

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020**

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

**C** Name of organization  
UNITED WAY OF PALM BEACH COUNTY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
477 S ROSEMARY AVE NO 230

City or town, state or province, country, and ZIP or foreign postal code  
WEST PALM BEACH, FL 33401

**D** Employer identification number  
59-0683258

**E** Telephone number  
(561) 375-6600

**G** Gross receipts \$ 18,376,480

**F** Name and address of principal officer:  
DR LAURA GEORGE  
477 S ROSEMARY AVE NO 230  
WEST PALM BEACH, FL 33401

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.UNITEDWAYPBC.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1962

**M** State of legal domicile: FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO IMPROVE MEASURABLY THE LIVES OF INDIVIDUALS AND FAMILIES IN PALM BEACH COUNTY.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	38
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	38
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	78
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	7,060
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	17,795,400	16,795,181
<b>9</b> Program service revenue (Part VIII, line 2g)	164,268	103,135
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	350,140	326,553
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	381,505	79,192
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,691,313	17,304,061
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,659,287	11,551,329
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,507,514	3,566,183
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,390,674		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,052,835	2,189,857
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,219,636	17,307,369
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-528,323	-3,308
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	16,829,899	17,324,277
<b>21</b> Total liabilities (Part X, line 26)	4,989,843	5,060,043
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,840,056	12,264,234

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2021-03-16  
DR LAURA GEORGE PRESIDENT CEO PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date:  
Check  if self-employed PTIN P00178156  
Firm's name ▶ DASZKAL BOLTON LLP Firm's EIN ▶ 65-0406502  
Firm's address ▶ 2401 NW BOCA RATON BLVD Phone no. (561) 367-1040  
BOCA RATON, FL 334316639

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 ENSURE THAT EVERYONE IN PALM BEACH COUNTY HAS ACCESS TO THE BASICS: A QUALITY EDUCATION, A PLACE TO LIVE, FINANCIAL STABILITY, GOOD MEDICAL CARE, AND ENOUGH TO EAT. AT UNITED WAY OF PALM BEACH COUNTY, OUR BUSINESS IS COMMUNITY IMPACT. EACH AND EVERY DAY, VOLUNTEERS AND STAFF WORK TOWARD MAKING A MEASURABLE DIFFERENCE IN THE LIVES OF PEOPLE AFFECTED BY SOME OF OUR COMMUNITY'S MOST CHALLENGING AND FAR-REACHING PROBLEMS. COMMUNITY IMPACT REQUIRES COLLABORATION ACROSS ALL SECTORS OF THE COMMUNITY - BUSINESS, EDUCATION, LOCAL GOVERNMENT, NONPROFITS, FAITH BASED, LABOR UNIONS AND THE MEDIA. WORKING TOGETHER, WE ACCOMPLISH THINGS THAT NO ORGANIZATION, NO INDIVIDUAL AND NO GOVERNMENT CAN ACCOMPLISH ON ITS OWN. THROUGH INDIVIDUALS, CORPORATE WORKPLACE CAMPAIGNS, GRANTS AND LEADERSHIP GIFTS, WE RAISE MONEY TO SUPPORT LOCAL HUMAN-SERVICE PROGRAMS THAT PROVIDE SERVICES TO PALM BEACH COUNTY RESIDENTS.

**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 \$ 9,342,610 including grants of \$ 6,496,292 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,655,532 including grants of \$ 1,486,540 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 194,185 including grants of \$ 191,329 ) (Revenue \$ )  
See Additional Data

(Code: ) (Expenses \$ 4,000,242 including grants of \$ 3,377,169 ) (Revenue \$ 182,327 )  
OTHER PROGRAM COSTS REPRESENT THE GRANTS TO PARTNER AGENCIES AS DESIGNATED BY DONORS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 4,000,242 including grants of \$ 3,377,169 ) (Revenue \$ 182,327 )

**4e** Total program service expenses ▶ 15,192,569

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).



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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
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.







Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns. Rows include 2a DESIGNATION FEES with Business Code 900099, and 2b through 2f. Total 2g is 103,135.

Table for Other Revenue with 5 columns. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, 11a CAMPAIGN ENGAGEMENT, and 12 Total revenue.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	11,551,329	11,551,329		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	369,476	74,235	219,988	75,253
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,531,357	1,930,414	43,737	557,206
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	132,438	63,357	24,835	44,246
<b>9</b> Other employee benefits . . . . .	319,664	152,923	59,945	106,796
<b>10</b> Payroll taxes . . . . .	213,248	94,896	52,825	65,527
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	233,508	120,742	110,011	2,755
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	23,300	12,048	10,977	275
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	49,308	23,838	9,692	15,778
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	203,892	86,086	55,676	62,130
<b>17</b> Travel . . . . .	24,564	8,664	11,421	4,479
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	75,499	36,436	1,663	37,400
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	200,039	84,119	54,116	61,804
<b>22</b> Depreciation, depletion, and amortization . . . . .	98,563	44,061	22,478	32,024
<b>23</b> Insurance . . . . .	31,450	14,098	7,140	10,212
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROVISION FOR UNCOLLECT	762,917	762,917		
<b>b</b> CAMPAIGN ENGAGEMENT	150,211			150,211
<b>c</b> RENTAL AND MAINTENANCE	118,031	51,323	30,373	36,335
<b>d</b> PRINTING AND PUBLICATIO	117,634	45,999	871	70,764
<b>e</b> All other expenses	100,941	35,084	8,378	57,479
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,307,369	15,192,569	724,126	1,390,674
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18,087	<b>1</b>	1,076
	<b>2</b> Savings and temporary cash investments . . . . .	2,062,528	<b>2</b>	1,981,584
	<b>3</b> Pledges and grants receivable, net . . . . .	1,925,923	<b>3</b>	1,703,090
	<b>4</b> Accounts receivable, net . . . . .	60,766	<b>4</b>	5,174
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,500	<b>9</b>	29,662
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 894,838		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 457,021	516,782	<b>10c</b> 437,817
	<b>11</b> Investments—publicly traded securities . . . . .	11,233,093	<b>11</b>	12,087,219
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,002,220	<b>15</b>	1,078,655
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,829,899	<b>16</b>	17,324,277	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	540,294	<b>17</b>	516,532
	<b>18</b> Grants payable . . . . .	3,484,189	<b>18</b>	3,454,551
	<b>19</b> Deferred revenue . . . . .	898,321	<b>19</b>	1,024,590
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	67,039	<b>25</b>	64,370
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,989,843	<b>26</b>	5,060,043
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	8,139,170	<b>27</b>	8,642,866
	<b>28</b> Net assets with donor restrictions . . . . .	3,700,886	<b>28</b>	3,621,368
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	11,840,056	<b>32</b>	12,264,234	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	16,829,899	<b>33</b>	17,324,277	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,304,061
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,307,369
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,308
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,840,056
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	427,486
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	12,264,234

