

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: TOWN OF PALM BEACH UNITED WAY INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 44 Cocoanut Row M201. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: Palm Beach, FL 33480

D Employer identification number: 59-0637885. E Telephone number: (561) 655-1919. G Gross receipts \$ 6,349,886

F Name and address of principal officer: Elizabeth M Walton, 44 Cocoanut Row, Suite 201, Palm Beach, FL 33480

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: www.palmbeachunitedway.org

K Form of organization: Corporation

L Year of formation: 1945. M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Town of Palm Beach United Way is committed to building a healthy community by helping people care for one another, and investing in programs that build a better life for all by focusing on improving education, income and health outcomes. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 75. 4 Number of independent voting members of the governing body (Part VI, line 1b) 75. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 6. 6 Total number of volunteers (estimate if necessary) 440. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 39 0.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-12 (Revenue), 13-19 (Expenses), 20-22 (Net Assets or Fund Balances). Includes Prior Year and Current Year columns.

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: Beth Walton CEO. Date: 2021-11-30. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To help people community-wide improve their quality of life.

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

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

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

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

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

4a (Code:) (Expenses \$ **1,748,271** including grants of \$ **1,513,000**) (Revenue \$ **0**)
 BUILD HEALTHIER COMMUNITIES FOR ALL: Investments in health benefit the entire community because residents who have access to quality healthcare are more productive and require fewer government services and costly long-term care. Healthy kids are more likely to succeed in school and healthy adults are more likely to maintain or gain employment. The Town of Palm Beach United Way invested \$1,513,000 into 37 programs at 21 partner agencies in Palm Beach County. Medical and Dental - Many individuals do not have access to health insurance or do not have the funds to pay co-pays or for prescriptions. As a result, they are unable to maintain or improve their health status and are at-risk for long-term, serious health issues. Poor health impacts the ability to function, to attend school and to maintain or gain employment. \$344,800 was invested into 5 programs providing services to 9,958 patients. Mental Health - Many people have mental health concerns from time to time. A mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect the ability to function. If implemented early, support and professional services for individuals with mental health concerns will alleviate the need for more extensive services for serious illness. \$218,500 was invested into 10 programs providing services to 12,388 children and adults. Substance Abuse - Individuals engaging in substance abuse are at risk of losing their families, jobs and engaging in risky behaviors. Most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social and psychological functioning. Access to appropriate treatment, intervention or on-going recovery programs is necessary to help individuals overcome substance abuse addiction or mental health issues. \$289,000 was invested into 3 programs providing services to 1,255 children and adults. Older Adults and Caregiver Support - The new generation of seniors has different expectations than previous ones. Older adults need services and programs that help them maintain independent living and/or increased or sustained financial security. Caregivers of family members need services that provide them support and help maintain a stable environment for their loved ones. \$161,700 was invested into 9 programs providing services to 4,707 seniors and caregivers. Disabilities and Special Needs - After age 21, young adults with disabilities "age out" of the services and supports provided through the school system. Individuals with disabilities and special needs and family caregivers need services and programs that help them maintain independent living, financial security and a stable environment. \$499,000 was invested into 10 programs providing services to 2,495 children and adults.

