

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **July 1**, 2019, and ending **June 30**, 20 **20**

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

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

G Gross receipts \$ **6,734,216**

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**

H(c) Group exemption number ▶

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	77
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	77
	5	Total number of individuals employed in calendar year 2019 (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	
b	Net unrelated business taxable income from Form 990-T, line 39	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,173,509	6,476,090
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	545,167	84,522
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		173,604
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,718,676	6,734,216
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,547,418	4,837,862
	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)	473,218	497,912
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 358,207		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	443,065	400,527
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,463,701	5,736,301	
19	Revenue less expenses. Subtract line 18 from line 12	254,975	997,915	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,788,932	15,414,116
	21	Total liabilities (Part X, line 26)	3,467,069	3,426,263
	22	Net assets or fund balances. Subtract line 21 from line 20	11,321,863	11,987,853

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

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 \$ 1,584,025 including grants of \$ 1,447,180) (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 \$1,447,180 into 33 programs at 20 partner agencies in Palm Beach County that are positioning vulnerable residents to live healthy, safe and independent lives.
Medical and Dental – Many individuals do not have access to health insurance or do not have the funds to pay co-pays or prescriptions. As a result, they are unable to maintain or improve their health status and are at-risk of long-term, serious health issues. Poor health impacts the ability to function, to attend school and to maintain or gain employment.

4b (Code:) (Expenses \$ 1,088,803 including grants of \$ 994,740) (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 live on the streets, engage in crime and develop health problems. The Town of Palm Beach United Way invested \$994,740 into 18 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 living expenses.

4c (Code:) (Expenses \$ 976,019 including grants of \$ 891,700) (Revenue \$)
IMPROVE OUR CHILDRENS' 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 \$891,700 into 20 programs at 16 partner agencies in Palm Beach County that are building strong education foundations for students. Early Learning – Children are more successful in school and throughout their lives when they have had the benefit of higher 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.
Middle School Success and High School Graduation – 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 workplace, earn higher wages, and access safer housing, healthier food and better medical care than their counterparts who lack high school credentials.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,646,529 including grants of \$ 1,504,242) (Revenue \$)

4e Total program service expenses ▶ 5,295,376

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	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?		✓
b	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		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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.		✓
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.		✓

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.		
1a	77		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	77		
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"/>	
b	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:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	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"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	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"/>	
12c		<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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	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"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **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 Coconut 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) Ann-Britt Angle Trustee	1	✓					0	0	0	
(2) Sean Baker Trustee	1	✓					0	0	0	
(3) Howard Bernick Trustee	1	✓					0	0	0	
(4) Kathy Bleznak Trustee	1	✓					0	0	0	
(5) Cynthia Boardman Trustee	1	✓					0	0	0	
(6) Jack Borland Trustee	1	✓					0	0	0	
(7) Sandy Bornstein Trustee	1	✓					0	0	0	
(8) James Borynack Trustee	1	✓					0	0	0	
(9) Sean Bresnan Trustee	1	✓					0	0	0	
(10) Nancy Brinker Trustee	1	✓					0	0	0	
(11) Paula Butler Trustee	1	✓					0	0	0	
(12) Atesh Chandra Trustee	1	✓					0	0	0	
(13) Marvin Davidson Trustee	1	✓					0	0	0	
(14) Tasha Dickinson 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 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) Michael Donnell Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(16) David Duffy Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(17) Gail Engelberg Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(18) Lynn Foster Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(19) George Garfunkel Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(20) Bruce Gendelman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(21) Juliana Gendelman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(22) Roni Goldsmith Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(23) Lee Gordon Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(24) Vicky Hunt Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(25) Brian Hurley Trustee	1	<input checked="" type="checkbox"/>						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								136,025		20,403
d Total (add lines 1b and 1c)								136,025		20,403

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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

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	6,649,694			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 224,289			
	h	Total. Add lines 1a-1f ▶		6,649,694			
	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) ▶		84,522		84,522	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
			6a				
			6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a				
			7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss) ▶					
	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					
		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 ▶		6,734,216			84,522	

