

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

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 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Town of Palm Beach United Way, Inc.
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
44 Coconut Row 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 \$ 3,938,584

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

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

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

J Website: www.palmbeachunitedway.org

K Form of organization Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To measurably improve the quality of life in Palm Beach County by annually raising funds. These funds in turn sustain a network of effective and efficient human service programs provided by our 46 member agencies.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>63</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>63</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>5</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>334</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>3,697,041</u>	<u>3,781,940</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,063,729</u>	<u>934,834</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,760,770</u>	<u>4,716,774</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,505,678</u>	<u>3,764,638</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>473,191</u>	<u>380,208</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>278,242</u>	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>354,957</u>	<u>323,727</u>	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>3,333,826</u>	<u>4,468,573</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>1,426,944</u>	<u>248,201</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>9,691,827</u>	<u>10,690,639</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>2,404,897</u>	<u>3,155,507</u>
		<u>7,286,930</u>	<u>7,535,132</u>

Part II Signature Block

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

Sign Here

Signature of officer: Elizabeth M. Walton Date: 10-05-2011

Type or print name and title: ELIZABETH M. WALTON

Paid Preparer Use Only

Print/Type preparer's name: Themis M Quiros Preparer's signature: [Signature] Date: 09-28-11 Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no: _____

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

Handwritten marks: 11, 11

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 1,402,995 including grants of \$ 1,402,995) (Revenue \$ 1,402,995)
HELPING FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT by offering: Financial literacy programs that teach families how to budget, build savings and manage money; training to help people find and keep jobs that pay a living wage; increasing affordable housing for seniors and families; increasing food distribution to families living at or below the federal poverty level helping families to break the cycle of homelessness by addressing the causes of the problem. The following investments were made through our Income Initiatives:
1. Community building and community based services (\$429,975) through 10 programs provided by 6 different nonprofit agencies 4,323 clients will be served.
2. Supports for individuals with disabilities (\$595,000) through 15 programs provided by 5 different nonprofit agencies 2,502 clients will be served.
3. Financial stability and housing (\$378,020) through 16 programs provided by 9 different nonprofit agencies 227 clients will be served.

4b (Code:) (Expenses \$ 930,160 including grants of \$ 930,160) (Revenue \$ 930,160)
IMPROVING PEOPLE'S PHYSICAL AND MENTAL HEALTH by offering:
Health education and prevention services to ensure that children and adults stay healthy; programs that provide advocacy, education, research and program support for mental health issues; senior day programs that create environments for social interactions, medical monitoring, and therapeutic activities; and reducing substance abuse by offering after school based and community preventative programs. The following investments were made through our Health Initiatives:
1. Mental health and wellness (\$181,380) through 12 programs provided by 3 different nonprofit agencies 373 clients will be served.
2. Physical/Dental health and wellness (\$241,500) through 9 programs provided by 8 different nonprofit agencies 8,031 clients will be served.
3. Substance abuse (\$328,780) through 13 programs provided by 4 different nonprofit agencies 167 clients will be served.
4. Domestic and family violence prevention (\$178,500) through 5 programs by 3 different nonprofit agencies 437 clients will be served.

4c (Code:) (Expenses \$ 748,000 including grants of \$ 748,000) (Revenue \$ 748,000)
HELPING CHILDREN, YOUTH AND ADULTS ACHIEVE THEIR FULL POTENTIAL by offering: Early childhood education programs that prepare children for school; after-school and mentoring programs that encourage youth to advance in school; community programs that promote leadership skills for children of all ages; long-term mentoring, case management and academic workshops that offer full-time college scholarships to high school seniors; and adult education and parenting classes that strengthen families.
The following investments were made:
1. Preschool and after school education for children and youth (\$264,000) through 11 programs provided by 7 different nonprofit agencies 94 clients will be served.
2. Mentoring for children and youth (\$335,000) through 7 programs provided by 6 different nonprofit agencies 187 clients will be served.
3. Adult, family caregiver education and support (\$149,000) through 6 programs provided by 3 different nonprofit agencies 377 clients will be served.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,039,153 including grants of \$ 683,483) (Revenue \$ 683,483)

4e Total program service expenses 4,120,308

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? (see instructions)	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
20 a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<input checked="" type="checkbox"/>
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), (29) organizations.