4b (Code:) (Expenses \$ **1,273,649** including grants of \$ **1,102,250**) (Revenue \$ **0**)
 HELPING ADULTS ACHIEVE FINANCIAL STABILITY AND STRENGTHEN THE SAFETY NET. Investments in financial stability lift people out of poverty because income-based programs allow adults to find and maintain jobs, secure housing, pay down debt and save for the future. Adults who are financially stable are less likely to be homeless, engage in crime and develop health problems. The Town of Palm Beach United Way invested \$1,102,250 into 20 programs at 14 partner agencies in Palm Beach County. Access to Jobs and Job Skills Training - Although unemployment has gone down in the last decade, salaries and wages have not kept up with the cost of housing and daily living expenses. For this reason, the main income earner in a low-income household works 2 or 3 jobs to make ends meet, and many families are borrowing heavily and relying on high-cost alternatives to cover their daily living expenses. \$140,000 was invested into 2 programs providing services to 600 individuals. Financial Education and Community Based Support - The growth of low-skilled jobs is projected to outpace that of medium and high-skilled jobs into the next decade. At the same time, the cost of basic household necessities continues to rise. The result is that 40% of working families in our community cannot afford to make ends meet and are one emergency away from falling into crisis. Many individuals and families do not know where to turn and what services are available to them when hit with crisis. \$236,250 was invested into 2 programs providing services to 51,200 individuals. Food Assistance - Food insecurity is the limited or uncertain availability of nutritionally adequate food for an active, healthy lifestyle. In Palm Beach County nearly 200,000 people are food insecure, including more than 50,000 children. Hunger can have a negative impact on child development, educational achievement and mental and physical health. \$180,000 was invested in 6 programs providing services to 578,741 individuals. Housing Support and Emergency Shelter - Individuals and families often live on the edge between low-income and becoming homeless. They may find themselves in need of emergency shelter for a variety of complex economic and social reasons. Emergency shelters are an essential component of homeless services and are often the first place to turn. \$244,000 was invested in 6 programs providing services to 2,696 individuals. Domestic Violence - Domestic violence is the willful intimidation, physical assault, battery, sexual assault and/or other abusive behavior perpetrated by an intimate partner against another. It affects individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. \$302,000 was invested in 4 programs providing services to 11,590 children and adults

4c (Code:) (Expenses \$ **1,109,973** including grants of \$ **960,600**) (Revenue \$ **0**)
 IMPROVING CHILDREN,S EDUCATION: Investments in education prepare the next generation to lead our families, businesses and communities. Children who have access to high-quality education from cradle to career position themselves for work that pays children's a sustaining wage. The Town of Palm Beach United Way invested \$960,600 into 22 programs at 15 partner agencies in Palm Beach County. Early Childhood Education - Children are more successful in school and throughout their lives when they have had the benefit of high-quality learning experiences in their early years. Early childhood education programs can put children on the path toward positive development and prevent poor outcomes in adulthood. \$749,600 was invested in 12 programs providing services to 4,657 children. Middle School Success - Providing academic, social and behavioral support to middle school students prepares them to transition to high school and puts them on a path toward success. Mentoring, afterschool activities, tutoring, and college and career exploration programs keep students engaged during a critical developmental period and lay the foundation for success in high school and beyond. \$102,500 was invested in 4 programs providing services to 410 youth. High School and After - A high school credential is a minimum requirement for higher education, post-secondary certification programs and most career opportunities. Individuals with high school credentials are more likely to participate in the workforce, earn higher wages, and access safer housing, healthier food and better medical care than their counterparts who lack high school credentials. \$108,500 was invested in 6 programs providing services to 3,143 students.

(Code:) (Expenses \$ **574,574** including grants of \$ **497,192**) (Revenue \$ **0**)
 EMERGENCY RELIEF FUND (\$17,763) When an emergency strikes, whether locally in Palm Beach County or across the world, The Town of Palm Beach United Way provides grant assistance to agencies and people in need. COVID EMERGENCY FUND (\$479,429) The Town of Palm Beach United Way created a COVID-19 Emergency Fund in March 2020 to provide support to Palm Beach County residents impacted by the novel corona virus pandemic. Grants were distributed to local nonprofits to assist clients with short-term needs such as food, childcare and medical supplies as well as long-term needs such as housing, financial assistance and virtual communication.

(Code:) (Expenses \$ **132,065** including grants of \$ **114,280**) (Revenue \$ **0**)
 HUNGER RELIEF EMERGENCY FUND (\$114,280) The Town of Palm Beach United Way started a Hunger Relief Fund in December 2020 to help agencies that were losing crucial federal food assistance dollars while facing increasing demand from clients in need.

(Code:) (Expenses \$ **58,406** including grants of \$ **50,540**) (Revenue \$ **0**)
 8TH ANNUAL BOXED FOR SUCCESS SCHOOL SUPPLY DRIVE: In partnership with the Palm Beach Daily News, Bogнар & Piccolini, The Royal Poinciana Plaza and Palm Beach Fire-Rescue, the drive received record number of donations, collecting \$50,540 and more than 38,142 school supplies. Donations were distributed to ten nonprofit agencies in Palm Beach County.

