

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **July 1**, 2020, and ending **June 30**, 20 **21**

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 _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
44 Coconut Row M-201
 City or town, state or province, country, and ZIP or foreign postal code
Palm Beach, FL 33480

D Employer identification number
59-0637885

E Telephone number
561-655-1919

G Gross receipts \$ **5,699,794**

F Name and address of principal officer: **Elizabeth Walton**
PO Box 1141, Palm Beach, FL 33480

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

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 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	Check this box <input type="checkbox"/> 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 75
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 75
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 6
	6	Total number of volunteers (estimate if necessary)	6 440
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,476,090 Current Year 5,462,980
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,522 136,906
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,604 99,908
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,734,216 5,699,794
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,837,862 4,460,498
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	497,912 472,652
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 361,787	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	400,527 666,406
Net Assets or Fund Balances	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,736,301 5,599,556
	19	Revenue less expenses. Subtract line 18 from line 12	997,915 100,238
	20	Total assets (Part X, line 16)	Beginning of Current Year 15,414,116 End of Year 17,611,590
	21	Total liabilities (Part X, line 26)	3,426,263 3,593,946
	22	Net assets or fund balances. Subtract line 21 from line 20	11,987,853 14,017,644

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: **ELIZABETH WALTON** Date: **1-09-2021**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To help people community-wide improve their quality of life.

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 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 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 \$ 1,748,271 including grants of \$ 1,513,000) (Revenue \$)
BUILD HEALTHIER COMMUNITIES FOR ALL
Investments in health benefit the entire community because residents who have access to quality healthcare are more productive and require fewer government services and costly long-term care. Healthy kids are more likely to succeed in school and healthy adults are more likely to maintain or gain employment. The Town of Palm Beach United Way invested \$1,513,000 into 37 programs at 21 partner agencies in Palm Beach County.

Medical and Dental - Many individuals do not have access to health insurance or do not have the funds to pay co-pays for prescriptions. As a result, they are unable to maintain or improve their health status and are at-risk for long-term, serious health issues. Poor health impacts the ability to function, to attend school and to to maintain or gain employment. \$344,800 was invested into 5 programs providing services to 9,958 patients.

4b (Code:) (Expenses \$ 1,273,649 including grants of \$ 1,102,250) (Revenue \$)
HELPING ADULTS ACHIEVE FINANCIAL STABILITY AND STRENGTHEN THE SAFETY NET
Investments in financial stability lift people out of poverty because income-based programs allow adults to find and maintain jobs, secure housing, pay down debt and save for the future. Adults who are financially stable are less likely to be homeless, engage in crime and develop health problems. The Town of Palm Beach United Way invested \$1,102,250 into 20 programs at 14 partner agencies in Palm Beach County.

Access to Jobs and Job Skills Training - Although unemployment has gone down in the last decade, salaries and wages have not kept up with the cost of housing and daily living expenses. For this reason, the main income earner in a low-income household works 2 or 3 jobs to make ends meet, and many families are borrowing heavily and relying on high-cost alternatives to cover their daily expenses. \$140,000 was invested into 2 programs providing services to 600 individuals.

4c (Code:) (Expenses \$ 1,109,973 including grants of \$ 960,600) (Revenue \$)
IMPROVING CHILDREN'S EDUCATION
Investments in education prepare the next generation to lead our families, businesses and communities. Children who have access to high-quality education from cradle to career position themselves for work that pays a sustaining wage. The Town of Palm Beach United Way invested \$960,600 into 22 programs at 15 partner agencies in Palm Beach County.

Early Childhood Education - Children are more successful in school and throughout their lives when they have had the benefit of high-quality learning experiences in their early years. Early childhood education programs can put children on the path toward positive development and prevent poor outcomes in adulthood. \$749,600 was invested in 12 programs providing services to 4,657 children.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,022,331 including grants of \$ 884,648) (Revenue \$)

4e Total program service expenses **5,154,224**

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)? <i>If "Yes," complete Schedule A</i>	✓	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
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? <i>If "Yes," complete Schedule C, Part II</i>		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
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? <i>If "Yes," complete Schedule D, Part I</i>		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
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? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	✓	
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? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
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? <i>If "Yes," complete Schedule D, Part VII</i>		✓
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? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
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? <i>If "Yes," complete Schedule D, Part IX</i>	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		✓
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)? <i>If "Yes," complete Schedule D, Part X</i>	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		✓
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		✓
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		✓
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?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
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	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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 instructions and file Form 4720, Schedule N.	15	✓
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	✓