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

Section A. Governing Body and Management

		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	63		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	63		
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 governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant 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	✓		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			✓

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

		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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: ► Elizabeth Walton 44 Cocconut 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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Michael J. Bracci Chairman	1			✓			0	0	0	
(2) Christine W. Curtis, Vice Chairman	1			✓			0	0	0	
(3) J. Ira Harris Vice Chairman	1			✓			0	0	0	
(4) Michele Kessler Vice Chairman	1			✓			0	0	0	
(5) Trip Moore Vice Chairman	1			✓			0	0	0	
(6) John Scarpa Vice Chairman	1			✓			0	0	0	
(7) Mark W. Cook Treasurer	1			✓			0	0	0	
(8) Peter Elwell Deputy Treasurer	1			✓			0	0	0	
(9) Gail Coniglio Secretary	1			✓			0	0	0	
(10) Helen Harting Abell Trustee	1	✓					0	0	0	
(11) Missy Agnello Trustee	1	✓					0	0	0	
(12) Kathy Bleznak Trustee	1	✓					0	0	0	
(13) Cynthia Boardman Trustee	1	✓					0	0	0	
(14) John Borland Trustee	1	✓					0	0	0	
(15) Atesh Chandra Trustee	1	✓					0	0	0	
(16) Cara Coniglio 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 (describe hours for related organizations in Schedule O)	(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			
(17) Bradford A. Defflin Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(18) Diana Ecclestone Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(19) Victoria Farris Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(20) Alec Flamm Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(21) Mary Freitas Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(22) Bruce Gendelman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(23) Sarah Gewirz Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(24) Mary Gilbane Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(25) Benjamin Gordon Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(26) Lee B Gordon Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(27) Richard Greenfield Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(28) Elizabeth Walton President & CEO	40					<input checked="" type="checkbox"/>		0	119,812	5,991
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A									119,812	5,991
d Total (add lines 1b and 1c)									119,812	5,991

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

	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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<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

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

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	3,733,584				
	g Noncash contributions included in lines 1a-1f: \$		48,356				
	h Total. Add lines 1a-1f		3,781,940				
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)		147,334				
	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				
				5,952,921			
	b Less: cost or other basis and sales expenses			5,165,421			
	c Gain or (loss)			787,500			
	d Net gain or (loss)			787,500			
	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. See instructions.			4,716,774				

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,764,638	3,764,638		
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				
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	273,700	136,850	27,369	109,481
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,114	24,057	4,811	19,246
9	Other employee benefits	38,239	19,120	3,824	15,295
10	Payroll taxes	20,155	10,078	2,014	8,063
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	17,500	8,750	1,750	7,000
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,409	4,705	941	3,763
g	Other				
12	Advertising and promotion				
13	Office expenses	49,493	24,747	4,949	19,797
14	Information technology	3,381	1,691	339	1,351
15	Royalties				
16	Occupancy	20,039	10,020	2,004	8,015
17	Travel	1,800	900	180	720
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	86,580	43,291	8,657	34,632
20	Interest				
21	Payments to affiliates	55,395	27,698	5,540	22,157
22	Depreciation, depletion, and amortization	6,449	2,991	1,064	2,394
23	Insurance	6,602	3,301	660	2,641
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Telephone & postage	22,733	11,367	2,271	9,095
b	Dues & subscriptions	2,484	1,242	249	993
c	Equipemnt rental	4,070	2,035	407	1,628
d	Photography & advertising	29,931	14,966	2,994	11,971
e	Agency liaison	7,861	7,861		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,468,573	4,120,308	70,023	278,242
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	3,008,739	1	3,750,881	
	2 Savings and temporary cash investments	5,456,479	2	6,127,238	
	3 Pledges and grants receivable, net	1,165,526	3	749,514	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,590	9	4,972	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 335,569			
	b Less: accumulated depreciation	10b 277,535	57,493	10c 58,034	
	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)		9,691,827	16	10,690,639	
Liabilities	17 Accounts payable and accrued expenses	0	17	55,602	
	18 Grants payable	2,404,896	18	3,099,905	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial 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 to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		2,404,896	26	3,155,507
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	1,986,019	27	1,582,211	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets	5,300,912	29	5,952,921	
	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		7,286,931	33	7,535,132	
34 Total liabilities and net assets/fund balances		9,691,827	34	10,690,639	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,716,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,468,573
3	Revenue less expenses. Subtract line 2 from line 1	3	248,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,286,931
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,535,132

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 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 line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	✓	
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-0637885

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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).**
- 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?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,828,353	3,004,533	3,665,320	4,208,557	3,700,355	17,407,118
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,828,353	3,004,533	3,665,320	4,208,557	3,700,355	17,407,118
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.						17,407,118

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,828,353	3,004,533	3,665,320	4,208,557	3,700,355	17,407,118
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	727,917	773,592	473,738	189,328	248,559	2,413,134
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						19,820,252
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	88 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	87 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010.** 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—2009.** 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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

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 Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed status.

