

**Return of Organization Exempt From Income Tax**

**2012**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 20 13

**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 Cocoanut Row 201  
 City, town or post office, state, and ZIP code  
Palm Beach, FL 33480

**D** Employer identification number  
59-0637885

**E** Telephone number  
561-655-1919

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

**G** Gross receipts \$ 5,016,866

**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	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The Town of Palm Beach United Way is committed to building a healthy community by helping people care for one another, and investing in programs that build a better life for all by focusing on improving education, income and health - the building blocks for a good life.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>73</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>73</b>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>380</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>4,756,331</u>	Current Year <u>4,574,650</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>239,413</u>	<u>247,469</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>12,350</u>	<u>8,867</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,008,094</u>	<u>4,830,986</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>4,672,700</u>	<u>4,072,696</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>382,401</u>	<u>397,129</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>291,059</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 12a–12d)	<u>321,197</u>	<u>354,745</u>
Net Assets or Fund Balances	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>5,376,298</u>	<u>4,824,570</u>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>-368,204</u>	<u>6,416</u>
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>10,033,059</u>	End of Year <u>10,438,191</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>3,307,747</u>	<u>3,360,246</u>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>6,725,312</u>	<u>7,077,945</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: [Signature] Date: 11-10-13

Type or print name and title: ELIZABETH WALTON

**Paid Preparer Use Only**

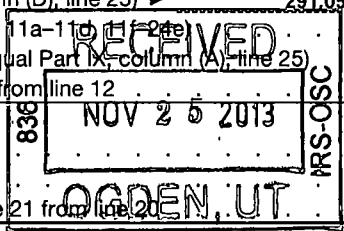
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

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

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

4a (Code: ) (Expenses \$ 1,560,288 including grants of \$ 1,424,400 ) (Revenue \$ 287,249 )  
HELPING FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT by offering: Financial literacy programs that teach how to families how to 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 break the cycle of homelessness by addressing the causes of the problem.

The following investments were made:  
1. Community building and community based services (\$425,500) through 16 programs provided by 9 nonprofit agencies.  
2. Supports for individuals with disabilities (\$632,300) through 15 programs provided by 6 nonprofit agencies.  
3. Financial stability and housing (366,600) through 12 programs provided by 8 nonprofit agencies.

4b (Code: ) (Expenses \$ 1,087,992 including grants of \$ 993,237 ) (Revenue \$ 200,299 )  
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:

1. Mental health and wellness (\$229,000) through 11 programs provided by 5 nonprofit agencies.  
2. Physical/Dental health and wellness (\$186,500) through 5 programs provided by 5 nonprofit agencies.  
3. Substance abuse (\$332,737) through 10 programs provided by 4 nonprofit agencies.  
4. Domestic and family prevention (\$245,000) through 6 programs by 4 nonprofit agencies.

4c (Code: ) (Expenses \$ 936,361 including grants of \$ 854,500 ) (Revenue \$ 172,384 )  
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 (\$262,000) through 8 programs provided by 5 nonprofit agencies.  
2. Mentoring for children and youth (\$308,500) through 6 programs provided by 5 nonprofit agencies.  
3. Adult, family caregiver education and support (\$284,000) through 7 programs provided by 5 nonprofit agencies.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 876,788 including grants of \$ 800,559 ) (Revenue \$ 161,417 )

4e Total program service expenses **▶** 4,461,429

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	21 ✓	
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>	22	✓
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>	23	✓
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>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	✓
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	25a	✓
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>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	27	✓
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>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28b	✓
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>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	29 ✓	
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>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31	✓
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>	32	✓
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>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	35b	✓
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	36	✓
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>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and input fields.

