

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning **April 1**, 2008, and ending **March 31**, 20 09

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization Town of Palm Beach United Way, Inc. Doing Business As Number and street (or PO box if mail is not delivered to street address) Room/suite 44 Coconut Row 201 City or town, state or country, and ZIP + 4 Palm Beach, FL 33480 | D Employer identification number 59 0637885 E Telephone number (561) 655-1919 G Gross receipts \$ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | F Name and address of principal officer Philip A. Whitacre same as above | |
| J Website: ▶ www.palmbeachunitedway.org | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | |
| K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1945 M State of legal domicile: FL | |

Part I Summary

| | | | | |
|-----------------------------|---|--|--|--|
| | <p>1 Briefly describe the organization's mission or most significant activities: To help people, community wide, improve their quality of life.</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 73</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0</p> <p>5 Total number of employees (Part V, line 2a) 5 5</p> <p>6 Total number of volunteers (estimate if necessary) 6 300</p> <p>7a Total gross unrelated business revenue from Form VIII, line 12, column (C) 7a 0</p> <p>7b Net unrelated business taxable income from Form 990-T, line 34. 7b 0</p> | | | |
| Revenue | <p>8 Contributions and grants (Part VIII, line 1h) Prior Year 3,593,005 Current Year 4,124,221</p> <p>9 Program service revenue (Part VIII, line 2g) 674,851 189,328</p> <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 72,315 84,336</p> <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,340,171 4,397,885</p> <p>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,052,413 3,519,941</p> | | | |
| Expenses | <p>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 442,068 494,474</p> <p>14 Benefits paid to or for members (Part IX, column (A), line 4) 410,352 409,353</p> <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,904,833 4,423,766</p> <p>16a Professional fundraising fees (Part IX, column (A), line 11e) 435,338 -25,881</p> <p>b Total fundraising expenses (Part IX, column (D), line 23) 410,352 409,353</p> <p>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 3,904,833 4,423,766</p> <p>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 435,338 -25,881</p> <p>19 Revenue less expenses. Subtract line 18 from line 12. 410,352 409,353</p> | | | |
| Net Assets or Fund Balances | <p>20 Total assets (Part X, line 16) Beginning of Year 11,830,286 End of Year 9,343,642</p> <p>21 Total liabilities (Part X, line 26) 4,696,690 3,930,584</p> <p>22 Net assets or fund balances. Subtract line 21 from line 20. 7,133,596 5,413,058</p> | | | |

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 ▶ *Philip A. Whitacre* 9/3/2009
Signature of officer Date

▶ **Philip A. Whitacre, President**
Type or print name and title

Paid Preparer's Use Only

| | | | |
|---|-------|---|--|
| Preparer's signature ▶ | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶ () | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED DEC 07 2009

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
To measurably improve the quality of life in Palm Beach County by raising funds through our annual campaign.
These funds in turn sustain a network of effective and efficient unduplicated human service programs provided
by our 48 member agencies.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$ 770,000) (Revenue \$)
Impact 1: Nurturing and protecting children and youth - Focuses on issues related to the successful Development of children, youth and young adults in these areas:

- Preschool and After School Education (412,000), ensures that children and youth have the opportunity to become stronger through education.
- Mentoring (141,000), ensures that children and youth are provided the emotional, social, physical, intellectual and imaginative skills necessary for personal achievement and a lifetime of growth and development and that families and guardians have the capacity to create positive home and school environments.
- Protecting Children and Youth (217,000), provide services that help children and youth at times of crisis by meeting the basic needs of sustenance and shelter and protecting them from violence.

4b (Code:) (Expenses \$ including grants of \$ 737,780) (Revenue \$)
Impact 2: Access to health - Focuses on ensuring access and availability to preventive interventive and supportive health and wellness services in these areas:

- Mental Health and Wellness (260,260), provides comprehensive mental health services to children and adults with emotionally behavioral and / or psychiatric problems.
- Physical Health and Wellness (182,000), helps to improve the health, well-being and quality of life, and to make sure that every individual has the opportunity to lead a productive life and achieve maximum potential in their community.
- Substance Abuse (295,520), provides counseling, therapy, detoxification and other support services for persons suffering from drug and alcohol abuse, with the goal of facilitating and supporting the process of recovery.