(Code:) (Expenses \$ **35,247** including grants of \$ **30,500**) (Revenue \$ **0**)
 27TH ANNUAL HOLIDAY TOY DRIVE: In partnership with the Palm Beach nDaily News, Bethesda-by-the-Sea, Field of Greens, The Society of the Four Arts, Town of Palm Beach Fire-Rescue and Worth Avenue Association, this drive collected thousands of toys and \$30,500 in cash donations. The toys were distributed to seventeen nonprofit agencies in Palm Beach County.

(Code:) (Expenses \$ **10,378** including grants of \$ **8,980**) (Revenue \$ **0**)
 8th ANNUAL EMPTY YOUR PANTRY FOOD DRIVE (\$8,980) In partnership with the Palm Beach Daily News and The Henry Morrison Flagler Museum, this is an annual fund-raising campaign to provide nonperishable food and grant assistance specific for the purchase of food for agencies in Palm Beach County to distribute to those in need. The food and monetary donations benefit adults and families at two of our partner agencies: El Sol and The Glades Initiative. The drive collected thousands of pounds of food and \$8,980 in donations.

(Code:) (Expenses \$ **39,250** including grants of \$ **33,964**) (Revenue \$ **0**)
 12th ANNUAL TURKEY TROT (\$33,964) Proceeds from our annual 5K Turkey Trot are donated to local nonprofit agencies to feed families in need on Thanksgiving. The Town of Palm Beach United Way distributed 25 grants which in turn feed 4,363 men, women and children.

(Code:) (Expenses \$ **172,411** including grants of \$ **149,192**) (Revenue \$ **0**)
 Donor Designated to Partner Agencies (\$149,192) Tocqueville donors to the annual Town of Palm Beach United Way have the option of designating a portion of their donation to any a nonprofit agency.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **1,022,331** including grants of \$ **884,648**) (Revenue \$ **0**)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with sub-questions and corresponding answer boxes (e.g., 2a, 2b, 3a, 3b, etc.).

If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, address, and telephone number of the person who possesses the organization's books and records: Elizabeth M Walton 44 Cocoanut Row Suite 201 Palm Beach, FL 33480 (561) 655-1919