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	4,837,862	4,837,862		
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	136,025	68,012	13,603	54,410
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	227,519	113,760	20,497	93,262
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,104	30,052	5,638	24,414
9 Other employee benefits	47,930	23,965	4,496	19,469
10 Payroll taxes	26,334	13,168	2,470	10,696
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	22,070	11,035	2,070	8,965
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	29,219	14,609	2,741	11,869
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	16,424	8,212	1,541	6,671
13 Office expenses	68,564	34,282	6,432	27,850
14 Information technology	17,318	8,659	1,624	7,035
15 Royalties				
16 Occupancy	24,310	12,155	2,280	9,875
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	119,330	65,594	10,081	43,655
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,426	8,213	1,541	6,672
23 Insurance	12,460	6,230	1,169	5,061
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	38,043	19,022	3,568	15,453
b Telephone / postage	18,351	9,176	1,721	7,454
c Agency expenses	4,729	4,729		
d Donor cultivation	10,283	5,141	965	4,177
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,736,301	5,295,376	82,718	358,207
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	5,152,987	1	5,367,035
	2	Savings and temporary cash investments	2,259,044	2	2,184,693
	3	Pledges and grants receivable, net	233,804	3	200,742
	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	8,126	9	200
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 429,824		
	b	Less: accumulated depreciation	10b 412,664	20,369	10c 17,160
	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	7,114,602	15	7,644,286
16	Total assets. Add lines 1 through 15 (must equal line 33)	14,788,932	16	15,414,116	
Liabilities	17	Accounts payable and accrued expenses	21,460	17	13,349
	18	Grants payable	3,445,609	18	3,333,620
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	79,294
	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	3,467,069	26	3,426,263
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	4,300,560	27	6,146,389
	28	Net assets with donor restrictions	7,021,303	28	5,841,464
	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	11,321,863	32	11,987,853
33	Total liabilities and net assets/fund balances	14,788,932	33	15,414,116	

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	6,734,216
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,736,301
3	Revenue less expenses. Subtract line 2 from line 1	3	997,915
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,321,863
5	Net unrealized gains (losses) on investments	5	-226,420
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-31,154
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-74,351
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,987,853

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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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

2019

Open to Public Inspection

Name of the organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
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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 33¹/₃% 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 33¹/₃% 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,025,437	5,281,372	3,936,245	4,173,509	6,476,090	25,892,653
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	6,025,437	5,281,372	3,936,245	4,173,509	6,476,090	25,892,653
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)						3,302,040
6 Public support. Subtract line 5 from line 4						22,590,613

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6,025,437	5,281,372	3,936,245	4,173,509	6,476,090	25,892,653
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	287,629	89,684	378,041	545,167	84,522	1,385,043
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						27,277,696
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	83 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78 %
16a 33¹/₃% support test—2019. 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 33¹/₃% support test—2018. 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—2019. 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—2018. 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"/>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year 2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| 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	8,858,131	8,435,396	7,680,062	6,713,707	7,029,210
b Contributions	756,737	257,725	336,733	315,735	198,291
c Net investment earnings, gains, and losses	-294,571	165,010	468,602	725,386	-137,461
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			-50,001	-74,766	-376,333
g End of year balance	9,320,297	8,858,131	8,435,396	7,680,062	6,713,707

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

- a Board designated or quasi-endowment ▶ 44.51 %
- b Permanent endowment ▶ 55.49 %
- 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		273,077	260,492	12,585
d Equipment		156,747	152,172	4,575
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				17,160

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	7,644,286
(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	6,800,546
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	66,330	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	66,330	
3	Subtract line 2e from line 1	3	6,734,216	
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	6,734,216	

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

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

1	Total expenses and losses per audited financial statements		1	6,134,556
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	66,330	
b	Prior year adjustments	2b	31,154	
c	Other losses	2c	300,771	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	398,255	
3	Subtract line 2e from line 1	3	5,736,301	
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	5,736,301	

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 2016.