4c (Code:) (Expenses \$ including grants of \$ 1,561,676) (Revenue \$)
Impact 3: Providing basic needs and increasing self sufficiency - Focuses on assisting in efforts to build and maintain an adequate safety net to meet the basic needs of individuals and families in these areas:

- Community Services and Education Assistance (296,500), ensures that individuals and families receive assistance in emergency and crisis situations.
- Disabilities (579,452), helps to improve the health, well-being and quality of life for those with disabling conditions.
- Family and Individual Self Sufficiency (685,724), helps individuals and families become more financially independent and less dependent on human services.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ 906,789) (Revenue \$)

4e Total program service expenses ▶ \$ 3,976,245 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | ✓ | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | ✓ | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | ✓ |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | ✓ |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | ✓ |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | ✓ |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | ✓ |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | ✓ | |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | ✓ | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | ✓ | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | ✓ |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | | ✓ |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> | | ✓ |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | | ✓ |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | ✓ |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | ✓ |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | ✓ |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | ✓ |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | ✓ |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | ✓ | |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | ✓ |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> | | ✓ |
| 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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.</i> | | ✓ |
| 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | ✓ |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | | ✓ |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | ✓ |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | ✓ |

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|-----------|--|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | ✓ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | ✓ |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | ✓ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | ✓ |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ✓ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | ✓ |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | ✓ |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | ✓ |
| 5c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | ✓ |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | ✓ |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | ✓ |
| 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, during the year, 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 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the 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. | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|---|---|-----------|----|
| For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body | 1a | 73 |
| b | Enter the number of voting members that are independent | 1b | 0 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | ✓ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | ✓ |
| 6 | Does the organization have members or stockholders? | 6 | ✓ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | ✓ |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | ✓ |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | ✓ |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | ✓ |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | ✓ |

Section B. Policies

| | | Yes | No |
|------------|--|------------|----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ✓ |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | ✓ |
| 13 | Does the organization have a written whistleblower policy? | 13 | ✓ |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | ✓ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | ✓ |
| b | Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) | 15b | ✓ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | ✓ |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Philip A. Whitacre 44 Coconut Row, M-201 Palm Beach, FL 33480 561.655.1919

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (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 | | | |
| Philip A. Whitacre President | 40 | | | | | ✓ | 118,965 | 0 | 28,765 | |
| Beth Walton Vice President | 40 | | | | ✓ | | 107,609 | 0 | 20,561 | |
| Helen Harting Abell Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Missy Agnello Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Lawrence Beyer Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Alan Bleznak Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Benton P. Bohannon Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| John J. Borland Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Michael J. Bracci Treasurer | 1 | | | ✓ | | | 0 | 0 | 0 | |
| Mercedes Cassidy Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Jonathan E. Cole Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Gail Coniglio Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Mark Cook Deputy Treasurer | 1 | | | ✓ | | | 0 | 0 | 0 | |
| Christine Curtis Vice Chairman | 1 | | | ✓ | | | 0 | 0 | 0 | |
| Bradford A. Deffin Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Diana Ecclestone Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Peter Elwell 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 | (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 | | | |
| Victoria Farris Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Alec Flamm Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Bruce Gendelman Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Sarah Gewirz Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Benjamin Gordon Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Lee B. Gordon Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Richard D. Greenfield Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| J. Ira Harris Vice Chairman | 1 | | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| Sandra Heine Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Jim Held Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Robert M. Jaffe Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Kenn Karakul Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Susan Keenan Trustee | 1 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| 1b Total | | | | | | | | | | |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **2**

| | Yes | No |
|--|-----|-------------------------------------|
| 3 Did the organization list any former officer, director or 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 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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| n/a | n/a | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **0**

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 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 | 4,208,557 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 84,336 | | | | |
| | h Total. Add lines 1a-1f | | | 4,208,557 | | | |
| 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) | | | 189,328 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | 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. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | | | 4,397,885 | | | |