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 Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, and various monitoring and reporting questions.

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 questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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 Escrow and Custodial Arrangements. Complete if the 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the 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	5,300,912	5,569,229	4,314,028		
b Contributions		40,000			
c Net investment earnings, gains, and losses	919,017	-169,356	1,255,201		
d Grants or scholarships					
e Other expenditures for facilities and programs	-267,008	-138,961			
f Administrative expenses					
g End of year balance	5,952,921	5,300,912	5,569,229		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Term endowment ▶ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		215,682	173,512	42,170
d Equipment		119,887	104,023	15,864
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) ▶ 58,034

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,716,774
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,468,573
3	Excess or (deficit) for the year. Subtract line 2 from line 1	248,201
4	Net unrealized gains (losses) on investments	787,500
5	Donated services and use of facilities	48,355
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	835,855
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1,084,056

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	3,733,584
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	787,500
b	Donated services and use of facilities	48,356
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	147,334
e	Add lines 2a through 2d	983,190
3	Subtract line 2e from line 1	4,716,774
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4,716,774

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	4,468,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	4,468,573
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4,468,573

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4: Endowment Funds

To generate annual transfers of interest and dividends to subsidize the operating expenses, while not eroding the corpus of the fund.

Part XII, Line 2d: Interest and dividends

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

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

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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 2-1-1 PB / Treasure Coast PO Box 3588 Lantana, FL 33465	23-7153017		162,750				TPBUW Allocation
(2) ARC of the Glades 4250 NW 16th St, B Glade, FL 33430	59-1760374		10,000				TPBUW Allocation
(3) ARC of PBC 1201 Australian Ave Riviera Bch, FL 33404	59-0883386		200,250				TPBUW Allocation
(4) Adopt-A-Family 1712 N 2nd Ave Lake Worth, FL 33460	59-2471253		126,000				TPBUW Allocation
(5) AVDA PO Box 6167 Delray Beach, FL 33482	59-2486620		62,250				TPBUW Allocation
(6) Jewish Fam & Children's Svc PO Box 220627 WPB, FL 33422	59-1520581		78,380				TPBUW Allocation
(7) Alzheimer's Comm Care 800 Northpoint, WPB, FL 33407	31-1481653		80,000				TPBUW Allocation
(8) Boys & Girls Clubs of PBC 800 Northpoint, WPB, FL 33407	23-7060561		205,000				TPBUW Allocation
(9) Caridad Clinic 8545 W Bton Bch Blvd, BB	65-0149423		85,000				TPBUW Allocation
(10) Catholic Charities PO Box 109650 PBG, FL 33410	59-2470479		12,950				TPBUW Allocation
(11) Center for Family Services 4101 Parker Ave, WPB, FL 33405	59-1084179		134,020				TPBUW Allocation
(12) Childre's Home Society 3333 Forest Hill, WPB, FL 33406	59-0192430		92,500				TPBUW Allocation

2 Enter total number of section 501(c)(3) and government organizations **50**

3 Enter total number of other organizations **50**

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

Cat. No. 50055P

Schedule I (Form 990) (2010)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

The Town of Palm Beach United Way allocates funding to member agencies for program and services conducted by those agencies. The Allocation Committee is responsible for making recommendations to the Board of Trustees for approval on specific agency program allocations. The Town of Palm Beach United Way staff monitors the agencies for adherence to Town of Palm Beach United Way policies and standards.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

Page 2 59 0637885

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

(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
CARP							
PO Box 2507 WPB, Fl 33402	59-1447364		76,752				TPBUW Allocation
CredAbility							
700 S Dixie WPB, Fl 33401	58-0942924		15,000				TPBUW Allocation
C.R.O.S. Ministries							
301 S First Ave, LW, Fl 33460	59-1802917		20,000				TPBUW Allocation
Deaf Service Center							
3111 S Dixie, WPB, Fl 33405	59-2433417		52,775				TPBUW Allocation
Drug Abuse Foundation							
400 S Swinton Ave, D Bch, Fl 33444	23-7074625		52,528				TPBUW Allocation
DATA							
1016 N Clemons St, Jupiter, Fl 33477	59-1363887		131,250				TPBUW Allocation
Families First of PBC							
3333 Forest Hill, WPB, Fl 33406	65-0166352		63,500				TPBUW Allocation
Farmworker Coord Council							
1313 Central Terrace, LW, Fl 33460	59-1830267		137,700				TPBUW Allocation
Feeding South Florida							
426 Claremore Dr, WPB, Fl 33401	59-2097520		93,500				TPBUW Allocation
Gaskov Clerge Foundation							
PO Box 4068, Garden City, NJ 11531	59-0389906		5,000				Haiti relief
Gratitude House, Inc							
1700 N Dixie, WPB, Fl 33407	23-7215223		68,250				TPBUW Allocation
Gulfstream Goodwill Industries							
1715 E Tiffany Dr, WPB, Fl 33407	59-1197040		20,000				TPBUW Allocation
Habitat for Humanity							
1225-A S Military Tr, WPB, Fl 33415	59-3525576		6,000				TPBUW Allocation
Healthy Mothers / Healthy Babies							
500 Gulfstream, D Bch, Fl 33483	59-2657051		44,000				TPBUW Allocation
Home Safe							
2840 S Sixth Ave, LW, Fl 33461	59-1935485		78,750				TPBUW Allocation