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

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Florida
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Elizabeth Walton, 44 Coconut Row, Suite 201, Palm Beach, FL 33480 561-655-1919

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

Check if Schedule O contains a response 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nicole Atkinson Trustee	1	✓					0	0	0	
(2) Diana Barrett Trustee	1	✓					0	0	0	
(3) Lawrence Beyer Trustee	1	✓					0	0	0	
(4) Tony Beyer Trustee	1	✓					0	0	0	
(5) Kathy Bleznak Trustee	1	✓					0	0	0	
(6) Cynthia Boardman Trustee	1	✓					0	0	0	
(7) Jay Boodheshwar Trustee	1	✓					0	0	0	
(8) Michael Bracci Trustee	1	✓					0	0	0	
(9) David Brodsky Trustee	1	✓					0	0	0	
(10) Mercedes Cassidy Trustee	1	✓					0	0	0	
(11) Ray Celedinas Trustee	1	✓					0	0	0	
(12) Atesh Chandra Trustee	1	✓					0	0	0	
(13) Jonathan Cole Trustee	1	✓					0	0	0	
(14) Amb. Edward Elson Trustee	1	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Sheila Fine Trustee	1	✓					0	0	0	
(16) Mary Freitas Trustee	1	✓					0	0	0	
(17) Bruce Gendelman Trustee	1	✓					0	0	0	
(18) Sarah Gewirz Trustee	1	✓					0	0	0	
(19) Mary Gilbane Trustee	1	✓					0	0	0	
(20) Benjamin Gordon Trustee	1	✓					0	0	0	
(21) Lee B. Gordon Trustee	1	✓					0	0	0	
(22) Richard Greenfield Trustee	1	✓					0	0	0	
(23) Sandy Heine Trustee	1	✓					0	0	0	
(24) Vanessa Henry Trustee	1	✓					0	0	0	
(25) Vicky Hunt Trustee	1	✓					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> 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>		✓
<b>4</b> 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>		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,574,650				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		61,648				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		4,574,650				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> . . . . .						
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		247,469			247,469	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . . ▶						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				194,747			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			185,880			
	<b>c</b> Gain or (loss) . . . . .			8,867			
	<b>d</b> Net gain or (loss) . . . . . ▶			8,867		8,867	
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . ▶						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> . . . . .							
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12 Total revenue.</b> See instructions . . . . . ▶			4,830,986			256,336	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,072,696	4,072,696		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	289,500	144,750	28,950	115,800
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,819	25,910	5,182	20,727
<b>9</b> Other employee benefits	34,191	17,096	3,419	13,676
<b>10</b> Payroll taxes	21,619	10,810	2,162	8,647
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	21,500	10,750	2,150	8,600
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	16,043	8,022	1,604	6,417
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	7,819	3,910	782	3,127
<b>13</b> Office expenses	50,361	25,181	5,036	20,144
<b>14</b> Information technology	7,009	3,505	701	2,803
<b>15</b> Royalties				
<b>16</b> Occupancy	22,405	11,203	2,240	8,962
<b>17</b> Travel	2,400	1,200	240	960
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	90,899	51,812	7,271	31,816
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	12,466	6,233	1,247	4,986
<b>23</b> Insurance	11,301	5,651	1,130	4,520
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Dues & subscriptions	69,170	34,585	6,917	27,668
<b>b</b> Telephone & postage	19,428	9,715	1,942	7,771
<b>c</b> Agency liaison	12,856	12,856		
<b>d</b> DeTocqueville / Donor cultivation	11,088	5,544	1,109	4,435
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,824,570	4,461,429	72,082	291,059
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .	4,159,070	1	4,153,034
	2	Savings and temporary cash investments . . . . .	1,177,189	2	1,403,968
	3	Pledges and grants receivable, net . . . . .	301,099	3	344,642
	4	Accounts receivable, net . . . . .		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Loans and other 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). 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 . . . . .	8,379	9	33,073
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 351,793		
	b	Less: accumulated depreciation . . . . .	10b 304,360	55,220	10c 47,433
	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 . . . . .	4,332,102	15	4,456,041
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,033,059	16	10,438,191	
Liabilities	17	Accounts payable and accrued expenses . . . . .	69,097	17	13,109
	18	Grants payable . . . . .	3,238,650	18	3,347,137
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,307,747	26	3,360,246
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .	2,393,210	27	2,609,904
	28	Temporarily restricted net assets . . . . .	1,197,287	28	1,290,695
	29	Permanently restricted net assets . . . . .	3,134,815	29	3,177,346
	Organizations that do not follow SFAS 117 (ASC 958), 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	<b>Total net assets or fund balances . . . . .</b>	6,725,312	33	7,077,945	
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	10,033,059	34	10,438,191	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,830,986</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,824,570</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>6,416</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>6,725,312</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>307,315</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-14,294</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>53,196</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>7,077,945</b>

**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? . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**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—Non-functionally integrated
  - 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?
 