Part XII, Line 2c, OTHER LOSSES: Net unrealized losses on investments. Change in value of beneficial interest in trusts.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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			4,837,862				
(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 ▶ 67
- 3 Enter total number of other organizations listed in the line 1 table ▶

**Town of Palm Beach United Way
Form 990 Schedule I**

Grants and Other Assistance to Organizations

**59-0637885
2019**

(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)	179,200	Grant to support program operations
Achievement Center for Children & Families 555 NW 4th Street, Delray Beach, FL 33444	59-1264435	501(c)(3)	93,154	Grant to support program operations
ARC of the Glades 4250 NW 16th, Belle Glade, FL 33430	59-1760374	501(c)(3)	45,876	Grant to support program operations
ARC of Palm Beach County 1201 Australian, Riviera Beach, FL 33404	59-0883386	501(c)(3)	199,100	Grant to support program operations
Adopt-A-Family 1712 N Second, Lake Worth, FL 33460	59-2471253	501(c)(3)	231,871	Grant to support program operations
Aid to Victims of Domestic Abuse, Inc. PO Box 6167, Delray Beach, FL 33482	59-2486620	501(c)(3)	148,781	Grant to support program operations
Alpert Jewish Family & Children's Service PO Box 220627, WPB, FL 33422	59-1520581	501(c)(3)	56,933	Grant to support program operations
Alzheimer's Community Care, Inc. 800 Northpoint, WPB, FL 33407	31-1481653	501(c)(3)	83,025	Grant to support program operations
AACY 6401 Congress Avenue, Suite 200, Boca Raton, FL 33487	65-0866677	501(c)(3)	13,200	Grant to support program operations
Berkshire Elementary School 1060 S Kirk Road, WPB, FL 33406	59-6000783	501(c)(3)	1,380	Grant for school supplies
Best Buddies International 1655 Palm Beach Lakes Blvd., Suite 505, WPB, FL 33401	52-1614576	501(c)(3)	5,800	Grant to support program operations
Boys & Girls Clubs of PBC 800 Northpoint, WPB, FL 33407	23-7060561	501(c)(3)	229,000	Grant to support program operations and and donor designation
Caridad Center 8545 W Boynton Beach, Boynton Bch, FL 33437	65-0149423	501(c)(3)	186,423	Grant to support program operating
Catholic Charities PB Box 109650, Palm Beach Gardens, FL 33410	59-2470479	501(c)(3)	23,235	Grant to support program operations and and donor designation
Cancer Alliance of Help & Hope, Inc. 350 South County Road, Ste 207, Palm Beach, FL 33480	90-0101236	501(c)(3)	8,000	Grant to support program operations
Center for Child Counseling 7731 N Military Trail, PBG, FL 33410	65-0932032	501(c)(3)	63,400	Grant to support program operations
Center for Family Services 4101 Parker, WPB, FL 33405	59-1084179	501(c)(3)	25,000	Grant to support program operations
Clinics Can Help 2560 Westgate Avenue, WPB, FL 33409	20-2778895	501(c)(3)	55,100	Grant to support program operations
Community Partners 2001 W Blue Heron Blvd, Riviera Beach, FL 33404	59-2704597	501(c)(3)	5,000	Impact 100 grant