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

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		
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<input checked="" type="checkbox"/>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Florida
- 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.
 Own website Another's website 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, 44 Cocoanut Row, Suite 201, Palm Beach, FL 33480 561-655-1919

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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 dotted 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)	(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			
(1) Mary Freitas Chairman	1	✓		✓			0	0	0	
(2) Mark Cook Vice Chairman	1	✓		✓			0	0	0	
(3) Christine Curtis Vice Chairman	1	✓		✓			0	0	0	
(4) J. Ira Harris Vice Chairman	1	✓		✓			0	0	0	
(5) Danielle Moore Vice Chairman	1	✓		✓			0	0	0	
(6) Trip Moore Vice Chairman	1	✓		✓			0	0	0	
(7) Missy Agnello Treasurer	1	✓		✓			0	0	0	
(8) Jorge Cabrera Deputy Treasurer	1	✓		✓			0	0	0	
(9) Debra Vasilopoulos Secretary	1	✓		✓			0	0	0	
(10) Suzanne Ainslie Trustee	1	✓					0	0	0	
(11) Ann-Britt Angle Trustee	1	✓					0	0	0	
(12) Sean Baker Trustee	1	✓					0	0	0	
(13) Howard Bernick Trustee	1	✓					0	0	0	
(14) Cynthia Boardman Trustee	1	✓					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 dotted 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)	(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			
(15) Jay Boodheshwar Trustee	1	✓						0	0	0
(16) Jack Borland Trustee	1	✓						0	0	0
(17) Sandra Bornstein Trustee	1	✓						0	0	0
(18) James Borynack Trustee	1	✓						0	0	0
(19) Sean Bresnan Trustee	1	✓						0	0	0
(20) Nancy Brinker Trustee	1	✓						0	0	0
(21) Paula Butler Trustee	1	✓						0	0	0
(22) Atesh Chandra Trustee	1	✓						0	0	0
(23) Carla Cove Trustee	1	✓						0	0	0
(24) Christina Dennis Trustee	1	✓						0	0	0
(25) Tasha Dickinson Trustee	1	✓						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								143,177	0	42,813
d Total (add lines 1b and 1c)								143,177		42,813

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 ▶

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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

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 ▶

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	5,462,980			
	g Noncash contributions included in lines 1a-1f	1g	\$ 290,526			
	h Total. Add lines 1a-1f ▶		5,462,980			
	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) ▶		136,906		136,906	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	6a	(i) Real	(ii) Personal		
			6b Less: rental expenses	6b		
			6c Rental income or (loss)	6c		
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
			750,000			
			7b Less: cost or other basis and sales expenses	7b	650,092	
	c Gain or (loss)	7c	99,908			
	d Net gain or (loss) ▶		99,908		99,908	
	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 ▶		5,699,794			236,814	

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	4,460,498	4,460,498		
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	143,177	71,588	14,317	57,272
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	201,575	100,788	18,021	82,766
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,700	27,850	5,225	22,625
9 Other employee benefits	47,208	23,604	4,428	19,176
10 Payroll taxes	24,992	12,497	2,344	10,151
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,365	10,683	2,004	8,678
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,794	16,397	3,076	13,321
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	31,217	15,609	2,928	12,680
13 Office expenses	72,165	36,082	6,769	29,314
14 Information technology	18,060	9,030	1,694	7,336
15 Royalties				
16 Occupancy	24,626	12,313	2,310	10,003
17 Travel	3,000	1,500	281	1,219
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	313,250	277,287	6,747	29,216
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,457	7,229	1,356	5,872
23 Insurance	7,934	3,967	744	3,223
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 Dues / Subscriptions	91,917	45,958	8,622	37,337
b Telephone / Postage	22,678	11,340	2,127	9,211
c Agency Expenses	7,066	7,066		
d Donor Cultivation	5,877	2,938	552	2,387
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,599,556	5,154,224	83,545	361,787
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,367,035	1	5,191,459
	2 Savings and temporary cash investments	2,184,693	2	2,587,410
	3 Pledges and grants receivable, net	200,742	3	197,266
	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	200	9	2,162
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	455,648		
	b Less: accumulated depreciation	427,121	17,160	28,527
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,644,286	15	9,604,766
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,414,116	16	17,611,590	
Liabilities	17 Accounts payable and accrued expenses	13,349	17	18,096
	18 Grants payable	3,333,620	18	3,575,850
	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	79,294	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		25	
	26 Total liabilities. Add lines 17 through 25	3,426,263	26	3,593,946
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,146,389	27	7,536,543
	28 Net assets with donor restrictions	5,841,464	28	6,481,101
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,987,853	32	14,017,644	
33 Total liabilities and net assets/fund balances	15,414,116	33	17,611,590	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,699,794
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,599,556
3	Revenue less expenses. Subtract line 2 from line 1	3	100,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,987,853
5	Net unrealized gains (losses) on investments	5	1,545,082
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	384,471
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,017,644