	Yes	No
(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? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,052,093	3,697,041	3,781,940	4,756,331	4,574,650	20,862,055
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	4,052,093	3,697,041	3,781,940	4,756,331	4,574,650	20,862,055
<b>5</b> 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) . . . . .						6,357,168
<b>6 Public support.</b> Subtract line 5 from line 4.						14,504,887

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,052,093	3,697,041	3,781,940	4,756,331	4,574,650	20,862,055
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	473,738	189,328	248,559	183,295	239,413	1,334,333
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						22,196,388
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	65 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	60 %
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2012.** 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—2011.** 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

2012

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

59-0637885

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 (ASC 958) 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 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 XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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	4,332,102	5,952,921	5,300,912	5,569,229	4,314,028
b Contributions	12,210	100		40,000	
c Net investment earnings, gains, and losses	198,729	-1,545,919	670,759	-308,317	1,255,201
d Grants or scholarships	-75,000	-75,000	-18,750		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,468,041	4,332,102	5,952,921	5,300,912	5,569,229

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  71.1%
  - c Temporarily restricted endowment  28.9%
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		226,135	190,284	35,851
d Equipment		125,658	114,076	11,582
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>47,433</b>

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	5,250,612
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	307,315
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	59,115
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	53,196
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	419,626
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,830,986
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	4,830,986

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,897,979
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	59,115
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	14,294
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	73,409
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,824,570
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	4,824,570

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

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

**Part X, Line 2: Income Taxes:** The Organization is a not-for-profit organization exempt from income taxes under Internal Revenue Code Section 501(c)(3). The Organization is classified as a publicly supported organization that is not a private foundation. The Organization evaluates its uncertain tax positions in accordance with FASB ASC 740, Income Taxes, which states that management's determination of the taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for

**Part XIII** Supplemental Information *(continued)*

uncertainty in income taxes. Management does not believe that the Organization has any significant uncertain tax positions that would be material to the financial statements. The Organization remains subject to examinations by major tax jurisdictions for tax years ending after 2008.

Part XI, Line 2d, OTHER: Change in value of beneficial interests in trusts.

**SCHEDULE I  
(Form 990)**

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

59-0637885

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.**

(1) Name and address of organization or government	(2) EIN	(3) IRC section if applicable	(4) Amount of cash grant	(5) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)	(7) Description of non-cash assistance	(8) Purpose of grant or assistance
(1) See attached			4,072,696				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

**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, Part III, column (b), and any other additional information.

Description of organization's procedures for monitoring the use of grants. The Town of Palm Beach United Way monitors the use of grants in several ways. Agencies must provide to the Town of Palm Beach United Way projected and actual financial information, client beneficiary data and service statistics including specified outcome measurement data in the Town of Palm Beach United Way's required form. The Town of Palm Beach United Way also conducts on-site visits for both fiscal and programmatic monitoring and ensures all agencies receiving funds are in compliance with the US Patriot Act. The Town of Palm Beach United Way processes a variety of donor designations. We direct these funds to the organizations as requested by the donor after verifying they are legitimate 501(c)(3) organizations. The Town of Palm Beach United Way does not have discretion to award these designations, but must follow the request of the donor. If the designee does not qualify under the 501(c)(3) requirements the donor is contacted to redirect the donation.