C.R.O.S Ministries 301 S First, Lake Worth FL 33460	59-1802917	501(c)(3)	45,000	Grant to support program operations
Cotton Bottom Diaper Bank 510 Puritan Road, WPB, FL 33405	84-4138654	501(c)(3)	16,000	Grant to support program operations
Drug Abuse Foundation 400 South Swinton, Delray Beach, FL 33444	23-7074625	501(c)(3)	132,000	Grant to support program operations
DATA 1016 North Clemons, Jupiter, FL 33477	59-1363887	501(c)(3)	176,130	Grant to support program operations
El Sol 106 Military Trail, Jupiter, FL 33458	01-0870672	501(c)(3)	53,750	Grant to support program operations
Families First of PBC 3333 Forest Hill, WPB, FL 33406	65-0166352	501(c)(3)	104,900	Grant to support program operations
Farmworker Coordinating Council 1313 Central, Lake Worth, FL 33460	59-1830267	501(c)(3)	127,477	Grant to support program operations
Feeding South Florida 4925 Park Ridge Blvd., Boynton Beach, FL 33426	59-2097520	501(c)(3)	60,000	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)	10,000	Grant to support program operations
Feeding South Florida 426 Claremore Drive, WPB, FL 3301	59-2097520	501(c)(3)	15,000	Grant to support program operations
Genesis Community Health 2623 S Seacrest Blvd., Suite 65, Boynton Bch, FL 33435	80-0374741	501(c)(3)	9,738	Grant to support program operations
Glades Initiative 141 S.E. Avenue C, Belle Glade, FL 33430	01-0733180	501(c)(3)	158,364	Grant to support program operations and donor designation
Gulfstream Goodwill Industries 1715 East Tiffany, WPB, FL 33407	59-1197040	501(c)(3)	20,000	Grant to support program operations
Habitat for Humanity 1225 South Military Trail, WPB, FL 33415	59-3525576	501(c)(3)	20,100	Grant to support program operations
Healthy Mothers/Healthy Babies 500 Gulfstream, Delray Beach, FL 33483	59-2657051	501(c)(3)	40,900	Grant to support program operations
Home Safe 2840 South Sixth, Lake Worth, FL 33461	59-1935485	501(c)(3)	111,279	Grant to support program operations
Homeless Coalition of PBC 810 Datura Street 2nd Floor, WPB, FL 33401	65-0125852	501(c)(3)	11,700	Grant to support program operations
Hope Town United 207 High Point Drive, Bldng. 100, Victor, NY 14564	84-3046902	501(c)(3)	90,000	Grant to support program operations
Impact of the Palm Beaches 44 Coconut Row, Suite 201, Palm Beach, FL 33480	59-0637885	501(c)(3)	8,000	Grant to support program operations
Legal Aid Society 423 Fern, WPB, FL 33401	59-6046994	501(c)(3)	64,750	Grant to support program operations and donor designation

Grants and Other Assistance to Organizations

Lord's Place PO Box 3265, WPB, FL 33402	59-2240502	501(c)(3)	268,250	Grant to support program operations and donor designation
Man of War Relief Fund 1 S Palmway, Unit 303, Lake Worth, FL 33460	84-3275588	501(c)(3)	125,000	Grant to support program operations
Mandel JCC 5221 Hood Road, Palm Beach Gardens, FL 33418	59-1582799	501(c)(3)	5,000	Grant to support program operations and donor designation
Mental Health Association 909 Fern Street, WPB, FL 33401	59-0760220	501(c)(3)	350	Donor designation
Milagro Center 340 SW 6th, Delray Beach, FL 33444	65-0804625	501(c)(3)	84,218	Grant to support program operations
Nonprofit Chamber of Palm Beach County 7044 Chesapeake Circle, Boynton Beach, FL 33436	90-0848354	501(c)(3)	550	Grant to support program operations
Opportunity, Inc. 1713 Quail Drive, WPB, FL 33409	59-0624429	501(c)(3)	143,240	Grant to support program operations
Palm Beach County Food Bank 525 Gator Drive, Lantana, FL 33462	90-0788707	501(c)(3)	45,000	Grant to support program operations and donor designation
Palm Beach Habilitation Center 4522 S Congress Avenue, Lake Worth, FL 33461	59-6213381	501(c)(3)	253,030	Grant to support program operations
Palm Beach County Literacy Coalition 551 SE 8th Street, Delray Beach, FL 33483	65-0169791	501(c)(3)	116,500	Grant to support program operations and donor designation
Planned Parenthood 2300 North Florida Mango, WPB, FL 33409	59-1391115	501(c)(3)	119,000	Grant to support program operations and donor designation
Quantum House 901 45th Street, WPB, FL 33407	65-0898326	501(c)(3)	2,500	Grant to support program operations
Salvation Army of Palm Beach County 2100 Palm Beach Lakes Blvd, WPB, FL 33409	58-0660607	501(c)(3)	17,324	Grant to support program operations
Seagull Industries for the Disabled 3879 W Industrial Way, Riviera Beach, FL 33404	59-1879968	501(c)(3)	59,490	Grant to support program operations
Take Stock In Children 1896 Palm Beach Lakes, WPB, FL 33409	59-3331584	501(c)(3)	64,372	Grant to support program operations
The Eagles Wings Foundation, Inc. 514 14th Street, WPB, FL 33401	65-1089571	501(c)(3)	115,000	Grant to support program operations
The Church By The Sea 2700 Mayan Drive, Ft. Lauderdale, FL 33316	59-1730183	501(c)(3)	171,000	Grant to support program operations
The Green Turtle Cay Foundation 1000 W Main Street, Leesburg, FL 34748	76-0490132	501(c)(3)	100,000	Grant to support program operations
The Paradise Fund PO Box 2020, Palm Beach, FL 33480	26-0381941	501(c)(3)	6,000	Grant to support program operations
Treasure Cay Community Foundation 990 Old Dixie Hwy, Suite 14, Lake Park, FL 33043	20-1411118	501(c)(3)	88,000	Grant to support program operations