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0683258

**Name:** UNITED WAY OF PALM BEACH COUNTY INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

INVESTING IN PROGRAMS AND COLLECTIVE IMPACT INITIATIVES THAT FOCUS ON ACCESS TO THE BASICS.STABILIZING FAMILIES BY INVESTING IN:FINANCIAL STABILITY: HOUSEHOLDS INCREASE INCOME, BUILD SAVINGS AND GROW ASSETS.FIGHT HUNGER: HOUSEHOLDS HAVE INCREASED ACCESS TO NUTRITIOUS FOOD.HOUSING & HOMELESSNESS: INDIVIDUALS AND FAMILIES ACHIEVE HOUSING STABILITY.HELPING YOUTH SUCCEED BY INVESTING IN:GRADUATE & THRIVE: YOUTH GAIN THE EDUCATION, SKILLS AND SUPPORTS TO SUCCEED IN LIFE.MENTORING: YOUTH HAVE ACCESS TO A POSITIVE, CARING RELATIONSHIP WITH A NONPARENTAL ADULT.EMPOWERING HEALTHY LIVES BY INVESTING IN:ACCESS TO CARE: INCREASE ACCESS TO HEALTH INSURANCE AND COMPREHENSIVE SERVICES.SPECIAL NEEDS: ENHANCING THE QUALITY OF LIFE FOR FAMILIES WITH CHILDREN WITH DISABILITIES.TWO INITIATIVES LED BY THE UNITED WAY OF PALM BEACH COUNTY, INC. HUNGER RELIEF:BEGINNING IN 2015, UNITED WAY OF PALM BEACH COUNTY, PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, AND UPWARDS OF 180 OTHER PARTNERS HAVE BEEN IMPLEMENTING OUR HUNGER RELIEF PLAN TO REDUCE LOCAL HUNGER. THE PLAN INCLUDES TEN BOLD GOALS, WITH 4 STRATEGY TEAMS ADDRESSING CHILDHOOD HUNGER, SENIORS, BUILDING INFRASTRUCTURE, AND THE GLADES. PALM BEACH COUNTY HAS 200,000 FOOD INSECURE INDIVIDUALS, WITH 64,000 OF THEM BEING CHILDREN- AND OUR OVERARCHING GOAL IS TO ASSIST INDIVIDUALS AND FAMILIES TO HAVE ACCESS TO HEALTHY, NUTRITIOUS FOOD AND REDUCE THIS TROUBLING STATISTIC.ACHIEVE PALM BEACH COUNTY:IN 2017, UNITED WAY OF PALM BEACH COUNTY BECAME THE BACKBONE AGENCY FOR ACHIEVE PALM BEACH COUNTY, A COLLECTIVE IMPACT INITIATIVE WITH A VISION THAT EVERY PALM BEACH COUNTY HIGH SCHOOL GRADUATE COMPLETES A POST-SECONDARY CREDENTIAL WITHIN SIX YEARS OF HIGH SCHOOL GRADUATION THAT PREPARES THEM FOR A MEANINGFUL CAREER WITH A SUSTAINABLE WAGE. THE MISSION IS TO ENSURE AN INTEGRATED AND EFFECTIVE SYSTEM OF SUPPORTS FROM MIDDLE SCHOOL THROUGH POST-SECONDARY THAT EMPOWERS STUDENTS FOR CAREER SUCCESS.

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**Form 990, Part III, Line 4b:**

INVESTING IN PROGRAMS AND INITIATIVES THAT HELP INDIVIDUALS AND NONPROFIT ORGANIZATIONS DURING A CRISIS. 211'S INFORMATION, ASSESSMENT AND REFERRAL HELPLINE PROVIDES GUIDANCE AND SUPPORT 24-HOURS A DAY, SEVEN DAYS A WEEK FOR INDIVIDUALS AND FAMILIES FACING A VARIETY OF CHALLENGES. UNITED WAY LEADS THE COUNTY'S DISASTER RELIEF AND RECOVERY EFFORTS BY COORDINATING VOLUNTEERS AND DONATIONS, PROVIDING NECESSARY FUNDS TO AGENCIES SO THEY CAN OPEN THEIR DOORS AND PROVIDE SERVICES AS SOON AS POSSIBLE, AS WELL AS PARTICIPATING IN LONG-TERM RECOVERY EFFORTS.