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 Single Audit Act and OMB Circular A-133?		✓
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

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 or 990-EZ).)
- 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 in 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,281,372	3,936,245	4,173,509	6,476,090	5,462,980	25,330,196
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,281,372	3,936,245	4,173,509	6,476,090	5,462,980	25,330,196
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)						2,759,210
6 Public support. Subtract line 5 from line 4						22,570,986

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5,281,372	3,936,245	4,173,509	6,476,090	5,462,980	25,330,196
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	89,684	378,041	545,167	84,522	136,906	1,234,320
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						26,564,516
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	85 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	83 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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., 1b 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 |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	9,320,297	8,858,131	8,435,396	7,680,062	6,713,707
b Contributions	253,700	756,737	257,725	336,733	315,735
c Net investment earnings, gains, and losses	1,971,074	-294,571	165,010	468,602	725,386
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				-50,001	-74,766
g End of year balance	11,545,071	9,320,297	8,858,131	8,435,396	7,680,062

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

- a Board designated or quasi-endowment ▶ 50.72 %
- b Permanent endowment ▶ 49.28 %
- 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		296,056	271,822	24,234
d Equipment		159,592	155,299	4,293
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 28,527

Part VII Investments—Other Securities.

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

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

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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) Investments in endowment	9,604,766
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,660,538
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,545,082
b	Donated services and use of facilities	2b	31,191
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	384,471
e	Add lines 2a through 2d	2e	1,960,744
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,699,794

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	5,630,747
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	31,191
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	31,191
3	Subtract line 2e from line 1	3	5,599,556
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,599,556

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 V, Line 4, Endowment Funds: The intended use of the organization's endowment fund is to generate annual transfers of income which together with the earnings of the general unrestricted funds and reserve funds of the organization will fully subsidize the annual operating expenses without eroding the original corpus.

Part X, Line 1. (1): Income Taxes: The organization is a not-for-profit organization exempt from income taxes under Internal Revenue Code Section 501(c)(3). The organization is classified as a publicly supported organization that is not a private foundation. The organization evaluates its uncertain tax positions in accordance with FASB ASC 740, Income Taxes, which states that management's determination of the taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for uncertainty in income taxes. Management does not believe that the organization has any significant uncertain tax positions that would be material to the financial statements. The organization remains subject to examinations by major tax jurisdictions for tax years ending after 2017.

Part XI, Line 2d, OTHER: Change in value of beneficial interest in trusts. Uncollectable pledges receivable.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 the latest information.

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

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? 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See attached schedule			4,460,498				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 62
- 3 Enter total number of other organizations listed in the line 1 table ▶