United Way Retirees Association 701 N Fairfax Street, Alexandria, VA 22314	13-1635294	501(c)(3)	500	Grant to support program operations
Urban League 1700 North Australian, WPB, FL 33407	59-1533710	501(c)(3)	50,000	Grant to support program operations
Urban Youth Impact PO Box 222592, West Palm Beach, FL 33422	91-1901103	501(c)(3)	23,000	Grant to support program operations
West Palm Beach Chapter of the Links, Inc. PO Box 2711, WPB, FL 33402	65-0439884	501(c)(3)	250	Grant to support program operations
Wynnebrook Elementary School 1167 Drexel Road, WPB, FL 33417	59-6000783	501(c)(3)	1,380	Grant for school supplies
YMCA of Palm Beaches 2085 S Congress Ave., WPB, FL 33406	59-0624470	501(c)(3)	13,301	Grant to support program operations
YMCA of South Palm Beach 6631 S Palmetto Circle, Boca Raton, FL 33431	59-1416281	501(c)(3)	24,801	Grant to support program operations
YWCA of Palm Beach County 2200 N FL Mango Road, WPB, FL 33409	59-1416281	501(c)(3)	12,240	Grant to support program operations

total grants

4,837,862

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

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

2019

Open to Public Inspection

Employer identification number

59-0637885

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 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? | 4c | ✓ |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1	Elizabeth Walton, Pres & CEO	(i) 136,025	(ii)	(iii)	20,403	17,698	174,126	
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Continuation Sheet for Form 990

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) Darlene Jordan Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(27) Jason Kalisman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(28) John Kessler Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(29) Michele Kessler Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(30) Paulette Koch Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(31) Sir Geoffrey Leigh Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(32) Matthew Lorentzen Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(33) David Mack Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(34) Pamela McIver Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(35) Bill Meyer Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(36) Harriet Miller Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(37) Sydell Miller Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(38) Esther Murray Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(39) Hess Musallet Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(40) Heidi Niblack Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(41) Rita Nowak Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(42) Daniel Ponton Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(43) Tom Quick Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(44) Cater Randolph Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(45) Joyce Reingold Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(46) Stephanie Ribakoff Trustee	1	<input checked="" type="checkbox"/>						0	0	0

Continuation Sheet for Form 990

2009

Open to Public Inspection

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

▶ See the instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization

Town of Palm Beach United Way, Inc.