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**Form 990, Part III, Line 4c:**

SUPPORT INITIATIVES THAT BUILD THE ORGANIZATIONAL CAPACITY OF NONPROFIT ORGANIZATIONS. NONPROFIT LEGAL ASSISTANCE PROJECT OFFERS ACCESS TO AN ATTORNEY FOR ANY MATTER AFFECTING A NONPROFIT ORGANIZATION, THEIR BOARD OF DIRECTORS, STAFF OR CLIENTS. AGENCY ACCREDITATION STRENGTHENS THE ADMINISTRATIVE AND OPERATIONAL CAPACITY OF NONPROFIT AGENCIES BY ASSESSING THE AGENCIES' HEALTH AS WELL AS CORE COMPETENCIES IN NUMEROUS AREAS INCLUDING BOARD GOVERNANCE, FINANCIAL PRACTICES, STRATEGIC PLANNING, FUNDRAISING, HUMAN RESOURCES AND MORE. CONTINUOUS IMPROVEMENT INITIATIVE PROVIDES NONPROFIT AGENCIES WITH CAPACITY BUILDING SUPPORT IN THE AREAS OF OBTAINING AGENCY ACCREDITATION, IMPROVING IT INFRASTRUCTURE AND ORGANIZATIONAL DEVELOPMENT SUPPORTS.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
BAUER MICHAEL ..... BOARD MEMBER	2.00 .....	X						0	0	0
BRANCACCIO JENNIFER ..... BOARD MEMBER	2.00 .....	X						0	0	0
BREGMAN HOWARD ..... EMERITUS DIRECTOR	2.00 .....	X						0	0	0
BRUMLEY FABIOLA ..... BOARD MEMBER	2.00 .....	X						0	0	0
CAHOON PAMELA ..... BOARD MEMBER	2.00 .....	X						0	0	0
CHASE CHRISTOPHER ..... BOARD MEMBER	2.00 .....	X						0	0	0
TAYLOR ALLISON ..... AUDIT CHAIR	2.00 .....	X						0	0	0
ELMORE GEORGE ..... EMERITUS DIRECTOR	2.00 .....	X						0	0	0
FLANIGAN JOHN ..... EMERITUS DIRECTOR	2.00 .....	X						0	0	0
GALL JOHN LABOR ..... BOARD MEMBER	2.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
GALLON DENNIS ..... BOARD MEMBER	2.00 .....	X						0	0	0
GAUGER MICHAEL CHIEF DEPUTY ..... BOARD MEMBER	2.00 .....	X						0	0	0
KISELEWSKI DONALD ..... BOARD MEMBER	2.00 .....	X						0	0	0
LEVINSON JON ..... BOARD MEMBER	2.00 .....	X						0	0	0
LONGENECKER KENTON ..... BOARD MEMBER	2.00 .....	X						0	0	0
MENOR ARTHUR ..... BOARD MEMBER	2.00 .....	X						0	0	0
NEWARA GREGORY ..... BOARD MEMBER	2.00 .....	X						0	0	0
NISBETH HEATHER ..... BOARD MEMBER	2.00 .....	X						0	0	0
PUMO MICHAEL ..... BOARD MEMBER	2.00 .....	X						0	0	0
ROLLO MEREDITH ..... BOARD MEMBER	2.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
SABEAN GINA ..... BOARD MEMBER	2.00 .....	X						0	0	0
SEARCY DARRELL ..... BOARD MEMBER	2.00 .....	X						0	0	0
SHEAROUSE JOSEPH ..... MEMBER AT LARGE	2.00 .....	X						0	0	0
SPEARS MICHAEL ..... BOARD MEMBER	2.00 .....	X						0	0	0
WILLIAMS DAVID R ..... BOARD MEMBER	2.00 .....	X						0	0	0
WILLIAMSON CHANDLER ..... BOARD MEMBER	2.00 .....	X						0	0	0
WILLIAMS-TAYLOR LISA ..... MEMBER AT LARGE	2.00 .....	X						0	0	0
JONES KIM ..... BOARD CHAIR	2.00 .....	X		X				0	0	0
COMPIANI FRANK ..... CHAIR-ELECT	2.00 .....	X		X				0	0	0
ELLISON EARNIE ..... IMMEDIATE PAST CHAIR	2.00 .....	X		X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
JENKINS CRAIG ..... TREASURER	2.00 .....	X		X				0	0	0
MCGAHEE TALLA ..... SECRETARY	2.00 .....	X		X				0	0	0
BREGMAN ADAM ..... LEGAL COUNSEL	2.00 .....	X		X				0	0	0
COCUY JUAN ..... BOARD MEMBER	2.00 .....	X						0	0	0
FISCHETTI JOHN ..... BOARD MEMBER	2.00 .....	X						0	0	0
OSWALD KEITH RICHARD ..... BOARD MEMBER	2.00 .....	X						0	0	0
FORBES CLINTON B ..... BOARD MEMBER	2.00 .....	X						0	0	0
FRAZEE BRETT ..... BOARD MEMBER	2.00 .....	X						0	0	0
MAGERIA RUTH AGENCY REP ..... NON-VOTING	2.00 .....	X						0	0	0
SKORSKI DANIELLE ELS CHAIR ..... NON-VOTING	2.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
GEORGE LAURA ..... PRESIDENT & CEO	40.00 .....			X				265,875	0	47,328
HUDSON-MILLER TULA ..... SR. VP OF FINANCE	40.00 .....			X				8,317	0	0
BERNSTEIN SETH B ..... EXEC. VP OF COMMUNITY IMPACT	40.00 .....					X		131,320	0	13,334
SAVAGE ALEXIA ..... FORMER SR. VP OF COMMUNICATIONS & RD	40.00 .....						X	115,935	0	9,273
HANSON DANIELLE ..... FORMER SR. VP OF DEVELOPMENT	40.00 .....						X	101,387	0	7,758

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
UNITED WAY OF PALM BEACH COUNTY INC