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) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 3,519,941 | 3,519,941 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 118,965 | 59,483 | 11,897 | 47,585 |
| 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 | 246,962 | 123,481 | 24,695 | 98,786 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 66,866 | 33,433 | 6,687 | 26,746 |
| 9 | Other employee benefits | 35,037 | 17,700 | 3,177 | 14,160 |
| 10 | Payroll taxes | 26,644 | 13,323 | 2,663 | 10,658 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 14,000 | 7,000 | 1,400 | 5,600 |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 13,936 | 6,968 | 1,394 | 5,574 |
| 13 | Office expenses | 51,310 | 25,655 | 5,131 | 20,524 |
| 14 | Information technology | 898 | 449 | 90 | 359 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 23,895 | 11,948 | 2,389 | 9,558 |
| 17 | Travel | 2,995 | 1,497 | 300 | 1,198 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 101,672 | 50,837 | 10,166 | 40,669 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 46,731 | 23,366 | 4,674 | 18,691 |
| 22 | Depreciation, depletion, and amortization | 17,651 | 8,186 | 2,913 | 6,552 |
| 23 | Insurance | 8,692 | 4,261 | 1,022 | 3,409 |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a | Telephone / Postage | 20,284 | 10,141 | 2,029 | 8,114 |
| b | Agency Liaison | 11,592 | 10,727 | 173 | 692 |
| c | Photography & awards | 3,442 | 1,721 | 344 | 1,377 |
| d | Dues & subscriptions | 7,916 | 3,958 | 791 | 3,167 |
| e | In-Kind | 84,337 | 42,168 | 8,434 | 33,735 |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 4,423,766 | 3,976,243 | 90,369 | 357,154 |
| 26 | Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | | |
|------------------------------------|---|--|-----------|--------------------|-----------|--------|
| Assets | 1 | Cash—non-interest-bearing | 3,358,659 | 1 | 3,348,060 | |
| | 2 | Savings and temporary cash investments | 6,289,297 | 2 | 4,139,594 | |
| | 3 | Pledges and grants receivable, net | 2,000,068 | 3 | 1,772,714 | |
| | 4 | Accounts receivable, net | 90,519 | 4 | 10,938 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | 8,540 | 9 | 4,908 | |
| | 10a | Land, buildings, and equipment: cost basis | 10a | 332,804 | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 10b | 265,376 | | |
| | | | | 83,203 | 10c | 67,428 |
| | 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 | | 15 | | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 11,830,286 | 16 | 9,343,642 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | 17,818 | 17 | 17,405 | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 4,678,872 | 19 | 3,913,179 | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 | Unsecured notes and loans payable | | 24 | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 4,696,690 | 26 | 3,930,584 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | 999,866 | 27 | 1,099,031 | |
| | 28 | Temporarily restricted net assets | | 28 | | |
| | 29 | Permanently restricted net assets | 6,133,730 | 29 | 4,314,027 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 | Total net assets or fund balances | 7,133,596 | 33 | 5,413,058 | | |
| 34 | Total liabilities and net assets/fund balances | 11,830,286 | 34 | 9,343,642 | | |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | ✓ | |
| b Were the organization's financial statements audited by an independent accountant? | ✓ | |
| c If "Yes" to lines 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? | ✓ | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | |
| b If "Yes," did the organization undergo the required audit or audits? | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|------------------|------------------|------------------|------------------|------------------|-------------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 3,056,017 | 3,516,735 | 2,828,353 | 3,004,533 | 3,665,320 | 16,070,958 |
| 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 1-3 | 3,056,017 | 3,516,735 | 2,828,353 | 3,004,533 | 3,665,320 | 16,070,958 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 16,070,958 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|------------------|------------------|------------------|------------------|------------------|-------------------|
| 7 Amounts from line 4 | 3,056,017 | 3,516,735 | 2,828,353 | 3,004,533 | 3,665,320 | 16,070,958 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,043,512 | 427,428 | 727,917 | 773,592 | 473,738 | 3,446,187 |
| 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 IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 19,517,145 |

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**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 82 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 94 % |

- 16a 33% support test—2008.** If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2007.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 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

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59 0637885

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate 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... Yes No, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes... Yes No

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? Yes No, 9 In Part XIV, 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" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items: a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 | 6,133,730 | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | -1,819,703 | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,314,027 | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶ 100 %
- c** Term endowment ▶%

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" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 213,859 | 156,267 | 57,592 |
| d Equipment | | 118,944 | 109,109 | 9,836 |
| e Other | | | | |
| Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 67,428 |

Part VII Investments – Other Securities. 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 |
|--|----------------|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12) ▶ | | |

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| | |
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| | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Amount |
|--|------------|
| Federal income taxes | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶ | |

In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 4,397,885 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 4,423,766 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -25,881 |
| 4 | Net unrealized gains (losses) on investments | 4 | -1,694,657 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | -1,694,657 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -1,720,538 |

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

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,124,221 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -1,694,657 |
| b | Donated services and use of facilities | 2b | 84,336 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 189,328 |
| e | Add lines 2a through 2d | 2e | -1,420,993 |
| 3 | Subtract line 2e from line 1 | 3 | 2,703,228 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 2,703,228 |

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

| | | | |
|---|--|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,423,768 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 84,336 |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 84,336 |
| 3 | Subtract line 2e from line 1 | 3 | 4,339,432 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 4,339,432 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part V, Line 4:

To generate annual transfers of interest and dividends to subsidize the operating expenses, while no eroding the corpus of the fund.

Part XII Line 2d:

Interest and dividends.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59 0637885

Page 1

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. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance | (h) Purpose of grant or assistance | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|-----------|
| -2-1-1 PB/Treasure Coast PO Box 3588 Lantana, FL 33465 | 23-7153017 | | 159,500 | | | | Crisis Outreach | |
| -ARC of PBC--1201 Australian Ave Riviera Bch, FL 33404 | 59-0883386 | | 225,000 | | | | Adult services | |
| -Adopt-A-Family--1712 N 2nd Ave Lake Worth, FL 33460 | 59-2471253 | | 100,784 | | | | Multiculture Proj | |
| -AVDA--PO Box 6167 Delray Bch, FL 33482 | 59-2486620 | | 25,000 | | | | Outreach / Shelter | |
| -Jewish Fam & Children's Svc PO Box 220627 WPB, FL 33422 | 59-1520581 | | 64,000 | | | | Counseling | |
| -Alzheimer's Comm Care 800 Northpoint WPR, FL 33407 | 31-1481653 | | 45,000 | | | | Nurse Consultant | |
| -Big Brothers Big Sisters 1665 PBLB, WPB, FL 33401 | 59-2078576 | | 62,000 | | | | Mentoring | |
| -Boys & Girls Club 800 Northpoint WPB, FL 33407 | 23-7060561 | | 175,000 | | | | Youth Develop | |
| -Caridad Clinic 8545 W Bton Rch Blvd RR FL | 65-0149423 | | 64,000 | | | | Health Clinic | |
| -Catholic Charities PO Box 109650 PRG, FL 33410 | 59-2470479 | | 115,500 | | | | Elder Affairs/Food | |
| -Center Fam Svcs 4101 Parker Ave WPB, FL 33405 | 59-1084179 | | 106,700 | | | | Family Counseling | |
| -Children's Home Society 3333 Forest Hill WPB, FL 33406 | 59-0192430 | | 110,000 | | | | Abuse-Neglect | |
| 2 Enter total number of section 501(c)(3) and government organizations | | | | | | | ▶ | 1,252,484 |
| 3 Enter total number of other organizations | | | | | | | ▶ | |

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Town Of Palm Beach United Way, Inc.

Employer identification number

0637885

Page 2

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Comprehensive AIDS Program 2330 S Congress Ave, PS, FL 33406 | 59-2582229 | | 30,000 | | | | Health Education |
| CARP PO Box 2507 WPB, FL 33402 | 59-1447364 | | 78,000 | | | | Residential |
| Consumer Credit Counseling 700 S Dixie, WPB, FL 33401 | 58-0942924 | | 20,000 | | | | Financial Svcs |
| Daily Bread Food Bank 426 Claremore Dr, WPB, FL 33401 | 59-2097520 | | 55,000 | | | | Food Distribution |
| Deaf Service Center 3111 S Dixie, WPB, FL 33405 | 59-2433417 | | 64,000 | | | | Assistive Equip |
| Drug Abuse Foundation 400 S Seinton Ave, D Bch, FL 33444 | 23-7074625 | | 51,000 | | | | Prevention Svcs |
| DATA 1016 N Clemons St, Jupiter, FL 33477 | 59-1363887 | | 121,680 | | | | Drug Rehab |
| Families First of PBC 3333 Forest Hill, WPB, FL 33406 | 65-0166352 | | 44,000 | | | | Fam Sufficiency |
| Farmworkers Coord Council 1313 Central Terr, LW, FL 33460 | 59-1830267 | | 125,000 | | | | Fam Empowerment |
| Girl Scout of Palm Glades Council 1224 W Indiantown, Jup, FL 33458 | 59-0624403 | | 20,000 | | | | Studio 2B |
| Gratitude House, Inc. 1700 N Dixie, WPB, FL 33407 | 23-7215223 | | 65,000 | | | | Relapse Prevention |
| Gulfstream Goodwill Industries 1715 E Tiffany Dr, WPB, FL 33407 | 59-1197040 | | 19,452 | | | | Job Connection |
| Healthy Mothers / Healthy Babies 500 Gulfstream, D Bch, FL 33483 | 59-2657051 | | 47,000 | | | | Prenatal Care |
| Hearts & Hope 317 - 10th St, WPB, FL 33401 | 65-0572315 | | 70,000 | | | | Hearts in Support |
| Home Safe 2840 Sixth Ave South, LW, FL 33461 | 59-1935485 | | 79,500 | | | | Safety Net |