Grants and Other Assistance to Organizations

(a) Name and Address of Organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(h) Purpose of grant or assistance
2-1-1 PB/Treasure Coast PO Box 3588, Lantana, FL 33465	23-7153017	501(c)(3)	165,500	Grant to support program operating costs and donor designation for general support
ARC of the Glades 4250 NW 16th, Belle Glade, FL 33430	59-1760374	501(c)(3)	10,000	Grant to support program operating costs
ARC of Palm Beach County 1201 Australian, Riviera Beach, FL 33404	59-0883386	501(c)(3)	200,000	Grant to support program operating costs
Adopt-A-Family 1712 N Second, Lake Worth, FL 33460	59-2471253	501(c)(3)	141,400	Grant to support program operating costs and donor designation for general support
Aid to Victims of Domestic Abuse PO Box 6167, Delray Beach, FL 33482	59-2486620	501(c)(3)	74,008	Grant to support program operating costs and grant for indigent home health care
Alpert Jewish Family & Children's Service PO Box 220627, WPB, FL 33422	59-1520581	501(c)(3)	74,000	Grant to support program operating costs and donor designation for general support
Alzheimer's Community Care 800 Northpoint, WPB, FL 33407	31-1481653	501(c)(3)	76,000	Grant to support program operating costs and grant for indigent home health care
Boys & Girls Clubs of PBC 800 Northpoint, WPB, FL 33407	23-7060561	501(c)(3)	205,150	Grant to support program operating costs and donor designation for general support
Café Joshua Catering Company 2808 N Australian Ave, WPB, FL 33407	85-8012681381	501(c)(3)	340	Grant to support program operating costs
Caridad Center 8545 West Boynton Beach, Boynton Beach, FL 33437	65-0149423	501(c)(3)	88,500	Grant to support program operating costs
Catholic Charities PB Box 109650, Palm Beach Gardens, FL 33410	59-2470479	501(c)(3)	32,500	Grant to support program operating costs and grant for indigent home health care
Center for Family Services 4101 Parker, WPB, FL 33405	59-1084179	501(c)(3)	193,960	Grant to support program operating costs and donor designation for general support
Children's Home Society 3333 Forest Hill, WPB, FL 33406	59-0192430	501(c)(3)	102,008	Grant to support program operating costs
Clinics Can Help 1550 Latham Road, Unit 10, WPB, FL 33409	20-2778895	501(c)(3)	10,000	Grant to support program operating costs
CARP PO Box 2507, WPB, FL 33402	59-1447364	501(c)(3)	73,737	Grant to support program operating costs
CredAbility 700 South Dixie, WPB, FL 33401	58-0942924	501(c)(3)	15,000	Grant to support program operating costs
Cystic Fibrosis 6931 Arlington Road, Bethesda, MD 20814	13-1930701	501(c)(3)	200	Grant to support program operating costs
C R O S Ministries 301 S First, Lake Worth FL 33460	59-1802917	501(c)(3)	28,428	Grant to support program operating costs and grant for the purchase of food

Grants and Other Assistance to Organizations

Deaf Service Center	59-2433417	501(c)(3)	56,500	Grant to support program operating costs
3111 South Dixie, WPB, FL 33405				
Drug Abuse Foundation	23-7074625	501(c)(3)	60,000	Grant to support program operating costs
400 South Swinton, Delray Beach, FL 33444				
DATA	59-1363887	501(c)(3)	144,000	Grant to support program operating costs
1016 North Clemons, Jupiter, FL 33477				
Easter Seal	59-0637848		2,125	Grant to support program operating costs
213 S Congress Ave, WPB, FL 33409				
Families First of PBC	65-0166352	501(c)(3)	68,000	Grant to support program operating costs
3333 Forest Hill, WPB, FL 33406				
Farmworker Coordinating Council	59-1830267	501(c)(3)	141,000	Grants to support program operating costs
1313 Central, Lake Worth, FL 33460				
Feeding South Florida	59-2097520	501(c)(3)	95,000	Grant to support program operating costs
426 Claremore Drive, WPB, FL 33401				
FoundCare	54-2083748	501(c)(3)	12,500	Grant for indigent home health care
2330 South Congress Avenue, WPB, FL 33406				
Girls on the Run	27-5226387	501(c)(3)	1,000	Grants to support program operating costs
341 Malverne Road, WPB, FL 33405				
Girl Scouts of Palm Glades Council	59-0657327	501(c)(3)	5,500	Grants to support program operating costs
1224 W Indiantown Ave, Jupiter, FL 33458				
Glades Initiative	01-0733180	501(c)(3)	135,420	Grant to support program operating costs and donor designation for general support
141 S.E. Avenue C, Belle Glade, FL 33430				
Gratitude House, Inc.	23-7215223	501(c)(3)	55,000	Grant to support program operating costs
1700 North Dixie, WPB, FL 33407				
Gulfstream Goodwill Industries	59-1197040	501(c)(3)	17,200	Grant to support program operating costs
1715 East Tiffany, WPB, FL 33407				
Habitat for Humanity	59-3525576	501(c)(3)	6,000	Donor designation for general support
1225 South Military Trail, WPB, FL 33415				
Healthy Mothers/Healthy Babies	59-2657051	501(c)(3)	50,000	Grant to support program operating costs
500 Gulfstream, Delray Beach, FL 33483				
Home Safe	59-1935485	501(c)(3)	87,000	Grant to support program operating costs
2840 South Sixth, Lake Worth, FL 33461				
Homeless Coalition of PBC	65-0125852	501(c)(3)	5,950	Grant to support program operating costs
810 Datura Street 2nd Floor, WPB, FL 33401				
Hospice by the Sea	59-1952942	501(c)(3)	5,000	Grant to support program operating costs
1531 W Palmetto Park Road				
Hospice of PBC	59-1825937	501(c)(3)	6,080	Grant for indigent home health care
5300 East Avenue, WPB, FL 33407				
Hurricane Sandy New Jersey	36-4745729	501(c)(3)	100,000	Grant for emergency relief
PO Box 95, Mendham, NJ 07945				