**Employer identification number**  
59-0683258

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,599,329	14,895,954	16,353,272	17,795,400	16,788,725	80,432,680
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	14,599,329	14,895,954	16,353,272	17,795,400	16,788,725	80,432,680
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						4,761,438
<b>6 Public support.</b> Subtract line 5 from line 4.						75,671,242

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	14,599,329	14,895,954	16,353,272	17,795,400	16,788,725	80,432,680
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	161,938	212,392	3,907	350,524	326,095	1,054,856
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>11 Total support.</b> Add lines 7 through 10						81,487,536
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,541,604

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.860 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.310 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the 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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in (2), 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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</b>	Did the activities described in (a) 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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, SECTIONS A AND B, COLUMN D:	THE ORGANIZATION FILED TWO 2018 FORM 990S DUE TO A CHANGE IN THE ORGANIZATION'S FISCAL YEAR END. THE 2018 RETURNS FILED COVER THE PERIOD FROM JULY 1, 2018, TO SEPTEMBER 30, 2019. THE AMOUNTS IN PART II, SECTIONS A AND B, COLUMN D REFLECT THE CUMULATIVE 15-MONTH TOTAL FROM BOTH THE FULL YEAR 2018 990 AND THE SHORT YEAR 2018 990 FILED.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 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.

Name of the organization UNITED WAY OF PALM BEACH COUNTY INC

Employer identification number 59-0683258

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 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1
Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	10,140,502	9,807,840	9,397,476	5,900,483	6,467,218
<b>b</b> Contributions . . . . .	256,003	533,475	171,797	3,088,239	24,513
<b>c</b> Net investment earnings, gains, and losses	602,139	547,045	611,426	737,801	9,500
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	108,491	747,858	372,859	329,049	600,748
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	10,890,153	10,140,502	9,807,840	9,397,476	5,900,483

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 98.400 %
  - b** Permanent endowment ▶ 1.600 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		646,840	274,907	371,933
<b>d</b> Equipment . . . . .		247,998	182,114	65,884
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				437,817

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) BENEFICIAL INTEREST IN PERPETUAL TRUST	29,637
(2) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	1,049,018
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,078,655

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITY	64,370
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	64,370

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	13,938,710
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	427,486	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	300,313	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-4,093,150	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -3,365,351
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 17,304,061
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 17,304,061

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	13,514,532
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	300,313	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 300,313
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 13,214,219
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	4,093,150	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 4,093,150
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 17,307,369

**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
See Additional Data Table	



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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0683258

**Name:** UNITED WAY OF PALM BEACH COUNTY INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS A NON-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE IRC. THE ORGANIZATION FOLLOWS ASC 740, INCOME TAXES. ASC 740 CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN INCOME TAX PROVISIONS AND PRESCRIBES A MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PROVISION FOR UNCOLLECTIBLE PLEDGES -762,917. DESIGNATION TO OTHER AGENCIES -3,330,233.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR UNCOLLECTIBLE PLEDGES 762,917. DESIGNATION TO OTHER AGENCIES 3,330,233.

## Supplemental Information

Return Reference	Explanation
PART V, COLUMN B:	THE ORGANIZATION FILED TWO 2018 FORM 990S DUE TO A CHANGE IN THE ORGANIZATION'S FISCAL YEAR END. THE 2018 RETURNS FILED COVER THE PERIOD FROM JULY 1, 2018, TO SEPTEMBER 30, 2019. THE AMOUNTS IN PART V, COLUMN B REFLECT THE CUMULATIVE 15-MONTH TOTAL FROM BOTH THE FULL YEAR 2018 990 AND THE SHORT YEAR 2018 990 FILED.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF PALM BEACH COUNTY INC

Employer identification number  
59-0683258

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 113  
 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 113

**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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-0683258  
**Name:** UNITED WAY OF PALM BEACH COUNTY INC