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Employer identification number

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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) Lyn Ross Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(48) Richard Rothschild Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(49) Linda Saville Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(50) Laurie Silvers Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(51) Dominick Telesco Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(52) Bill Tiefel Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(53) Betsy Turner Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(54) Wally Turner Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(55) Kathryn Vecellio Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(56) Lisa Wilkinson Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(57) Rebecca Williams Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(58) Robert Wright Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(59) Susan Wright Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(60) Allen Wyett Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(61) Missy Agnello Treasurer	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(62) Jay Boodheshwar Executive Committee	1	<input checked="" type="checkbox"/>						0	0	0
(63) Jorge Cabrera Assistant Treasurer	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(64) Gail Coniglio Executive Committee	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(65) Mark Cook Vice Chairman	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(66) Christine Curtis Vice Chairman	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(67) Christina Dennis Executive Committee	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0

Continuation Sheet for Form 990

2009

Open to Public Inspection

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

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization
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Employer identification number
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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			
(68) Mary Freitas Chairman	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(69) Stephen Hall, Jr. Executive Committee	1	<input checked="" type="checkbox"/>						0	0	0
(70) J. Ira Harris Vice Chairman	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(71) Ann Heathwood Executive Committee	1	<input checked="" type="checkbox"/>						0	0	0
(72) Cara Coniglio McClure Executive Committee	1	<input checked="" type="checkbox"/>						0	0	0
(73) Danielle Moore Vice Chairman	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(74) Trip Moore Vice Chairman	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(75) Louise Snyder Executive Committee	1	<input checked="" type="checkbox"/>						0	0	0
(76) Christine Stiller Executive Committee	1	<input checked="" type="checkbox"/>						0	0	0
(77) Debra Vasilopoulos Secretary	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(78) Beth Walton President and CEO	50					<input checked="" type="checkbox"/>		136,025	0	38,101

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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	224,289	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 IV, Donee Acknowledgement 29

	Yes	No
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?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
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Name of the organization

Town of Palm Beach United Way, Inc.

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Form 990, Part III, 4a Statement of Program 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.

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.

Older Adults and Caregiver Support – The new generation of seniors has different expectations than previous ones. Older adults are in need of services and programs that help them maintain independent living and/or increased or sustained financial security. Caregivers of family members are in need of services that provide them support and help maintain a stable environment for their loved ones.

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 are in need of services and programs that help them maintain independent living, financial security and a stable environment.

Form 990, Part III, 4b Statement of Program Accomplishments

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.

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.

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.

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

Form 990, Pat III, 4b Statement of Program Accomplishments, cont.

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.

Form 990, Pat III, 4c Statement of Program Accomplishments

Afterschool and Summer Camp – Afterschool and summer programs provide a safe, enriching environment for children during out of school hours, when parents are working and kids are most vulnerable to at-risk behaviors. Students who have access to high quality, enriching out of school programs perform better in the classroom.

Adults, Parents and Mentors – Parents are children’s first teachers. Adult learners provide essential literacy and parenting skills that help children succeed in school, provide a nurturing family environment, and allow them to qualify for jobs that pay a family-sustaining wage. Young people with mentors are more likely to graduate from high school, less likely to begin using drugs or alcohol, and less likely to receive food stamps and welfare.

Form 990, Pat III, 4d Statement of Program Accomplishments: Other program services

HURRICANE DORIAN RELIEF EFFORTS (\$689,000)

Hurricane Dorian was a devastating Category 5 storm that battered the Bahamas for days, causing catastrophic damage and unfortunate loss of life. Immediately following the storm, the Town of Palm Beach United Way, in collaboration with the Town of Palm Beach, created a recovery fund to help with long-term rebuilding efforts in the Bahamas. The Bahamas Recovery Fund collected a total of \$689,000 and a committee in charge of reviewing proposals decided to distribute the funds to six organizations. The funds are being used to rebuild docks, houses, community centers, shelters and water systems in several communities in the Abaco region of the Bahamas.

NORTHERN ABACOS RELIEF AND REBUILD - \$171,000 - The repair of 153 homes with minor and major damage in the settlements of Cedar Harbor, Wood Cay, Mount Hope, Fox Town and Crown Haven, located in the Northern Abacos.

MAN O WAR RELIEF FUND - \$125,000 Rebuild the public dock in Man O War Cay, a small island in the Abaco region of the Bahamas.

EAGLES' WINGS FOUNDATION - \$115,000 - To restore the Library/Computer Lab/Command Center in Coopers Town, a village in the Abaco region of the Bahamas. The center also serves as a temporary school.