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

**Grants and Other Assistance to Organizations**

59-0637885  
2012

Jewish Community Center 8500 Jog, Boynton Beach, FL 33472	59-1582799	501(c)(3)	20,000	Grant to support program operating costs
Jewish Family 5841 Corporate Way, WPB, FL 33407	59-1520581	501(c)(3)	5,000	Grant to support program operating costs
Jewish Federation of Atlantic & Cape May County 501 N Jerome Ave, Margate, NJ 08402	21-0632971	501(c)(3)	25,000	Grant for emergency relief
Legal Aid 423 Fern, WPB, FL 33401	59-6046994	501(c)(3)	63,390	Grant to support program operating costs and donor designation for general support
Lord's Place PO Box 3265, WPB, FL 33402	59-2240502	501(c)(3)	383,500	Grant to support program operating costs and donor designation for general support
Mental Health Association 909 Fern Street, WPB, FL 33401	59-0760220	501(c)(3)	15,000	Grant to support program operating costs
Milagro Center 340 SW 6th, Delray Beach, FL 33444	65-0804625	501(c)(3)	37,000	Grants to support program operating costs and donor designation for general support
Morse Life 4920 Loring Drive, WPB, FL 33417	59-2753822	501(c)(3)	5,000	Grant to support program operating costs
Opportunity, Inc. 1713 Quail Drive, WPB, FL 33409	59-0624429	501(c)(3)	128,500	Grants to support program operating costs and donor designation for general support
Palm Beach Habilitation Center 4522 S Congress Avenue, Lake Worth, FL 33461	59-6213381	501(c)(3)	144,700	Grants to support program operating costs and donor designation for general support
Palm Beach County Literacy Coalition 551 SE 8th Street, Delray Beach, FL 33483	65-0169791	501(c)(3)	119,000	Grant to support program operating costs and donor designation for general support
Planned Parenthood 2300 North Florida Mango, WPB, FL 33409	59-1391115	501(c)(3)	54,500	Grant to support program operating costs and donor designation for general support
Ruth Rales Jewish Family Service 21300 Ruth & Baron Coleman Blvd, Boca Rato, FL 33428	65-1115689	501(c)(3)	5,000	Grant to support program operating costs
Sari Asher Center 1411 N Flagler Drive, WPB, FL 33401	59-2541781	501(c)(3)	500	Grant to support program operating costs
Seagull Industries 3879 W Industrial Way, Riviera Beach, FL 33404	59-1879968	501(c)(3)	254,600	Grant to support program operating costs
Take Stock In Children 1896 Palm Beach Lakes, WPB, FL 33409	59-3331584	501(c)(3)	55,000	Grant to support program operating costs
Urban League 1700 North Australian, WPB, FL 33407	59-1533710	501(c)(3)	19,000	Grant to support program operating costs
Urban Youth Impact PO Box 222592, West Palm Beach, FL 33422	91-1901103	501(c)(3)	13,000	Grant to support program operating costs
United Way of Central Oklahoma PO Box 837, Oklahoma City, OK 73101	75-0589829	501(c)(3)	13,000	Grant to support the disaster relief fund
UW Hurricane Sandy Recovery Fund 2 Park Ave, New York, NY 10016	13-2617681	501(c)(3)	10,000	Grant to support Hurricane Sandy