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
211 PALM BEACH TREASURE COAST PO BOX 3588 LANTANA, FL 33465	23-7153017	501( C )( 3 )	11,500				COMMUNITY IMPACT
ACCESS NSM 5914 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634	62-1400785	501( C )( 3 )	9,830				COMMUNITY IMPACT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACHIEVEMENT CENTER FOR CHILDREN AND FAMILIES 555 NW 4TH ST DELRAY BEACH, FL 33444	65-1023099	501( C )( 3 )	24,053				COMMUNITY IMPACT
ADOPT-A-FAMILY OF THE PALM BEACHES INC 1712 2ND AVENUE NORTH LAKE WORTH, FL 33460	59-2471253	501( C )( 3 )	156,772				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AID TO VICTIMS OF DOMESTIC ABUSE INC (AVDA) PO BOX 6161 DELRAY BEACH, FL 33482	59-2486620	501( C )( 3 )	21,805				COMMUNITY IMPACT
ALZHEIMER'S COMMUNITY CARE INC 800 NORTHPOINT PKWY - STE 101B WEST PALM BEACH, FL 33407	26-3084046	501( C )( 3 )	5,178				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ASSOCIATION OF CAREGIVING YOUTH INC 6401 CONGRESS AVE 200 BOCA RATON, FL 33487	65-0866677	501( C )( 3 )	40,700				COMMUNITY IMPACT
AMERICAN HEART ASSOCIATION (WPB) 2300 CENTERPARK WEST DRIVE WEST PALM BEACH, FL 33409	13-5613797	501( C )( 3 )	9,965				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AREA AGENCY ON AGING OF PALM BEACH TREASURE COAST INC 4400 N CONGRESS AVENUE WEST PALM BEACH, FL 33407	65-0087858	501( C )( 3 )	40,000				COMMUNITY IMPACT
ARMS OF HOPE COMMUNITY INC 1512 WING FIELD STREET LAKE WORTH, FL 33460	47-2851445	501( C )( 3 )	10,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUDIOLOGY ASSOCIATES OF CORAL SPRINGS 5411 N UNIVERSITY DR 102 CORAL SPRINGS, FL 33067	65-0622938	501( C )( 3 )	11,475				COMMUNITY IMPACT
BALANCED LIVING MENTORSHIP PROGRAM 791 E 7TH ST PAHOKEE, FL 33476	47-4574059	501( C )( 3 )	5,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BECAUSE IM WORTH IT 1758 ANNANDALE CIR ROYAL PALM BEACH, FL 33411	47-5007815	501( C )( 3 )	34,491				COMMUNITY IMPACT
BETHEL EVANGELICAL BAPTIST CHURCH 5780 W ATLANTIC AVE DELRAY BEACH, FL 33484	65-0239870	501( C )( 3 )	15,500				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOCA HELPING HANDS 1500 NW 1ST COURT BOCA RATON, FL 33432	31-1713631	501( C )( 3 )	18,364				COMMUNITY IMPACT
BOY SCOUTS OF AMERICA INC GULF STREAM COUNCIL 8335 NORTH MILITARY TRAIL PALM BEACH GDNS, FL 33410	59-0624407	501( C )( 3 )	15,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT CORP 2191 N SEACREST BOULEVARD BOYNTON BEACH, FL 33436	65-0971509	501( C )( 3 )	13,000				COMMUNITY IMPACT
BOYS AND GIRLS CLUB OF PALM BEACH COUNTY INC 800 NORTHPOINT PARKWAY STE 204 WEST PALM BEACH, FL 33407	23-7060561	501( C )( 3 )	105,325				COMMUNITY IMPACT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437	65-0149423	501( C )( 3 )	10,000				COMMUNITY IMPACT
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH INC 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410	59-2470479	501( C )( 3 )	50,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC RELIEF SERVICES PO BOX 17090 BALTIMORE, MD 212970303	13-5563422	501( C )( 3 )	35,000				COMMUNITY IMPACT
CENTER FOR CHILD COUNSELING INC 7731 N MILITARY TRAIL SUITE 4 PALM BEACH GARDENS, FL 33410	65-0932032	501( C )( 3 )	39,060				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDNET 1100 W MCNAB ROAD FORT LAUDERDALE, FL 33309	65-1149351	501( C )( 3 )	15,000				COMMUNITY IMPACT
CHILDREN'S HEALING INSTITUTE 2161 PALM BEACH LAKES BOULEVARD SUITE 212 WEST PALM BEACH, FL 33409	65-0071524	501( C )( 3 )	55,995				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOME SOCIETY OF FLORIDA SOUTH COASTAL DIVISION 482 S KELLER RD ORLANDO, FL 32810	59-0192430	501( C )( 3 )	165,357				COMMUNITY IMPACT
CHRISTIANS REACHING OUT TO SOCIETY INC (CROS) 3677 23RD AVENUE SOUTH B-101 LAKE WORTH, FL 33461	59-1802917	501( C )( 3 )	22,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLINICS CAN HELP INC 2560 WESTGATE AVENUE WEST PALM BEACH, FL 33409	20-2778895	501( C )( 3 )	25,476				COMMUNITY IMPACT
COMPASS INC 201 N DIXIE HWY LAKE WORTH, FL 33460	65-0052657	501( C )( 3 )	50,774				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONNECT TO GREATNESS INC PO BOX 3525 BOYNTON BEACH, FL 33424	81-4018027	501( C )( 3 )	54,603				COMMUNITY IMPACT
DEVEAUX GROUP INC DBA JOYFUL MEDICAL SERVICES 13460 SW 10TH STREET STE 102 PEMBROKE PINES, FL 33027	47-1945355	501( C )( 3 )	5,022				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIGITAL VIBEZ 2635 OLD OKEECHOBEE RD WEST PALM BEACH, FL 33409	46-5032425	501( C )( 3 )	96,301				COMMUNITY IMPACT
DOLLAR DAYS INTERNATIONAL INC 3033 N 44TH ST STE 330 PHOENIX, AZ 85018	38-3786430	501( C )( 3 )	95,140				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAT BETTER LIVE BETTER INC 301 W ATLANTIC AVE SUITE O-6 DELRAY BEACH, FL 33444	81-0994119	501( C )( 3 )	10,000				COMMUNITY IMPACT
EL SOL JUIPTER'S NEIGHBORHOOD RESOURCE CENTER 106 MILITARY TRAIL JUPITER, FL 33458	01-0870672	501( C )( 3 )	10,000				COMMUNITY IMPACT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK RD JUPITER, FL 33458	26-3520396	501( C )( 3 )	10,000				COMMUNITY IMPACT
EPILEPSY FOUNDATION OF FL 7300 N KENDALL DRIVE SUITE 760 MIAMI, FL 33155	59-3295718	501( C )( 3 )	16,500				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAITH HOPE LOVE CHARITY INC 3175 S CONGRESS AVENUE STE 310 GREENACRES, FL 33461	65-0464807	501( C )( 3 )	5,000				COMMUNITY IMPACT
FAITH IN FLORIDA INC 406 E AMELIA ST ORLANDO, FL 32803	59-3151613	501( C )( 3 )	19,600				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILIES FIRST OF PALM BEACH COUNTY INC 3333 FOREST HILL BLVD 2ND FLOOR WEST PALM BEACH, FL 33406	45-5184288	501( C )( 3 )	25,000				COMMUNITY IMPACT
FARMWORKERS COORDINATING COUNCIL OF PBC INC 1123 CRESTWOOD BLVD LAKE WORTH, FL 33460	59-1830267	501( C )( 3 )	20,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FEED THE HUNGRY PANTRY OF PALM BECH COUNTY 8306 155TH PLACE NORTH PALM BEACH GARDENS, FL 33418	82-3760456	501( C )( 3 )	49,500				COMMUNITY IMPACT
FERD & GLADYS ALPERT JEWISH FAMILY & CHILDREN'S SERVICE OF 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH, FL 33422	59-1520581	501( C )( 3 )	85,603				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLIPANY 1777 NORTH DIXIE HIGHWAY FORT LAUDERDALE, FL 33305	87-0743538	501( C )( 3 )	26,247				COMMUNITY IMPACT
FLORENCE FULLER CHILD DEVELOPMENT CENTER INC 200 NE 14TH ST BOCA RATON, FL 33432	59-1312245	501( C )( 3 )	58,983				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES ROAD ADMIN 383 BOCA RATON, FL 33431	59-0917284	501( C )( 3 )	90,811				COMMUNITY IMPACT
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501( C )( 3 )	40,000				COMMUNITY IMPACT