889,632

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

**Open to Public
Inspection**

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Page 3

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Jewish Community Center 3151 N Military Trail, WPB, FL 33409 | 59-1582799 | | 27,000 | | | | Sr Meals/Activity |
| Legal Aid Society 423 Fern St #200, WPB, FL 33401 | 59-6046994 | | 49,500 | | | | Law Services |
| Lord's Place PO Box 3265, WPB, FL 33402 | 59-2240502 | | 80,000 | | | | Shelter |
| Mental Health Association 909 Fern St, WPB, FL 33401 | 59-0760220 | | 32,000 | | | | Adult/Child Svcs |
| Milagro Center 340 SW 6th Ave, D Bch, FL 33444 | 65-0804625 | | 25,000 | | | | Stars Program |
| Opportunity, Inc. 1713 Quail Dr, WPB, FL 33409 | 59-0624429 | | 92,000 | | | | Preschool Educatio |
| Palm Beach Habilitation Center 4522 S Congress Ave, LW, FL 33461 | 59-6213381 | | 104,000 | | | | Adult Training |
| Palm Beach Cty Literacy Coalition 551 SE 8th St, D Bch, FL 33483 | 65-0169781 | | 97,000 | | | | Literacy |
| Planned Parenthood 2300 N Fl Mango Rd, WPB, FL 33409 | 59-1391115 | | 10,000 | | | | Medical Services |
| RCCA 300 Royal Palm Way, PB, FL 33480 | 59-0791037 | | 5,000 | | | | Rehabilitation |
| Seagull Industries 3879 W Industrial Way, RB, FL 33404 | 59-1879968 | | 231,000 | | | | Adult Habilitation |
| Take Stock In Children 2200 N Fl Mango, WPB, FL 33409 | 59-3331584 | | 40,000 | | | | Student Support |
| Turtle Nest Village, Inc. 900 Osceola Dr, WPB, FL 33409 | 65-1078279 | | 48,000 | | | | Living Program |
| Urban League 1700 N Australian, WPB, FL 33407 | 59-1533710 | | 15,000 | | | | Housing Counseling |
| Volunteer Center 2600 Quantum Blvd, BB, FL 33426 | 59-0683258 | | 3,000 | | | | Volunteer Services |