Grants and Other Assistance to Organizations

(a) Name and Address of Organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(h) Purpose of grant or assistance
2-1-1 Palm Beach PO Box 3588, Lantana, FL 33465	23-7153017	501(c)(3)	181,450	Grant to support program operations
Achievement Center for Children & Families 555 NW 4th Street, Delray Beach, FL 33444	59-1264435	501(c)(3)	108,000	Grant to support program operations
ARC of the Glades 4250 NW 16th, Belle Glade, FL 33430	59-1760374	501(c)(3)	35,350	Grant to support program operations
ARC of Palm Beach County 1201 Australian, Riviera Beach, FL 33404	59-0883386	501(c)(3)	243,556	Grant to support program operations
Adopt-A-Family 1712 N Second, Lake Worth, FL 33460	59-2471253	501(c)(3)	244,728	Grant to support program operations
Aid to Victims of Domestic Abuse, Inc. PO Box 6167, Delray Beach, FL 33482	59-2486620	501(c)(3)	222,517	Grant to support program operations
Alpert Jewish Family & Children's Service PO Box 220627, WPB, FL 33422	59-1520581	501(c)(3)	62,500	Grant to support program operations
Alzheimer's Community Care, Inc. 800 Northpoint, WPB, FL 33407	31-1481653	501(c)(3)	101,149	Grant to support program operations
AACY 6401 Congress Ave, Boca Raton, FL 33487	65-0866677	501(c)(3)	44,000	Grant to support program operations
Buccan Provisions 1901 S Dixie Hwy., West Palm Beach, FL 33401	85-0514673	501(c)(3)	4,000	Grant to support program operations
Boys & Girls Clubs of PBC 800 Northpoint, WPB, FL 33407	23-7060561	501(c)(3)	255,875	Grant to support program operations
Cancer Alliance of Help & Hope, Inc. 350 South County Road, Ste 207, Palm Beach, FL 33480	90-0101236	501(c)(3)	8,906	Grant to support program operations
Caridad Center 8545 W Boynton Beach, Boynton Bch, FL 33437	65-0149423	501(c)(3)	180,000	Grant to support program operations
Catholic Charities PO Box 109650, Palm Beach Gardens, FL 33410	59-2470479	501(c)(3)	12,000	Grant to support program operations
Center for Child Counseling 7731 N Military Trail, PBG, FL 33410	65-0932032	501(c)(3)	76,382	Grant to support program operations
Center for Family Services 4101 Parker, WPB, FL 33405	59-1084179	501(c)(3)	27,500	Grant to support program operations
Clinics Can Help 2560 Westgate Avenue, WPB, FL 33409	20-2778895	501(c)(3)	59,760	Grant to support program operations
C.R.O.S Ministries 301 S First, Lake Worth FL 33460	59-1802917	501(c)(3)	40,000	Grant to support program operations

Grants and Other Assistance to Organizations

Drug Abuse Foundation 400 South Swinton, Delray Beach, FL 33444	23-7074625	501(c)(3)	100,605	Grant to support program operations
DATA 1016 North Clemons, Jupiter, FL 33477	59-1363887	501(c)(3)	185,500	Grant to support program operations
Elizabeth H Faulk Foundation 22455 Boca Rio Road, Boca Raton, FL 33433	23-7153172	501(c)(3)	8,219	Grant to support program operations
El Sol 106 Military Trail, Jupiter, FL 33458	01-0870672	501(c)(3)	53,786	Grant to support program operations
Executive Women of the Palm Beaches Foundation, Inc 11420 UW Hwy 1, No. 143, WPB, FL 33408	59-2703382	501(c)(3)	100	Grant to support program operations
Families First of PBC 3333 Forest Hill, WPB, FL 33406	65-0166352	501(c)(3)	130,374	Grant to support program operations
Farmworker Coordinating Council 1313 Central, Lake Worth, FL 33460	59-1830267	501(c)(3)	112,750	Grant to support program operations
Feeding South Florida 4925 Park Ridge Blvd., Boynton Beach, FL 33426	59-2097520	501(c)(3)	55,000	Grant to support program operations
Feed The Hungry Pantry Of Palm Beach County, Inc. 8306 N 155th Place, Palm Beach Gardens, FL 33418	82-3760456	501(c)(3)	45,000	Grant to support program operations
Fraternal Order of Firefighters Grand Lodge One 2801 Tuxedo Avenue, WPB, FL 33405	59-6195444	501(c)(3)	2,000	Grant to support program operations
Girl Scouts of Southeast Florida, Inc. 6944 Lake Woth Road, Lake Worth, FL 33467	59-0657327	501(c)(3)	2,000	Grant to support program operations
Glades Initiative 141 S.E. Avenue C, Belle Glade, FL 33430	01-0733180	501(c)(3)	114,990	Grant to support program operations
Good Samaritan Hospital 1309 N Flagler Drive, WPB, FL 33401	95-2557091	501(c)(3)	13,321	Grant to support program operations
Gulfstream Goodwill Industries 1715 East Tiffany, WPB, FL 33407	59-1197040	501(c)(3)	38,000	Grant to support program operations
Habitat for Humanity 1225 South Military Trail, WPB, FL 33415	59-3525576	501(c)(3)	7,500	Grant to support program operations
Healthy Mothers/Healthy Babies 500 Gulfstream, Delray Beach, FL 33483	59-2657051	501(c)(3)	46,000	Grant to support program operations
Home Safe 2840 South Sixth, Lake Worth, FL 33461	59-1935485	501(c)(3)	1,500	Grant to support program operations
Homeless Coalition of PBC 810 Datura Street 2nd Floor, WPB, FL 33401	65-0125852	501(c)(3)	15,910	Grant to support program operations
Hope Town United 207 High Point Drive, Bldg. 100, Victor, NY 14564	84-3046902	501(c)(3)	92,500	Grant to support program operations
Hospice of Palm Beach County, Inc. 5300 East Avenue, West Palm Beach, FL 33407	20-3974015	501(c)(3)	700	Grant to support program operations
Impact the Palm Beaches 44 Coconut Row, Suite 201, Palm Beach, FL 33480	59-0637885	501(c)(3)	3,000	Grant to support program operations