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FOR THE CHILDREN INC 1718 SOUTH DOUGLAS STREET LAKE WORTH, FL 33460	65-0950530	501( C )( 3 )	17,284				COMMUNITY IMPACT
GIRL SCOUTS OF SOUTHEAST FLORIDA INC 6944 LAKE WORTH RD LAKE WORTH, FL 33467	59-0657327	501( C )( 3 )	10,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GOLDEN PARENTS INC PO BOX 6214 DELRAY BEACH, FL 33482	80-0498421	501( C )( 3 )	15,300				COMMUNITY IMPACT
GREEN TURTLE CAY FOUNDATION 1000 W MAIN ST LEEBOURG, FL 34748	76-0490132	501( C )( 3 )	50,000				COMMUNITY IMPACT



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GREY TEAM INC 1181 SOUTH ROGERS CIRCLE SUITE 28 BOCA RATON, FL 33487	81-4567473	501( C )( 3 )	5,000				COMMUNITY IMPACT
GULFSTREAM GOODWILL INDUSTRIES INC (TIFFANY DRWPB) 1715 E TIFFANY DRIVE WEST PALM BEACH, FL 33407	59-1197040	501( C )( 3 )	5,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HACER MINISTRIES CORP 2727 GEORGIA AVE WEST PALM BEACH, FL 33405	27-1506309	501( C )( 3 )	10,000				COMMUNITY IMPACT
HEALTHY MOTHERSHEALTHY BABIES COALITION OF PBC INC 4601 LAKE WORTH ROAD GREENACRES, FL 33463	59-2657051	501( C )( 3 )	98,400				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOLY GROUND SHELTER FOR HOMELESS INC 200 W 20TH STREET RIVIERA BEACH, FL 33404	26-3342975	501( C )( 3 )	10,000				COMMUNITY IMPACT
HOPETOWN UNITED INC 207 HIGH POINT DRIVE BLDG 100 VICTOR, NY 14564	84-3046902	501( C )( 3 )	19,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HORSES THAT HELP 13547 85TH ROAD N WEST PALM BEACH, FL 33412	81-1622224	501( C )( 3 )	5,000				COMMUNITY IMPACT
HOUSING COMMUNITY PARTNERSHIP INC DBA COMMUNITY PARTNERS OF SOUTH FL 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	59-1964034	501( C )( 3 )	214,374				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOWIROLL SPORTS 3300 S DIXIE HWY SUITE 1-771 WEST PALM BEACH, FL 33405	46-2426819	501( C )( 3 )	5,707				COMMUNITY IMPACT
IMPACT 100 MEN INC 217 NE 4TH ST DELRAY BEACH, FL 334443828	83-3951042	501( C )( 3 )	21,138				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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INNER CITY INNOVATORS INC 313 DATURA ST SUITE 200 WEST PALM BEACH, FL 33401	81-3809173	501( C )( 3 )	7,500				COMMUNITY IMPACT
KNIGHTS OF PYTHAGORAS MENTORING NETWORK INC 150 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33301	61-1479812	501( C )( 3 )	6,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEGAL AID SOCIETY OF PALM BEACH COUNTY INC 423 FERN ST STE 200 WEST PALM BEACH, FL 33401	59-6046994	501( C )( 3 )	22,500				COMMUNITY IMPACT
LITTLE SMILES INC 3669 91ST STREET N STE 4 PALM BEACH GARDENS, FL 33408	65-0963754	501( C )( 3 )	10,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LUTHERAN SERVICES FLORIDA 3230 COMMERCE PLACE SUITE A WEST PALM BEACH, FL 33407	59-2198911	501( C )( 3 )	14,000				COMMUNITY IMPACT
MEALS ON WHEELS OF THE PALM BEACHES INC 1300 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401	27-2891397	501( C )( 3 )	25,000				COMMUNITY IMPACT



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MILAGRO FOUNDATION INC 695 AUBURN AVE DELRAY BEACH, FL 33444	65-0804625	501( C )( 3 )	98,083				COMMUNITY IMPACT
NAMI OF PALM BEACH COUNTY 5205 GREENWOOD AVENUE SUITE 110 WEST PALM BEACH, FL 33407	59-2301320	501( C )( 3 )	10,000				COMMUNITY IMPACT

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NATIONAL SEATING & MOBILITY INC 1406 SW 13TH COURT POMPANO BEACH, FL 33069	62-1400785	501( C )( 3 )	78,664				COMMUNITY IMPACT
OPPORTUNITY INC OF PALM BEACH COUNTY 1713 QUAIL DRIVE WEST PALM BEACH, FL 33409	59-0624429	501( C )( 3 )	5,000				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PACE CENTER FOR GIRLS INC (PALM BEACH LOCATION) 1225 SOUTH MILITARY TRAIL SUITE D WEST PALM BEACH, FL 334154698	59-2414492	501( C )( 3 )	12,500				COMMUNITY IMPACT
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462	90-0788707	501( C )( 3 )	199,370				COMMUNITY IMPACT