2 Enter total number of Section 501(c)(3) and government organizations ▶ 858,500

3 Enter total number of other organizations ▶

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

0637885

Page 4

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YMCA of South Palm Beach 6631 S Palmetto Cir, BR, FL 33431 | 59-1416281 | | 12,000 | | | | Youth Learning |
| YMCA of the Palm Beaches 2085 S Congress, WPB, FL 33406 | 59-0624470 | | 38,500 | | | | Day Care /Camp |
| YMCA of Palm Beach County 2200 N Fl Mango Rd, WPB, FL 33409 | 59-0751935 | | 98,000 | | | | Domestic Violence |
| ARC of Palm Beach County 1201 Australian Ave, RB, FL 33404 | 59-0883386 | | 25,000 | | | | Employment Svcs |
| Big Brothers Big Sisters 1665 PB Lakes Blvd, WPB, FL 33401 | 59-2078576 | | 2,500 | | | | Nettie Finkle Award |
| C.R.O.S. Ministries 301 S 1st Ave, LW, FL 33460 | 59-1802917 | | 20,000 | | | | Food for Pantries |
| Cub Scouts 8590 Teeberry Ln, BR, FL 33433 | 80-0122899 | | 2,000 | | | | Assist Camping |
| Earworker Coordinating Council 1313 Central Terrace, LW, FL 33460 | 59-1830267 | | 3,500 | | | | Emergency Shelter |
| Governor's Council-Summ Camp 1665 PB Lakes Blvd, WPB, FL 33401 | 65-0449910 | | 13,625 | | | | Summer Camp Prog |
| Habitat for Humanity of PBC 1225A S Military Tr, WPB, FL 33415 | 59-3525576 | | 500 | | | | Housing Coordinati |
| Highland Elementary School 500 Highland Ave, LW, FL 33460 | 59-6000783 | | 4,000 | | | | Family Assis Prog |
| JDRF 203 E Tall Oaks, PBG, FL 33410 | 23-1907729 | | 500 | | | | Juvenile Diabetes |
| P.B. Chamber of Commerce 400 Royal Palm Way, PB, FL 33480 | 59-0389290 | | 1,500 | | | | Scholarship Prog |
| Palm Beach Dramaworks 322 Banyan Blvd, WPB, FL 33401 | 65-1040048 | | 5,000 | | | | Adult Learning Ctr |
| United Way of Palm Beach County 2600 Quantum Blvd, BB, FL 33426 | 59-0683258 | | 10,000 | | | | VITA Program |

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

236,625

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

0637885

Page 5

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Jewish Fam. & Children's Services... PO Box 220627, WPB, FL 33422 | 59-1520581 | | 20,000 | | | | Home Health Care |
| Alzheimer's Community Care, Inc.... 800 Northpoint, WPB, FL 33407 | 31-1481653 | | 20,000 | | | | Fam Nurse Prog |
| Aid to Victims of Domestic Abuse... 621 NW 53rd St, BR, FL 33487 | 59-2486620 | | 15,000 | | | | Shelter Svcs |
| Hospice by the Sea, Inc.... 1531 W Palmetto Rd, BR, FL 33486 | 59-1952942 | | 10,000 | | | | Home Health Care |
| Adopt-A-Family of the P.B.'s... 1712 N 2nd Ave, LW, FL 33460 | 59-2471253 | | 15,000 | | | | Health Screening |
| Comprehensive Community Care... 2330 S Congress, WPB, FL 33406 | 54-2083748 | | 20,000 | | | | Home Health care |
| Kramer Senior Services Agency... 4920 Loring Dr, WPB, FL 33417 | 59-2753822 | | 20,000 | | | | Home Health Care |
| Legal Aid Society... 423 Fren St, WPB, FL 33401 | 59-6046994 | | 10,350 | | | | Family Law Project |
| Boys & Girls Club... 800 Northpoint, WPB, FL 33407 | 23-7060561 | | 10,000 | | | | Agency Support |
| Planned Parenthood of the P.B.'s... 2300 N Fl Mango Rd, WPB, FL 33409 | 59-1391115 | | 37,500 | | | | Agency Support |
| 211 PB / Treasure Coast, Inc.... PO Box 3588, Lantana, FL 33465 | 23-7153017 | | 5,750 | | | | Agency Support |
| Catholic Charities... PO Box 109650, PBG, FL 33410 | 59-2470479 | | 7,500 | | | | Agency Support |
| Turtle Nest Village, Inc.... 900 Osceola Dr, WPB, FL 33409 | 65-1078279 | | 1,000 | | | | Agency Support |
| Jewish Fam & Children's Services... PO Box 220627, WPB, FL 33422 | 59-1520581 | | 11,000 | | | | Agency Support |
| Healthy Mothers / Healthy Babies... 500 Gulfstream Blvd, DB, FL 33483 | 59-2657051 | | 5,000 | | | | Agency Support |

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

208,100

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2008

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

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the Organization

Employer Identification number

Town of Palm Beach United Way, Inc.