Grants and Other Assistance to Organizations

Legal Aid Society 423 Fern, WPB, FL 33401	59-6046994	501(c)(3)	65,350	Grant to support program operations
Leukemia & Lymphoma Society 3230 Commerce Place, WPB, FL 33407	13-5644916	501(c)(3)	5,250	Grant to support program operations
Loggerhead Marinelife Center, Inc. 14200 US Hwy One, Juno Beach, FL 33408	59-2445926	501(c)(3)	200	Grant to support program operations
Lord's Place PO Box 3265, WPB, FL 33402	59-2240502	501(c)(3)	258,808	Grant to support program operations
Milagro Center 340 SW 6th, Delray Beach, FL 33444	65-0804625	501(c)(3)	75,976	Grant to support program operations
Opportunity, Inc. 1713 Quail Drive, WPB, FL 33409	59-0624429	501(c)(3)	167,618	Grant to support program operations
Palm Beach Civic Association 139 N County Road, Suite 33, Palm Beach, FL 33480	59-0542089	501(c)(3)	953	Grant to support program operations
Palm Beach County Food Bank 525 Gator Drive, Lantana, FL 33462	90-0788707	501(c)(3)	33,000	Grant to support program operations
Palm Beach Habilitation Center 4522 S Congress Avenue, Lake Worth, FL 33461	59-6213381	501(c)(3)	278,755	Grant to support program operations
Palm Beach County Literacy Coalition 551 SE 8th Street, Delray Beach, FL 33483	65-0169791	501(c)(3)	126,500	Grant to support program operations
Palm Beach Medical Society 3540 Forest Hill Blvd., West Palm Beach, FL 33406	65-1048299	501(c)(3)	13,824	Grant to support program operations
Planned Parenthood 2300 North Florida Mango, WPB, FL 33409	59-1391115	501(c)(3)	88,500	Grant to support program operations
Project Lift 1330 SW 34th Street, Palm City, FL 34990	27-3949112	501(c)(3)	55,632	Grant to support program operations
Promise Fund of Florida 240 Royal Pinciana Way, Palm Beach, FL 33480	83-0535519	501(c)(3)	12,000	Grant to support program operations
Seagull Industries for the Disabled 3879 W Industrial Way, Riviera Beach, FL 33404	59-1879968	501(c)(3)	71,629	Grant to support program operations
St. Ann Place, Inc. PO Box 4297, West Palm Beach, FL 33402	51-0503043	501(c)(3)	13,906	Grant to support program operations
Take Stock In Children 1896 Palm Beach Lakes, WPB, FL 33409	59-3331584	501(c)(3)	68,000	Grant to support program operations
United Way Retirees Association 701 N Fairfax Street, Alexandria, VA 22314	13-1635294	501(c)(3)	1,000	Grant to support program operations
Urban League 1700 North Australian, WPB, FL 33407	59-1533710	501(c)(3)	8,250	Grant to support program operations
Urban Youth Impact PO Box 222592, West Palm Beach, FL 33422	91-1901103	501(c)(3)	60,684	Grant to support program operations