GREEN TURTLE CAY FOUNDATION - \$100,000 - To repair the water system in Green Turtle Cay, a barrier island off mainland Great Abaco.

HOPE TOWN UNITED - \$90,000 - To construct one temporary dock and rebuild three public docks in the Hope Town settlement on Elbow Cay.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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Form 990, Part III, 4d. Statement of Program Accomplishments: Other program services, cont.

TREASURE CAY RECOVERY PROJECT - \$88,000 - To reconstruct and rehabilitate the community center in Treasure Cay, a parcel of land connected to Great Abaco island.

COVID-19 EMERGENCY RELIEF (\$394,768)

As of June 30, the COVID-19 Emergency Fund has assisted local nonprofit agencies to assist Palm Beach County residents with short-term needs such as food and childcare, and long-term needs such as housing and financial assistance as a result of the novel coronavirus.

To date grants have been made in the amount of \$394,768 to 66 agencies.

COMMUNITY COVID-19 RELIEF FOR LOCAL RESTAURANT WORKERS (\$124,744)

In partnership with Grandview Market 125 local restaurant workers were helped with assistance for rent, mortgage, food & utility bills.

7th ANNUAL BOXED FOR SUCCESS SCHOOL SUPPLY DRIVE (\$4,140)

In partnership with the Palm Beach Daily News and Palm Beach Fire-Rescue, the drive received several donations, collecting \$4,140 and 56,500 school supplies. Donations were distributed to three Title I schools in Palm Beach County: Berkshire, Forest Hill and Wynnebrook elementary schools.

26th ANNUAL HOLIDAY TOY DRIVE (\$12,000)

In partnership with the Palm Beach Daily News and Palm Beach Fire-Rescue, the drive collected more than 1,500 toys and \$12,000 in cash donations. The toys were distributed to three Town of Palm Beach United Way partner non-profit agencies: Aid to Victims of Domestic Abuse, YMCA of the Palm Beaches and YMCA of South Palm Beach County.

11th ANNUAL TURKEY TROT (\$49,240)

Proceeds from our annual 5K Turkey Trot are donated to local non-profit agencies to feed families in need on Thanksgiving.

Thanksgiving meals last year were:

Achievement Centers: 701 meals for families

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Town of Palm Beach United Way, Inc.	Page 4 59-0637885

Form 990, Part III, 4d Statement of Program Accomplishments: Other program services, cont.

Adopt-A-Family: 60 meals for families

Aid to Victims of Domestic Abuse: 75 meals for women and children in emergency shelter

Alpert Jewish Family Service: 143 meals for families

Alzheimer's Community Care: 550 meals at their 8 specialized day cares

Arc of the Glades: 50 meals for families

Arc of Palm Beach County: 300 meals for families

Boys & Girls Clubs of Palm Beach County: 1,200 meals for families

Catholic Charities of the Diocese of Palm Beach, Inc.: 475 meals for families

Center for Child Counseling: 60 meals for families

Community Partners: 500 meals for families

Families First of Palm Beach County: 400 meals for families

Farmworker Coordinating Council: 500 meals for families

The Glades Initiative: 60 meals for families

Healthy Mothers Healthy Babies: Formula for 100 infants

HomeSafe: 60 meals provided for men, women and children in group homes

The Lord's Place: 250 meals for the men, women and children at their shelters

Mental Health America: 35 meals for families

Opportunity, Inc.: 432 meals for families

Palm Beach Habilitation Center: 350 meals provided to their clients

Take Stock in Children: 75 meals for families

Urban Youth Impact: 300 meals for families

YMCA of the Palm Beaches: 120 meals for families

Donor Designated to Partner Agencies \$230,350.00

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Wally & Betsy Turner - Husband & Wife

Robert & Susan Wright - Husband & Wife

Gail Coniglio & Cara Coniglio McClure - Mother & Daughter

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

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 www.palmbeachunitedway.org.

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

www.guidestar.org and www.foundationcenter.org

Name of the organization

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

Change in value of beneficial interests in trusts.
