forms 990 and audited financial statements are also available on third party websites:
www.guidestar.org
www.foundationcenter.org
www.charitynavigator.org

Form 990, Part XI, line 9, Changes in Net Assets:
Change in value of beneficial interest in trusts 146,213.

Part XII Line 2C
The audit committee has oversight of the audited financials statements and Form 990 as presented by the independent auditor. The process is unchanged from prior years.