Grants and Other Assistance to Organizations

YMCA of Palm Beaches 2085 S Congress Ave., WPB, FL 33406	59-0624470	501(c)(3)	8,200	Grant to support program operations
YMCA of South Palm Beach 6631 S Palmetto Circle, Boca Raton, FL 33431	59-1416281	501(c)(3)	11,500	Grant to support program operations
YWCA of Palm Beach County 2200 N FL Mango Road, WPB, FL 33409	59-1416281	501(c)(3)	98,535	Grant to support program operations

total grants

4,460,498

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020

Open to Public Inspection

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✓
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	✓
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	✓
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	✓
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	✓
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	✓
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	✓
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	✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the Organization

Town of Palm Beach United Way, Inc.

Page 1 of 3

Employer identification number

59

0637885

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(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			
(26) Michael Donnell Trustee	1	✓					0	0	0	
(27) David Duffy Trustee	1	✓					0	0	0	
(28) Gail Engelberg Trustee	1	✓					0	0	0	
(29) Sheila Fine Trustee	1	✓					0	0	0	
(30) George Garfunkel Trustee	1	✓					0	0	0	
(31) Juliana Gendelman Trustee	1	✓					0	0	0	
(32) Lee Gordon Trustee	1	✓					0	0	0	
(33) Steve Hall, Jr. Trustee	1	✓					0	0	0	
(34) Ann Heathwood Trustee	1	✓					0	0	0	
(35) Vicky Hunt Trustee	1	✓					0	0	0	
(36) Brian Hurley Trustee	1	✓					0	0	0	
(37) Darlene Jordan Trustee	1	✓					0	0	0	
(38) Jason Kalisman Trustee	1	✓					0	0	0	
(39) John Kessler Trustee	1	✓					0	0	0	
(40) Paulette Koch Trustee	1	✓					0	0	0	
(41) Beth Lang Trustee	1	✓					0	0	0	
(42) Matthew Lorentzen Trustee	1	✓					0	0	0	
(43) David Mack Trustee	1	✓					0	0	0	
(44) Cara McClure Trustee	1	✓					0	0	0	
(45) Pamela McIver Trustee	1	✓					0	0	0	
(46) Bill Meyer Trustee	1	✓					0	0	0	

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the Organization

Town of Palm Beach United Way, Inc.

Page 2 of 3

Employer identification number

59

0637885

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(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) Harriet Miller Trustee	1	✓					0	0	0	
(48) Sydell Miller Trustee	1	✓					0	0	0	
(49) Esther Murray Trustee	1	✓					0	0	0	
(50) Hess Musallet Trustee	1	✓					0	0	0	
(51) Heidi Niblack Trustee	1	✓					0	0	0	
(52) Rita Nowak Trustee	1	✓					0	0	0	
(53) Daniel Ponton Trustee	1	✓					0	0	0	
(54) Thomas Quick Trustee	1	✓					0	0	0	
(55) J. Cater Randolph Trustee	1	✓					0	0	0	
(56) Joyce Reingold Trustee	1	✓					0	0	0	
(57) Stephanie Ribakoff Trustee	1	✓					0	0	0	
(58) Lyn Ross Trustee	1	✓					0	0	0	
(59) Richard Rothschild Trustee	1	✓					0	0	0	
(60) Linda Saville Trustee	1	✓					0	0	0	
(61) Laurie Silvers Trustee	1	✓					0	0	0	
(62) Louise Snyder Trustee	1	✓					0	0	0	
(63) Christine Stiller Trustee	1	✓					0	0	0	
(64) Jessica Surovek Trustee	1	✓					0	0	0	
(65) Dominick Telesco Trustee	1	✓					0	0	0	
(66) William Tiefel Trustee	1	✓					0	0	0	
(67) Betsy Turner Trustee	1	✓					0	0	0	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

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				
2				
3				
4				
5				
6				
7				
8				
9	✓	8	290,526	Stock quote
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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 in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		✓

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	✓	
----	---	--

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

32a	✓	
-----	---	--

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

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2020

Open to Public Inspection

Town of Palm Beach United Way, Inc.