Grants and Other Assistance to Organizations

YMCA of Palm Beaches 2085 South Congress Ave, WPB, FL 33406	59-0624470	501(c)(3)	7,000	Grant to support program operating costs
YMCA of South Palm Beach 6631 S Palmetto Circle, Boca Raton, FL 33431	59-1416281	501(c)(3)	30,000	Grant to support program operating costs
YWCA of Palm Beach County 2200 N FL Mango Road, WPB, FL 33409	59-1416281	501(c)(3)	121,000	Grant to support program operating costs

**total grants**

**4,072,696**

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

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2009**

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Town of Palm Beach United Way, Inc.

Page 1 of 3

Employer identification number

59

0637885

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
[26] Gerald Jordan Trustee	1	✓					0	0	0	
[27] Kenn Karakul Trustee	1	✓					0	0	0	
[28] Susan Keenan Trustee	1	✓					0	0	0	
[29] John H. Kessler Trustee	1	✓					0	0	0	
[30] Paulette Koch Trustee	1	✓					0	0	0	
[31] Patricia Lester Trustee	1	✓					0	0	0	
[32] Ellen Liman Trustee	1	✓					0	0	0	
[33] Frayda B. Lindemann Trustee	1	✓					0	0	0	
[34] David S. Mack Trustee	1	✓					0	0	0	
[35] Cara McClure Trustee	1	✓					0	0	0	
[36] Pamela McIver Trustee	1	✓					0	0	0	
[37] Joyce McLendon Trustee	1	✓					0	0	0	
[38] Woodward H. Middleton Trustee	1	✓					0	0	0	
[39] Sydell L. Miller Trustee	1	✓					0	0	0	
[40] Patricia Mintmire Trustee	1	✓					0	0	0	
[41] Danielle Hickox Moore Trustee	1	✓					0	0	0	
[42] Bridget Moran Trustee	1	✓					0	0	0	
[43] Heidi Niblack Trustee	1	✓					0	0	0	
[44] Margaret Picotte Trustee	1	✓					0	0	0	
[45] Danial E. Ponton Trustee	1	✓					0	0	0	
[46] Monika Preston Trustee	1	✓					0	0	0	

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

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2009**

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

▶ See the Instructions for Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

**Town of Palm Beach United Way, Inc.**

Page 2 of 3

Employer identification number

**59**

**0637885**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
[47] Thomas Quick Trustee	1	✓					0	0	0	
[48] Cater Randolph Trustee	1	✓					0	0	0	
[49] Joyce L. Reingold Trustee	1	✓					0	0	0	
[50] Stephanie Ribakoff Trustee	1	✓					0	0	0	
[51] Stefan Richter Trustee	1	✓					0	0	0	
[52] Leslie Rose Trustee	1	✓					0	0	0	
[53] David H. Scaff Trustee	1	✓					0	0	0	
[54] John F. Scarpa Trustee	1	✓					0	0	0	
[55] Alison Sieving Trustee	1	✓					0	0	0	
[56] Laurie Silvers Trustee	1	✓					0	0	0	
[57] Lesly Smith Trustee	1	✓					0	0	0	
[58] Louise Snyder Trustee	1	✓					0	0	0	
[59] Jessica Surovek Trustee	1	✓					0	0	0	
[60] James Thompson Trustee	1	✓					0	0	0	
[61] William R. Tiefel Trustee	1	✓					0	0	0	
[62] Wallace R. Turner Trustee	1	✓					0	0	0	
[63] Debra L. Vasilopoulos Trustee	1	✓					0	0	0	
[64] Kathryn Vecellio Trustee	1	✓					0	0	0	
[65] Richard Wackenhut Trustee	1	✓					0	0	0	
[66] Kathy Willis Trustee	1	✓					0	0	0	
[67] Allen S. Wyatt Trustee	1	✓					0	0	0	