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047
2009

Open to Public Inspection

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

(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
Homeless Coalition of PBC 2100 PB Lakes Blvd, WPB, FL 33409	65-0125852		5,000				TPBUW Allocation
Hospice by the Sea, Inc. 1531 W Palmetto Park Rd, B Raton	59-1952942		10,000				VNE Grant
Hospice of PBC 5300 East Avenue, WPB, FL 33407	59-1825937		10,000				VNE Grant
Hospital Albert Schweitzer Haiti PO Box 81046, Pittsburgh, PA 15217	25-1841564		43,900				Haiti relief
Jewish Community Center 8500 Jog Rd, Boynton Bch, FL 33472	59-1582799		12,500				TPBUW Allocation
Kramer Senior Service Agency 4920 Loring Dr, WPB, FL 33417	59-2753822		15,000				VNE Grant
Legal Aid 423 Fern St, #200, WPB, FL 33401	59-6046994		55,000				TPBUW Allocation
Lord's Place PO Box 3265, WPB, FL 33402	59-2240502		117,500				TPBUW Allocation
Mental Health Association 909 Fern St, WPB, FL 33401	59-0760220		19,500				TPBUW Allocation
Millagro Center 340 SW 6th Ave, D Bch, FL 33444	65-0804625		30,000				TPBUW Allocation
Opportunity, Inc. 1713 Quail Dr, WPB, FL 33409	59-0624429		100,000				TPBUW Allocation
Palm Beach Habilitation Center 4522 S Congress Ave, LW, FL 33461	59-6213381		122,000				TPBUW Allocation
Palm Beach City Literacy Coalition 551 SE 8th St, D Bch, FL 33483	65-0169781		102,000				TPBUW Allocation
Planned Parenthood 2300 N Fl Mango Rd, WPB, FL 33409	59-1391115		18,500				TPBUW Allocation
Project Medishare for Haiti 8260 NE 2nd Ave, Miami, FL 33138	65-0965848		5,000				Haiti relief

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Form 990

OMB No 1545-0047

2009

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the Organization: **Town of Palm Beach United Way, Inc.** 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			
Sara Groff Trustee	1	✓					0	0	0	
Sandy Heine Trustee	1	✓					0	0	0	
Vanessa Henry Trustee	1	✓					0	0	0	
Robert M. Jaffe Trustee	1	✓					0	0	0	
Kenn Karakul Trustee	1	✓					0	0	0	
Giuliana Koch Trustee	1	✓					0	0	0	
Phyllis Krock Trustee	1	✓					0	0	0	
John H. Kessler Trustee	1	✓					0	0	0	
Joel P. Koepfel Trustee	1	✓					0	0	0	
Patricia Lester Trustee	1	✓					0	0	0	
Frayda B. Lindemann Trustee	1	✓					0	0	0	
David S. Mack Trustee	1	✓					0	0	0	
John Mashek Trustee	1	✓					0	0	0	
Joyce McLendon Trustee	1	✓					0	0	0	
Paula Michel Trustee	1	✓					0	0	0	
Harriet Miller Trustee	1	✓					0	0	0	
Sydell Miller Trustee	1	✓					0	0	0	
Danielle Hickox Moore Trustee	1	✓					0	0	0	
Bridget Moran Trustee	1	✓					0	0	0	
Laura Munder Trustee	1	✓					0	0	0	
Margi Picotte Trustee	1	✓					0	0	0	