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 | | | |
| Michele Kessler Vice Chairman | 1 | | | ✓ | | | | 0 | 0 | 0 |
| John H. Kessler Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Joel P. Koepfel Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Phyllis Krock Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Mark LaRoe Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Emily Leikin Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Frayda B. Lindemann Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Vicki Loring Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Margaret Luntz Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| David S. Mack Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| John D. Mashek Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Joyce McLendon Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Brian McIver Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Sydelle Meyer Secretary | 1 | | | ✓ | | | | 0 | 0 | 0 |
| Anita Michaels Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Paula Michel Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Harriet Miller Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Sydell L. Miller Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |
| Danielle Hickox Moore Chairman | 1 | | | ✓ | | | | 0 | 0 | 0 |
| Ralph V. Moore Vice Chairman | 1 | | | ✓ | | | | 0 | 0 | 0 |
| Bridget Moran Trustee | 1 | ✓ | | | | | | 0 | 0 | 0 |

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

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

Town of Palm Beach United Way, Inc.

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 | | | |
| Laura Munder Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Margi Picotte Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Daniel E. Ponton Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Thomas C. Quick Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Cater Randolph Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Joyce Reingold Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Leslie Rose Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Dundi Sachs Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| John F. Scarpa Vice Chairman | 1 | | | ✓ | | | 0 | 0 | 0 | |
| Lewis Schott Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Jeffrey W. Smith Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Lesly Smith Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| E. Lynn Surovek Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Dominick Telesco Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| James Thompson Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| William R. Tiefel Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Robbi Toll Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Betsy Turner Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Kathryn Vecellio Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| E. Baxter Webb Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |
| Jan Willinger Trustee | 1 | ✓ | | | | | 0 | 0 | 0 | |

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

2008

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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

Employer identification number
59 : 0637885

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|----|---|--------------------------------|---|--|
| 1 | Art—Works of art | | | |
| 2 | Art—Historical treasures | | | |
| 3 | Art—Fractional interests | | | |
| 4 | Books and publications | | | |
| 5 | Clothing and household goods | | | |
| 6 | Cars and other vehicles | | | |
| 7 | Boats and planes | | | |
| 8 | Intellectual property | | | |
| 9 | Securities—Publicly traded | | | |
| 10 | Securities—Closely held stock | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | |
| 12 | Securities—Miscellaneous | | | |
| 13 | Qualified conservation contribution (historic structures) | | | |
| 14 | Qualified conservation contribution (other) | | | |
| 15 | Real estate—Residential | | | |
| 16 | Real estate—Commercial | | | |
| 17 | Real estate—Other | | | |
| 18 | Collectibles | | | |
| 19 | Food inventory | | | |
| 20 | Drugs and medical supplies | | | |
| 21 | Taxidermy | | | |
| 22 | Historical artifacts | | | |
| 23 | Scientific specimens | | | |
| 24 | Archeological artifacts | | | |
| 25 | Other ▶ (. PB Chamber-Brei) | 1 | 3,500 | Value by donor |
| 26 | Other ▶ (. Breakers-Lunche) | 1 | 5,600 | Value by donor |
| 27 | Other ▶ (. Daily News-Ad . . .) | 1 | 71,706 | Value by donor |
| 28 | Other ▶ (. Breakers-Breakfa) | 1 | 3,530 | Value by donor |

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 | |
|----|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | ✓ |

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

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

| | | |
|----|---|--|
| 31 | ✓ | |
|----|---|--|

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

| | | |
|-----|--|---|
| 32a | | ✓ |
|-----|--|---|

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Town of Palm Beach United Way

Employer identification number

59 : 0637885

Part III, Line 4d

Grants made through our Visiting Nurse Endowment Fund for home health services provided to the indigent population in Palm Beach County. Response Pool grants made available for agency emergencies throughout the year.

Part VI, Section A, Line 10

The bookkeeper prepares the 990, the Chief Executive reviews for completeness and accuracy, it is then reviewed by the Audit Committee. After their review it is sent to the Executive Committee for review and then submitted to the IRS. A copy is made available to the entire Board of Trustees.

Part VI, Section B, Line 12

The Town of Palm Beach United Way has policies in place prohibiting any activity that may be construed as a conflict of interest. The conflict of interest policy is reviewed and signed off on by all board members on an annual basis.

Part VI, Section B, Line 15b

The Personnel Committee 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 ratified by the Board of Trustees.

Part VI, Section C, Line 19

Upon request the Town of Palm Beach United Way will produce any governing documents, conflict of interest policies, 990, audit and financial statements to the public. The Town of Palm Beach United Way has an Audit Committee that oversees the selection of the auditors, reviews and approves all financial documents.