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PALM BEACH COUNTY LITERACY COALITION 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	65-0169781	501( C )( 3 )	14,874				COMMUNITY IMPACT
PALM BEACH HABILITATION CENTER 4522 S CONGRESS AVE LAKE WORTH, FL 33461	59-6213381	501( C )( 3 )	10,000				COMMUNITY IMPACT

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PALM BEACH STATE COLLEGE FOUNDATION 4200 CONGRESS AVE LAKE WORTH, FL 33461	59-1818556	501( C )( 3 )	15,000				COMMUNITY IMPACT
PAN-FLORIDA CHALLENGE 2097 TRADE CENTER SUITE D NAPLES, FL 34109	47-2993766	501( C )( 3 )	252,896				COMMUNITY IMPACT

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PATH TO COLLEGE INC PO BOX 487 LAKE WORTH, FL 33460	81-5228014	501( C )( 3 )	15,750				COMMUNITY IMPACT
PEDIATRIC ONCOLOGY SUPPORT TEAM 5325 GREENWOOD AVE SUITE 301 WEST PALM BEACH, FL 33407	45-4769367	501( C )( 3 )	10,000				COMMUNITY IMPACT

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PLACE OF HOPE INC 9078 ISAIAH LANE PALM BEACH GARDENS, FL 334184638	65-0841384	501( C )( 3 )	10,000				COMMUNITY IMPACT
PRC-SALTILLO 1022 HEYL ROAD WOOSTER, OH 44691	34-1174227	501( C )( 3 )	6,674				COMMUNITY IMPACT

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PROJECT LIFT INC 1330 SW 34TH ST PALM CITY, FL 34990	27-3949112	501( C )( 3 )	10,000				COMMUNITY IMPACT
PROMISE FUND OF FLORIDA 7207 WEST LAKE DRIVE WEST PALM BEACH, FL 33406	83-0535519	501( C )( 3 )	5,000				DESIGNATIONS



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RESOURCE DEPOT 2510 FLORIDA AVE WEST PALM BEACH, FL 33401	65-0964759	501( C )( 3 )	16,875				COMMUNITY IMPACT
RESTORE HOPE FOUNDATION 35 NORTH MARKET ST ASHEVILLE, NC 28801	84-3417263	501( C )( 3 )	7,500				COMMUNITY IMPACT

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RICO'S SCHOLARSHIP FOUNDATION 121 KEN ADAMS WAY 110- B2 WELLINGTON, FL 33414	47-1106078	501( C )( 3 )	5,000				COMMUNITY IMPACT
ROOTS AND WINGS INC 513 SEASAGE DRIVE DELRAY BEACH, FL 33483	38-4008638	501( C )( 3 )	50,000				COMMUNITY IMPACT

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RUTH RALES JEWISH FAMILY SERVICE OF SOUTH PALM BEACH COUNTY 21300 RUTH AND BARON COLEMAN BLVD BOCA RATON, FL 33428	65-1115689	501( C )( 3 )	73,332				COMMUNITY IMPACT
SAM'S INVESTMENT CORP DBA PO BOX 455 CANAL POINT, FL 33438	65-0861686	501( C )( 3 )	7,074				COMMUNITY IMPACT

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SCHOLAR CAREER COACHING INC PO BOX 7733 DELRAY BEACH, FL 33482	46-2987394	501( C )( 3 )	10,050				COMMUNITY IMPACT
SHOWER TO THE PEOPLE INC 6231 PGA BLVD 104 221 PALM BEACH GARDENS, FL 33418	83-3482850	501( C )( 3 )	14,500				COMMUNITY IMPACT

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ST JOSEPH'S EPISCOPAL CHURCH 3300 S SEACREST BLVD BOYNTON BEACH, FL 33435	59-0862310	501( C )( 3 )	25,344				COMMUNITY IMPACT
STUDENT ACES 7750 ARBOR CREST WAY PALM BCH GDNS, FL 33412	46-3081102	501( C )( 3 )	81,400				COMMUNITY IMPACT

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SUITS FOR SENIORS 5762 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417	81-2028864	501( C )( 3 )	6,500				COMMUNITY IMPACT
T LEROY JEFFERSON MEDICAL SOCIETY 4595 NORTHLAKE BLVD SUITE 109 PALM BEACH GARDENS, FL 33418	33-1007795	501( C )( 3 )	18,735				COMMUNITY IMPACT

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TAKE STOCK IN CHILDREN 1896 PALM BEACH LAKES BLVD SUITE 103 WEST PALM BEACH, FL 33409	20-8077416	501( C )( 3 )	83,246				COMMUNITY IMPACT
THE ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	59-0883386	501( C )( 3 )	664,895				COMMUNITY IMPACT

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THE ARC OF THE GLADES 4250 NW 16TH STREET BELLE GLADE, FL 33430	59-1760374	501( C )( 3 )	17,625				COMMUNITY IMPACT
THE CHILDREN'S PLACE AT HOME SAFE INC 2840 6TH AVE SOUTH LAKE WORTH, FL 33461	59-1935485	501( C )( 3 )	12,385				COMMUNITY IMPACT



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THE GUATEMALAN MAYA CENTER INC 430 NORTH G STREET LAKE WORTH, FL 33460	65-0355018	501( C )( 3 )	5,000				COMMUNITY IMPACT
THE LORD'S PLACE INC 2808 NORTH AUSTRALIA AVENUE WEST PALM BEACH, FL 33407	59-2240502	501( C )( 3 )	12,838				COMMUNITY IMPACT