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

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

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

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

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Elizabeth Walton President & CEO	50 50					X		143,177	143,177	42,813
(2) Mary Freitas Chairman	1 1	X		X				0	0	0
(3) Mark Cook Vice Chairman	1.00 1	X		X				0	0	0
(4) Christine Curtis Vice Chairman	1 1	X		X				0	0	0
(5) J Ira Harris Vice Chairman	1 1	X		X				0	0	0
(6) Danielle Moore Vice Chairman	1 1	X		X				0	0	0
(7) Trip Moore Vice Chairman	1 1	X		X				0	0	0
(8) Missy Agnello Treasurer	1.00 1.00	X		X				0	0	0
(9) Jorge Cabrera Deputy Treasurer	1 1	X		X				0	0	0
(10) Debra Vasilopoutos Secretary	1 1	X		X				0	0	0
(11) Suzanne Ainslie Trustee	1 1	X						0	0	0
(12) Anne Britt Angle Trustee	1.00 1.00	X						0	0	0
(13) Sean Baker Trustee	1.00 1.00	X						0	0	0
(14) Howard Bernick Trustee	1.00 1.00	X						0	0	0
(15) Cynthia Boardman Trustee	1.00 1.00	X						0	0	0
(16) Jay Boodheshwar Trustee	1 1	X						0	0	0
(17) Jack Borland Trustee	1 1	X						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			
(18) Sandra Bornstein Trustee	1	X						0	0	0
(19) James Borynack Trustee	1	X						0	0	0
(20) Sean Bresnan Trustee	1	X						0	0	0
(21) Nancy Brinker Trustee	1	X						0	0	0
(22) Paula Butler Trustee	1	X						0	0	0
(23) Atesh Chandra Trustee	1	X						0	0	0
(24) Carla Cove Trustee	1	X						0	0	0
(25) Christina Dennis Trustee	1	X						0	0	0
(26) Tasha Dickinson Trustee	1	X						0	0	0
(27) Michael Donnell Trustee	1	X						0	0	0
(28) David Duffy Trustee	1	X						0	0	0
(29) Gail Engelberg Trustee	1	X						0	0	0
(30) Sheila Fine Trustee	1	X						0	0	0
(31) George Garfunkel Trustee	1	X						0	0	0
(32) Juliana Gendelman Trustee	1	X						0	0	0
(33) Lee Gordon Trustee	1	X						0	0	0
(34) Steve Hall Jr Trustee	1	X						0	0	0
(35) Ann Heathwood Trustee	1	X						0	0	0
(36) Vicky Hunt Trustee	1	X						0	0	0
(37) Brian Hurley Trustee	1	X						0	0	0
(38) Darlene Jordan Trustee	1	X						0	0	0
(39) Jason Kalisman Trustee	1	X						0	0	0
(40) John Kessler Trustee	1	X						0	0	0
(41) Paulette Koch Trustee	1	X						0	0	0
(42) Beth Lang Trustee	1	X						0	0	0
(43) Matthew Lorentzen Trustee	1	X						0	0	0
(44) David Mack Trustee	1	X						0	0	0
(45) Cara McClure Trustee	1	X						0	0	0
(46) Pamela McIver Trustee	1	X						0	0	0
(47) Bill Meyer Trustee	1	X						0	0	0
(48) Harriet Miller Trustee	1	X						0	0	0
(49) Sydell Miller Trustee	1	X						0	0	0
(50) Esther Murray Trustee	1	X						0	0	0
(51) Hess Musallet Trustee	1	X						0	0	0
(52) Heidi Niblack Trustee	1	X						0	0	0
(53) Rita Nowak Trustee	1	X						0	0	0
(54) Daniel Ponton Trustee	1	X						0	0	0
(55) Thomas Quick Trustee	1	X						0	0	0
(56) J Cater Randolph Trustee	1	X						0	0	0
(57) Joyce Reingold Trustee	1	X						0	0	0
(58) Stephanie Ribakoff Trustee	1	X						0	0	0
(59) Lyn Ross Trustee	1	X						0	0	0
(60) Richard Rothschild Trustee	1	X						0	0	0
(61) Linda Saville Trustee	1	X						0	0	0
(62) Laurie Silvers Trustee	1	X						0	0	0
(63) Louise Snyder Trustee	1	X						0	0	0
(64) Christine Stiller Trustee	1	X						0	0	0
(65) Jessica Surovek Trustee	1	X						0	0	0
(66) Dominick Telesco Trustee	1	X						0	0	0
(67) William Tiefel Trustee	1	X						0	0	0
(68) Betsy Turner Trustee	1	X						0	0	0
(69) Wally Turner Trustee	1	X						0	0	0
(70) Kathryn Vecellio Trustee	1	X						0	0	0
(71) Simone Vickar Trustee	1	X						0	0	0
(72) Lisa Wilkinson Trustee	1	X						0	0	0
(73) Rebecca Williams Trustee	1	X						0	0	0
(74) Bob Wright Trustee	1	X						0	0	0
(75) Susan Wright Trustee	1	X						0	0	0
(76) Allen Wyett Trustee	1	X						0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							143,177	143,177		42,813

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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 **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
--	--	--	----------------------	--	---	--

Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	0
	b Membership dues . . .	1b	0
	c Fundraising events . . .	1c	0
	d Related organizations	1d	0
	e Government grants (contributions)	1e	0
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,462,980
	g Noncash contributions included in lines 1a - 1f:\$	1g	290,526