Page 1

Employer identification number

59-0637885

990 Page 2, Part III: 4a STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Mental Health – Many people have mental health concerns from time to time. A mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect the ability to function. If implemented early, support and professional services for individuals with mental health concerns will alleviate the need for more extensive services for serious illness. \$218,500 was invested into 10 programs providing services to 12,388 children and adults.

Substance Abuse – Individuals engaging in substance abuse are at risk of losing their families, jobs and engaging in risky behaviors. Most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social and psychological functioning. Access to appropriate treatment, intervention or on-going recovery programs is necessary to help individuals overcome substance abuse addiction or mental health issues. \$289,000 was invested into 3 programs providing services to 1,255 children and adults.

Older Adults and Caregiver Support – The new generation of seniors has different expectations than previous ones. Older adults need services and programs that help them maintain independent living and/or increased or sustained financial security. Caregivers of family members need services that provide them support and help maintain a stable environment for their loved ones. \$161,700 was invested into 9 programs providing services to 4,707 seniors and caregivers.

Disabilities and Special Needs – After age 21, young adults with disabilities "age out" of the services and supports provided through the school system. Individuals with disabilities and special needs and family caregivers need services and programs that help them maintain independent living, financial security and a stable environment. \$499,000 was invested into 10 programs providing services to 2,495 children and adults.

Name of the organization

Town of Palm Beach United Way, Inc.

Page 2

Employer identification number

59-0637885

990 Page 2, Part III: 4b STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, cont.

Financial Education and Community Based Support – The growth of low-skilled jobs is projected to outpace that of medium and high-skilled jobs into the next decade. At the same time, the cost of basic household necessities continues to rise. The result is that 40% of working families in our community cannot afford to make ends meet and are one emergency away from falling into crisis. Many individuals and families do not know where to turn and what services are available to them when hit with crisis. \$236,250 was invested into 2 programs providing services to 51,200 individuals.

Food Assistance – Food insecurity is the limited or uncertain availability of nutritionally adequate food for an active, healthy lifestyle. In Palm Beach County nearly 200,000 people are food insecure, including more than 50,000 children. Hunger can have a negative impact on child development, educational achievement and mental and physical health. \$180,000 was invested in 6 programs providing services to 578,741 individuals.

Housing Support and Emergency Shelter – Individuals and families often live on the edge between low-income and becoming homeless. They may find themselves in need of emergency shelter for a variety of complex economic and social reasons. Emergency shelters are an essential component of homeless services and are often the first place to turn. \$244,000 was invested in 6 programs providing services to 2,696 individuals.

Domestic Violence – Domestic violence is the willful intimidation, physical assault, battery, sexual assault and/or other abusive behavior perpetrated by an intimate partner against another. It affects individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. \$302,000 was invested in 4 programs providing services to 11,590 children and adults.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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59-0637885

Page 3

990 Page 2, Part III: 4c STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, cont.

Middle School Success – Providing academic, social and behavioral support to middle school students prepares them to transition to high school and puts them on a path toward success. Mentoring, afterschool activities, tutoring, and college and career exploration programs keep students engaged during a critical developmental period and lays the foundation for success in high school and beyond. \$102,500 was invested in 4 programs providing services to 410 youth.

High School and After - A high school credential is a minimum requirement for higher education, post-secondary certification programs and most career opportunities. Individuals with high school credentials are more likely to participate in the workforce, earn higher wages, and access safer housing, healthier food and better medical care than their counterparts who lack high school credentials. \$108,500 was invested in 6 programs providing services to 3,143 students.

990 Page 2, Part III: 4d (\$735,456)

EMERGENCY RELIEF FUND (\$17,763)

When an emergency strikes, whether locally in Palm Beach County or across the world, the Town of Palm Beach United Way provides grant assistance to agencies and people in need.

COVID EMERGENCY FUND (\$479,429)

The Town of Palm Beach United Way created a COVID-19 Emergency Fund in March 2020 to provide support to Palm Beach County residents impacted by the novel corona virus pandemic. Grants were distributed to local nonprofits to assist clients with short-term needs such as food, childcare and medical supplies as well as long-term needs such as housing, financial assistance and virtual communication.

HUNGER RELIEF EMERGENCY FUND (\$114,280)

The Town of Palm Beach United Way started a Hunger Relief Fund in December 2020 to help agencies that were losing crucial federal food assistance dollars while facing increasing demand from clients in need.