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2012**

**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  
**5-0637885**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .		6	61,648	Stock quote
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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

**2012**

**Open to Public  
Inspection**

Name of the organization

**Town of Palm Beach United Way, Inc.**

Employer identification number

**59-0637885**

Form 990, Part I, Line 6, VOLUNTEERS: The Town of Palm Beach United Way has volunteers that assist the organization in a variety of capacities and are a key component to the success of the organization. The Town of Palm Beach United Way relies heavily on the guidance of key volunteers to approve budgets and distributions to the community. Our 380 volunteers serve in several positions to include board policy making, campaign, allocations, endowment, and a variety of direct services.

Form 990, Part III, Line 4d, Other program services:

**EMERGENCY RELIEF FUND [\$157,345]** When an emergency strikes, whether locally in Palm Beach County or across the world, the Town of Palm Beach United Way provides assistance to agencies and people in need. Agencies include: The Lord's Place, United Way of Oklahoma Tornado Relief, Hurricane Sandy Relief, Milagro Center and Opportunity, Inc.

**FOURTH ANNUAL TURKEY TROT [\$10,000]**

Proceeds from our annual 5K Turkey Trot are donated to our member agencies to feed families in need at Thanksgiving. Agencies that received funding for Thanksgiving meals last year were Adopt A Family of the Palm Beaches [\$8,425] and The Lord's Place [\$1,575].

**PALM BEACH DAILY NEWS ANNUAL FOOD DRIVE [\$4,840]**

In partnership with the Palm Beach Daily News and Palm Beach Fire Rescue; this is an annual fund-raising campaign to provide non perishable food and grant assistance specific for the purchase of food for agencies in Palm Beach County to distribute to those in need. Administrative support is provided by the Town of Palm Beach United Way. This year 2,848 pounds of food and \$4,840 in dollars were collected. The food and grants were distributed equally to CROS Ministries [\$2,420] and Glades Initiative [\$2,420].

**PALM BEACH DAILY NEWS ANNUAL TOY DRIVE [\$18,024]**

In partnership with the Palm Beach Daily News and Palm Beach Fire Rescue, this is an annual fund-raising campaign to provide toys, gift cards and grant assistance specific for the purchase of toys for agencies in Palm Beach County to distribute to children in need. Administrative support is provided by the Town of Palm Beach United Way. This year hundreds of toys and \$18,024 in dollars were collected. The toys, gift cards and grants were distributed equally to Aid to Victims of Domestic Abuse [\$6,008], CROS Ministries [6,008] and Children's Home Society [\$6,008].

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

59-0637885

## Form 990, Part III, Line 4d, Other program services:

## 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. Programs are expected to develop and achieve program specific objectives and outcomes. We funded the following agencies through the Fund: Alzheimer Community Care will provide services to clients through their Family Nurse Consultant Program [\$10,000]; Aid to Victims of Domestic Abuse will provide health care services to residents of their domestic abuse shelter [\$15,000]; Hospice of Palm Beach County will provide services to terminally ill patients [\$5,000]; Alpert Jewish Family and Children's Service will provide enhanced companion services to clients [\$5,000]; Catholic Charities will provide medical services to clients [\$12,500]; FoundCare will provide wellness services to clients [\$12,500]; Kramer Senior Service Agency will provide home health care services to clients [\$5,000]; AND Hospice by The Sea will provide services to terminally ill patients [\$5,000]. Morse Life provide the most basic of life needs to the frail elderly in Palm Beach County [\$5,000].

## DONOR DESIGNATED DOLLARS TO NON-MEMBER AGENCIES [\$535,350]

We processed \$535,350 in donor-designated funds. Donor-designated funds are contributions specifically 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 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:

Form 990 is prepared by the Town of Palm Beach United Way's bookkeeper. A draft of Form 990 is reviewed by the CEO and the audit firm Caler, Donten, Levine, Cohen, Porter & Veil, P.A., then is presented to the Audit Committee for review and approval. A final version of Form 990 is presented to the Board of Trustees for review and approval. Once approved the 990 is filed and posted on agency's website.