h Total. Add lines 1a-1f		5,462,980			
---	--	-----------	--	--	--

Program Service Revenue		Business Code					
2a							
b							
c							
d							
e							
f	All other program service revenue.						
g Total. Add lines 2a-2f.			0				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		136,906	0	0	136,906												
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0												
	5 Royalties		0	0	0	0												
	6a Gross rents	<table border="1"> <tr> <th></th> <th>(i) Real</th> <th>(ii) Personal</th> </tr> <tr> <td>6a</td> <td></td> <td></td> </tr> <tr> <td>6b</td> <td></td> <td></td> </tr> <tr> <td>6c</td> <td>0</td> <td>0</td> </tr> </table>		(i) Real	(ii) Personal	6a			6b			6c	0	0				
				(i) Real	(ii) Personal													
			6a															
	6b																	
	6c	0	0															
	b Less: rental expenses	6b																
	c Rental income or (loss)	6c	0	0														
	d Net rental income or (loss)																	
	7a Gross amount from sales of assets other than inventory	<table border="1"> <tr> <th></th> <th>(i) Securities</th> <th>(ii) Other</th> </tr> <tr> <td>7a</td> <td>750,000</td> <td>0</td> </tr> <tr> <td>7b</td> <td>650,092</td> <td>0</td> </tr> <tr> <td>7c</td> <td>99,908</td> <td>0</td> </tr> </table>		(i) Securities	(ii) Other	7a	750,000	0	7b	650,092	0	7c	99,908	0				
				(i) Securities	(ii) Other													
			7a	750,000	0													
			7b	650,092	0													
7c	99,908	0																
b Less: cost or other basis and sales expenses	7b	650,092	0															
c Gain or (loss)	7c	99,908	0															
d Net gain or (loss)		99,908	99,908	0	0													
8a Gross income from fundraising events (not including \$ <u>0</u> of contributions reported on line 1c). See Part IV, line 18	<table border="1"> <tr> <td>8a</td> <td></td> </tr> <tr> <td>8b</td> <td></td> </tr> </table>	8a		8b														
		8a																
		8b																
b Less: direct expenses	8b																	
c Net income or (loss) from fundraising events																		
9a Gross income from gaming activities. See Part IV, line 19	<table border="1"> <tr> <td>9a</td> <td></td> </tr> <tr> <td>9b</td> <td></td> </tr> </table>	9a		9b														
		9a																
		9b																
b Less: direct expenses	9b																	
c Net income or (loss) from gaming activities																		
10a Gross sales of inventory, less																		

returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue		0	0	0	0
e Total. Add lines 11a-11d		0			
12 Total revenue. See instructions		5,699,794	99,908	0	136,906

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,460,498	4,460,498		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,177	71,588	14,317	57,272
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	201,575	100,788	18,021	82,766
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,700	27,850	5,225	22,625
9 Other employee benefits	47,208	23,604	4,428	19,176
10 Payroll taxes	24,992	12,497	2,344	10,151
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,365	10,683	2,004	8,678
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,794	16,397	3,076	13,321
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	31,217	15,609	2,928	12,680
13 Office expenses	72,165	36,082	6,769	29,314
14 Information technology	18,060	9,030	1,694	7,336
15 Royalties				
16 Occupancy	24,626	12,313	2,310	10,003
17 Travel	3,000	1,500	281	1,219
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	313,250	277,287	6,747	29,216
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,457	7,229	1,356	5,872
23 Insurance	7,934	3,967	744	3,223
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues / subscriptions	91,917	45,958	8,622	37,337
b Telephone / postage	22,678	11,340	2,127	9,211
c Agency Expenses	7,066	7,066	0	0
d Donor Cultivation	5,877	2,938	552	2,387
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	5,599,556	5,154,224	83,545	361,787
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) and a checkbox for FASB ASC 958 compliance.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,699,794
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,599,556
3	Revenue less expenses. Subtract line 2 from line 1	3	100,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,987,853
5	Net unrealized gains (losses) on investments	5	1,545,082
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	384,471
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	14,017,644

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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.	Yes	
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?		No
3b	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.		