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

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59-0637885

990 Page 2, Part III: 4d STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, cont.

8th ANNUAL BOXED FOR SUCCESS SCHOOL SUPPLY DRIVE (\$50,540)

In partnership with the Palm Beach Daily News, Bognar & Piccolini, The Royal Poinciana Plaza and Palm Beach Fire-Rescue, the drive received record number of donations, collecting \$50,540 and more than 38,142 school supplies. Donations were distributed to ten nonprofit agencies in Palm Beach County.

27th ANNUAL HOLIDAY TOY DRIVE (\$30,500)

In partnership with the Palm Beach Daily News, Bethesda-by-the-Sea, Field of Greens, The Society of the Four Arts, Town of Palm Beach Fire-Rescue, and the Worth Avenue Association, this drive collected thousands of toys and \$30,500 in cash donations. The toys were distributed to seventeen nonprofit agencies in Palm Beach County.

8th ANNUAL EMPTY YOUR PANTRY FOOD DRIVE (\$8,980)

In partnership with the Palm Beach Daily News and The Henry Morrison Flagler Museum, this is an annual fund-raising campaign to provide nonperishable food and grant assistance specific for the purchase of food for agencies in Palm Beach County to distribute to those in need. The food and monetary donations benefit adults and families at two of our partner agencies: El Sol and The Glades Initiative. The drive collected thousands of pounds of food and \$8,980 in donations.

12th ANNUAL TURKEY TROT (\$33,964)

Proceeds from our annual 5K Turkey Trot are donated to local nonprofit agencies to feed families in need on Thanksgiving. The Town of Palm Beach United Way distributed 25 grants which in turn feed 4,363 men, women and children.

Donor Designated to Partner Agencies (\$149,192)

Tocqueville donors to the annual Town of Palm Beach United Way have the option of designating a portion of their donation to any nonprofit agency.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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Town of Palm Beach United Way, Inc.

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Employer identification number

59-0637885

Form 990, Part I, Line 6, VOLUNTEERS:

The Town of Palm Beach United Way has volunteers that assist the organization in a variety of capacities and are a key component to the success of the organization. The Town of Palm Beach United Way relies heavily on the guidance of volunteers to approve budgets and grant distributions to the community. Our 440 volunteers serve in several positions that include board, campaign, allocations, investment, office work and a variety of direct services.

Form 990, Part VI, Section A, Line 2: Governing Body and Management:

Gail Coniglio & Cara Coniglio McClure - Mother & Daughter

Wally Turner & Betsy Turner - Husband & Wife

Bob Wright & Susan Wright - Husband & Wife

Form 990, Part VI, Section B, Line 11a: Policies

Form 990 is prepared by the Town of Palm Beach United Way's bookkeeper. A draft of Form 990 is reviewed by the CEO and the audit firm Caler, Donten, Levine, Cohen, Porter & Veil, P.A., 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 the 990 is filed and posted on agency's website.

Form 990, Part VI, Section B, Line 12C: Conflict of Interest:

The Town of Palm Beach United Way annually provides a conflict of interest policy to all staff, Board of Trustee Members and Allocation Committee volunteers. Each are required to sign the conflict of interest statements. The statements are reviewed by the CEO of the Town of Palm Beach United Way, and tracked by the Executive assistant. 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 conflict of interest 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: Policies, Compensation:

The Executive Committee of the Town of Palm Beach United Way evaluates the Chief Executive. The Chief Executive evaluates the performance of all employees against goals and sets compensation accordingly. The salaries of all employees are voted on by the Executive

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

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59-0637885

Form 990, Part VI, Section B, Line 15: Policies, Compensation:, cont.

Committee and entire Board.

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

The Town of Palm Beach United Way makes its governing documents, conflict of interest policy, Form 990 and audits available to the public upon request. The Town of Palm Beach United Way's current 990 and audit are available on the website at www.palmbeachunitedway.org.

The Town of Palm Beach United Way's 990 and audit is also available on third party websites:

www.guidestar.org, www.foundationcenter.org, and www.charitynavigator.org.

Form 990, Part XI, Line 9: Other changes in net assets or fund balance:

Change in value of beneficial interests in trusts. Uncollectable pledges receivable.