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

Continuation Sheet for Form 990

OMB No 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the Organization

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			
Daniel E. Ponton Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Cater Randolph Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Joyce Reingold Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Leslie Rose Trustee	1	<input checked="" type="checkbox"/>						0	0	0
John Scarpa Trustee	1	<input checked="" type="checkbox"/>						0	0	0
E. Lynn Surovek Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Lesly Smith Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Dom Telesco Trustee	1	<input checked="" type="checkbox"/>						0	0	0
James Thompson Trustee	1	<input checked="" type="checkbox"/>						0	0	0
William R. Tiefel Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Robbi Toll Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Betsy Turner Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Wally Turner Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Debra Vasilopoulos Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Kathryn Vecellio Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Allen Wyatt Trustee	1	<input checked="" type="checkbox"/>						0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-0637885

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25			16,144	value by donor
26			15,208	value by donor
27			17,004	value by donor
28				
29				

	Yes	No
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?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Form 990, Part III, Line 4d: Other Program Services

EMERGENCY RELIEF FUND (\$81,758)

When an emergency strikes, whether locally in Palm Beach County or across the world, the Town of Palm Beach United Way provides

assistance and is ready to assist. Agencies include: 211, Seagull Industries, Center for Family Service, Families First, Farmworker

Coordinating Council, YWCA, Boys and Girls Clubs, The Lord's Place, United Way Japan, and Soles for Souls.

HAITI RELIEF FUND (\$80,000)

Since January 2010, our Haiti Relief Fund has distributed \$80,000 to help with relief efforts in Haiti. Distribution has been to the following

organizations: Hopital Albert Schweitzer Haiti (\$43,900); Gaskov Clerge Foundation (\$5,000); University of Miami Project Medishare (\$5,000)

and Eagles Wings Foundation (\$26,100)

VISITING NURSE FUND (\$75,000)

The Visiting Nurse Endowment Fund was established on December 31, 1998 between the Town of Palm Beach United Way, a not-for-profit

Florida Corporation and the Visiting Nurse Foundation of Palm Beach County, Inc., a not-for-profit Florida Corporation. The remaining

intangible assets of the Visiting Nurse Foundation were placed into an endowment fund to provide funding support to not-for-profit agencies

and organizations that provide direct services to the indigent in need of medical home health care. A committee is responsible for making

annual grants totaling 5% of the principal at the beginning of the funds fiscal year. The Fund makes grants to community based indigent

home health care programs. The program should accomplish its goals through the integration of existing services and addressing unmet

needs. In order to demonstrate the effectiveness of the program, the establishment of client outcome measure is critical. Programs will be

expected to develop and achieve program specific objectives and outcomes. Last year, we funded the following agencies through the Fund:

Alzheimer Community Care will provide services to 850 clients through their Family Nurse Consultant Program (\$15,000); Aid to Domestic

Abuse will provide health care services to 110 residents of their domestic abuse shelter (\$15,000); Hospice by The Sea will provide services

to 15 terminally ill patients (\$10,000); Hospice of Palm Beach County will provide services to 16 terminally ill patients (\$10,000);

Alpert Jewish Family and Children's Service will provide enhanced companion services to 100 clients (\$10,000); and Kramer Senior Service

Agency will provide home health care services to 24 clients (\$15,000)

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

DONOR DESIGNATED DOLLARS (\$446,725)

We processed \$651,725 in donor-designated funds. Donor-designated funds are contributions specially directed by the donor to be forwarded to other nonprofit organizations, so the Town of Palm Beach United Way acts simply as an agent that collects, processes and disburses the funds. We provide this service as a convenience to our donors. Since it is not a mission-oriented function, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions.

Form 990 - Part VI, Section B, Line 11A: Policies

Form 990 is prepared by the Town of Palm Beach United Way's bookkeeper. A draft of Form 990 is reviewed by the CEO. The draft Form 990 is then presented to the Audit Committee for review and approval. A final version of Form 990 is presented to the Board of Trustees for review and approval.

Part VI, Section B, Line 12C

The Board of Trustee Members and staff annually complete and sign conflict of interest statements. The statements are reviewed by the CEO of the Town of Palm Beach United Way. The staff notifies management of any possible conflict that arises. Board members with a conflict will abstain from any vote pertaining to their conflict.

Part VI, Section B, Line 15B

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

Part VI, Section C, Line 19: Disclosure

The Town of Palm Beach United Way makes its governing documents, conflict of interest policy, Form 990 and audits available to the public upon request in the Town of Palm Beach United Way's office. The Town of Palm Beach United Way's 990 and current audit is available on the website. The Town of Palm Beach United Way's 990 is also available on third party websites (www.guidestar.org and www.foundationcenter.org)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Part XI, Line 2C: Financial Statements and Reporting

The Audit Committee of the Town of Palm Beach United Way is responsible for the oversight of the audit of the Town of Palm Beach United Way's financial statements and the selection of an independent auditor.