Additional Data

Return to Form

Software ID: 20012124

Software Version: v1.00

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

TOWN OF PALM BEACH UNITED WAY INC

Employer identification number

59-0637885

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,281,372	3,936,245	4,173,509	6,476,090	5,462,980	25,330,196
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	5,281,372	3,936,245	4,173,509	6,476,090	5,462,980	25,330,196
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						3,157,000
6 Public support. Subtract line 5 from line 4.						22,173,196

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	5,281,372	3,936,245	4,173,509	6,476,090	5,462,980	25,330,196
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89,684	378,041	545,167	84,522	136,906	1,234,320
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11 Total support. Add lines 7 through 10						26,564,516

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 **15**

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- 3a**
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*
- 3b**

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

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Name of the organization TOWN OF PALM BEACH UNITED WAY INC	Employer identification number 59-0637885
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
TOWN OF PALM BEACH UNITED WAY INC

Employer identification number
59-0637885

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
TOWN OF PALM BEACH UNITED WAY INC

Employer identification number
59-0637885

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
TOWN OF PALM BEACH UNITED WAY INC

Employer identification number

59-0637885

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	

Additional Data

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Software ID: 20012124

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Supplemental Financial Statements

2020

Open to Public Inspection

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

Attach to Form 990.

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

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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor and grantee information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' with rows 2a-2d, and several text-based questions regarding monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and a table for revenue and assets.

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,320,297	8,858,131	8,435,396	7,680,062	6,713,707
b Contributions	253,700	756,737	257,725	336,733	315,735
c Net investment earnings, gains, and losses	1,971,074	-294,571	165,010	468,602	725,386
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	50,001	74,766
g End of year balance	11,545,071	9,320,297	8,858,131	8,435,396	7,680,062

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 50.72 %
 - b** Permanent endowment ▶ 49.28 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0	0	0
b Buildings	0	0	0	0
c Leasehold improvements	0	296,056	271,822	24,234
d Equipment	0	159,592	155,299	4,293
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				28,527

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Investments in endowment	9,604,766
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	9,604,766

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	

1.	(a) Description of liability	(b) Book value
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		0

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,660,538
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,545,082	
b	Donated services and use of facilities	2b	31,191	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	384,471	
e	Add lines 2a through 2d			2e 1,960,744
3	Subtract line 2e from line 1			3 5,699,794
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 5,699,794

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

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

1	Total expenses and losses per audited financial statements		1	5,630,747
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	31,191	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			2e 31,191
3	Subtract line 2e from line 1			3 5,599,556
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 5,599,556

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part V, Line 4	Endowment Funds: The intended use of the organization's endowment fund is to generate annual transfers of income which together with the earnings of the general unrestricted funds and reserve funds of the organization will fully subsidize the annual operating expenses without eroding the original corpus.
Schedule D, Part X, Line 1	Income Taxes: The organization is a not-for-profit organization exempt from income taxes under Internal Revenue Code Section 501(c)(3). The organization is classified as a publicly supported organization that is not a private foundation. The Organization evaluates its uncertain tax positions in accordance with FASB ASC 740, Income Taxes, which states the management's determination of the taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for uncertainty in income taxes. Management does not believe that the organization has any significant uncertain tax positions that would be material to the financial statements. The organization remains subject to examinations by major tax jurisdictions for tax years ending after 2017.
Schedule D, 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 the management's determination of the taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for uncertainty in income taxes. Management does not believe that the organization has any significant uncertain tax positions that would be material to the financial statements. The organization remains subject to examinations by major tax jurisdiction's for tax years ending
Schedule D, Part XI, Line 2d	Change in value of beneficial interest in trusts. Uncollectable pledges receivable.

Additional Data

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Software ID: 20012124

Software Version: v1.00

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization TOWN OF PALM BEACH UNITED WAY INC Employer identification number 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-52.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 1	Yes
Schedule I, Part I, Line 2	The Town of Palm Beach United Way begins grant funding for partner agencies on July 1, and ends on June 30. Allocation checks are sent monthly in order to ensure the programs are still in progress and/or in case any problems might arise at the agency. The United Way also monitors the use of grant funding with Semi-Annual reports (July 1 - December 31 and January 1 - June 30). The Semi-Annual reports allow the United Way to see where the agency is to date with financials and performance results based on what they proposed in their grant applications.
Schedule I, Part II, Line 1	Yes
Schedule I, Part II, Line 2	Total number of section 501(c)(3) 62

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TOWN OF PALM BEACH UNITED WAY INC

Employer identification number

59-0637885

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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Noncash Contributions

2020

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TOWN OF PALM BEACH UNITED WAY INC

Employer identification number

59-0637885

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 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	X	8	290,526	Stock quote
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 32b	Any non-cash contributions of marketable securities are required to be delivered to the Organizations Investment advisors for liquidation to cash, pursuant to company policy.