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THE PEARL MAE FOUNDATION INC 775 W INDIANTOWN RD SUITE 4 JUPITER, FL 33458	32-0485613	501( C )( 3 )	5,000				COMMUNITY IMPACT
THE TALENTED TEEN CLUB 305 SWAIN BLVD GREENACRES, FL 33463	27-1011735	501( C )( 3 )	21,478				COMMUNITY IMPACT

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UNITED COMMUNITY OPTIONS OF BROWARD PALM BEACH AND MID-COAS 3595 2ND AVENUE N LAKE WORTH, FL 33461	59-0174817	501( C )( 3 )	229,566				COMMUNITY IMPACT
UNITED COMMUNITY OPTIONS OF BROWARD PALM BEACH AND MID-COAS 3595 2ND AVENUE N LAKE WORTH, FL 33461	59-0174817	501( C )( 3 )	82,275				COMMUNITY IMPACT

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UNITED FARMERS ALLIANCE INC 20199 COLE LN LOXAHATCHEE, FL 33470	84-4750666	501( C )( 3 )	100,000				COMMUNITY IMPACT
UNITED WAY OF INDIAN RIVER COUNTY INC 1836 14TH AVENUE VERO BEACH, FL 32960	59-1087090	501( C )( 3 )	8,702				DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL BLVD STUART, FL 34994	23-7273540	501( C )( 3 )	11,394				DESIGNATIONS
UNITED WAY OF ST LUCIE COUNTY 4800 S US HWY 1 FORT PIERCE, FL 34982	59-6212157	501( C )( 3 )	10,642				DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN LEAGUE OF PALM BEACH COUNTY INC 1700 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	59-1533710	501( C )( 3 )	69,695				COMMUNITY IMPACT
WEST JUPITER COMMUNITY GROUP 7187 CHURCH ST JUPITER, FL 33458	65-0137715	501( C )( 3 )	9,650				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOUNDED VETERANS RELIEF FUND 1335 OLD DIXIE HIGHWAYSUITE 3 LAKE PARK, FL 33403	26-2886846	501( C )( 3 )	21,000				COMMUNITY IMPACT
YOUTH EMPOWERED TO PROSPER 1104 N DIXIE HWY LAKE WORTH, FL 33460	83-1731712	501( C )( 3 )	93,679				COMMUNITY IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA OF PALM BEACH COUNTY FLORIDA INC 1016 N DIXIE HIGHWAY WEST PALM BEACH, FL 33401	59-0751935	501( C )( 3 )	10,000				COMMUNITY IMPACT



**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF PALM BEACH COUNTY INC

Employer identification number  
59-0683258

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> 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.</p>	<b>7</b>	No								
<p><b>8</b> 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.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> GEORGE LAURA PRESIDENT & CEO	(i)	236,394	25,000	4,481	21,266	26,062	313,203	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> SAVAGE ALEXIA FORMER SR. VP OF COMMUNICATIONS & RD	(i)	106,246	2,500	7,189	9,273	0	125,208	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> HANSON DANIELLE FORMER SR. VP OF DEVELOPMENT	(i)	95,272	2,500	3,615	7,758	0	109,145	0
	(ii)	0	0	0	0	0	0	0

**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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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF PALM BEACH COUNTY INC

Employer identification number  
59-0683258

**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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	5	102,788	FMV
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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

<b>29</b>	
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**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? . . . . .

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		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?

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

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF PALM BEACH COUNTY INC

Employer identification number

59-0683258

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINES 8-19, PRIOR YEAR:	THE ORGANIZATION FILED TWO 2018 FORM 990S DUE TO A CHANGE IN THE ORGANIZATION'S FISCAL YEAR END. THE 2018 RETURNS FILED COVER THE PERIOD FROM JULY 1, 2018, TO SEPTEMBER 30, 2019. THE AMOUNTS ON PART I, LINES 8-19 OF THE PRIOR YEAR COLUMN REFLECT THE CUMULATIVE 15-MONTH TOTAL FROM BOTH THE FULL YEAR 2018 990 AND THE SHORT YEAR 2018 990 FILED.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF FORM 990 IS REVIEWED BY THE SENIOR VICE PRESIDENT OF FINANCE AND OPERATIONS. THE DRAFT FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. A FINAL VERSION OF FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND STAFF COMPLETE AND SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY WHICH ARE REVIEWED BY THE SENIOR VP OF FINANCE & OPERATIONS OF THE ORGANIZATION. THE STAFF NOTIFIES MANAGEMENT OF ANY POSSIBLE CONFLICT THAT ARISES. BOARD MEMBERS WITH A CONFLICT WILL ABSTAIN FROM ANY VOTE PERTAINING TO THEIR CONFLICT.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION COMMITTEE HAS THIS RESPONSIBILITY. THEY MEET AT LEAST TWO TIMES PER YEAR TO DISCUSS, REVIEW AND RECOMMEND CEO COMPENSATION. THEY ALSO MAKE RECOMMENDATIONS ABOUT KEY EMPLOYEES OF THE ORGANIZATION, WHICH ARE SUBJECT TO FINAL REVIEW AND APPROVAL BY THE CEO.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN THE ORGANIZATION'S OFFICE. THE ORGANIZATION'S CURRENT FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE ORGANIZATION'S CURRENT FORM 990 IS AVAILABLE ON ITS WEBSITE AS WELL AS THIRD PARTY WEBSITES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART X, COLUMN A, LINES 27 AND 28	THE ORGANIZATION HAS RESTATED ITS FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2019, TO PROPERLY REFLECT NET ASSETS WITH DONOR AND WITHOUT DONOR RESTRICTION. THE RESULTS OF THE RESTATEMENT HAD NO EFFECT ON THE AGGREGATE NET ASSETS OR CHANGE IN NET ASSETS PREVIOUSLY REPORTED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	NO CHANGE.