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2020**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**Name of the organization
TOWN OF PALM BEACH UNITED WAY INC**Employer identification number**

59-0637885

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Governing Body and Management: Gail Coniglio & Cara Coniglio McClure - Mother & Daughter - Wally Turner & Betsy Turner - Husband & Wife - Bob Wright & Susan Wright - Husband & Wife
Form 990, Part VI, Section A, Line 6	The Town of Palm Beach United Way has volunteers that assist the organization in a variety of capacities and are a key component to the success of the organization. The Town of Palm Beach United Way relies heavily on the guidance of volunteers to approve budgets and grant distributions to the community. Our 440 volunteers serve in several positions that include board, campaign, allocations, investment, office work and a variety of direct services.
Form 990, Part VI, Section A, Line 7a	The Town of Palm Beach United Way has volunteers that assist the organization in a variety of capacities and are a key component to the success of the organization. The Town of Palm Beach United Way relies heavily on the guidance of volunteers to approve budgets and grant distributions to the community. Our 440 volunteers serve in several positions that include board, campaign, allocations, investment, office work and a variety of direct services.
Form 990, Part VI, Section A, Line 7b	The Town of Palm Beach United Way has volunteers that assist the organization in a variety of capacities and are a key component to the success of the organization. The Town of Palm Beach United Way relies heavily on the guidance of volunteers to approve budgets and grant distributions to the community. Our 440 volunteers serve in several positions that include board, campaign, allocations, investment, office work and a variety of direct services.
Form 990, Part VI, Section B, Line 11b	Form 990, Part VI, Section B, Line 11a: Policies: Form 990 is prepared by the Town of Palm Beach United Way's bookkeeper. A draft of Form 990 is reviewed by the CEO and the audit firm Caler, Donten, Levine, Cohen, Porter & Veil, P.A., then is presented to the Audit Committee for review. A final version of Form 990 is presented to the Board of Trustees for review. Once reviewed the 990 is filed and posted on agency's website.
Form 990, Part VI, Section B, Line 12c	Conflict of Interest: The Town of Palm Beach United Way annually provides a conflict of interest policy to all staff, Board of Trustee Members and Allocation Committee volunteers. Each are required to sign the conflict of interest statements. The statements are reviewed by the CEO of the Town of Palm Beach United Way, and tracked by the Executive assistant. It is the responsibility of the individual to make the Town of Palm Beach United Way aware of any conflicts that arise after they sign the conflict of interest document. If there is a real or perceived conflict of interest an individual may participate in discussion around a given issue, but will abstain from any vote pertaining to their conflict.
Form 990, Part VI, Section B, Line 15	Policies, Compensation: The Executive Committee of the Town of Palm Beach United Way evaluates the Chief Executive. The Chief Executive evaluates the performance of all employees against goals and sets compensation accordingly. The salaries of all employees are voted on by the Executive Committee and entire Board.
Form 990, Part VI, Section C, Line 19	Conflict of Interest: The Town of Palm Beach United Way annually provides a conflict of interest policy to all staff, Board of Trustee Members and Allocation Committee volunteers. Each are required to sign the conflict of interest statements. The statements are reviewed by the CEO of the Town of Palm Beach United Way, and tracked by the Executive assistant. It is the responsibility of the individual to make the Town of Palm Beach United Way aware of any conflicts that arise after they sign the conflict of interest document. If there is a real or perceived conflict of interest an individual may participate in discussion around a given issue, but will abstain from any vote pertaining to their conflict.
Form 990, Part XI, Line 9	Change in value of beneficial interests in trusts. Uncollectable pledges receivable.

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TY 2020 IRS 990 e-File Render

Name: TOWN OF PALM BEACH UNITED WAY INC

EIN: 59-0637885

Software ID: 20012124

Software Version: v1.00

Explanation: Audit was not completed.