

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 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

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 \$ 30,566,216

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.

3 Number of voting members of the governing body (Part VI, line 1a)	3	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	78
6 Total number of volunteers (estimate if necessary)	6	7,288
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	16,795,181	29,010,310
9 Program service revenue (Part VIII, line 2g)	103,135	131,117
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	326,553	282,724
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,192	10,931
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,304,061	29,435,082
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,551,329	14,232,116
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,566,183	3,703,020
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,310,147		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,189,857	2,269,461
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,307,369	20,204,597
19 Revenue less expenses. Subtract line 18 from line 12	-3,308	9,230,485
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	17,324,277	28,516,299
21 Total liabilities (Part X, line 26)	5,060,043	4,486,276
22 Net assets or fund balances. Subtract line 21 from line 20	12,264,234	24,030,023

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: 2022-02-23
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 \$ 9,877,130 including grants of \$ 7,148,748) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 4,559,981 including grants of \$ 4,247,514) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 256,873 including grants of \$ 187,310) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 3,424,508 including grants of \$ 2,648,543) (Revenue \$ 142,048)
OTHER PROGRAM COSTS REPRESENT THE GRANTS TO PARTNER AGENCIES AS DESIGNATED BY DONORS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,424,508 including grants of \$ 2,648,543) (Revenue \$ 142,048)

4e Total program service expenses 18,118,492

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a		78			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b			Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a					No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b					
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a					No
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>	4b					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a					No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b					No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c					
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a					No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b					
7 Organizations that may receive deductible contributions under section 170(c).						
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a					No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b					
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c					No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d					
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e					No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f					No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g					
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h					
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8					
9 Sponsoring organizations maintaining donor advised funds.						
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a					
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b					
10 Section 501(c)(7) organizations. Enter:						
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a					
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b					
11 Section 501(c)(12) organizations. Enter:						
<p>a Gross income from members or shareholders</p>	11a					
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a					
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b					
<p>c Enter the amount of reserves on hand</p>	13c					
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a					No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	14b					
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>	15					No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>	16					No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (40), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TULA HUDSON-MILLER SENIOR VP OF FINANCE 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401 (561) 375-6619

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	879,962	0	167,138

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **6**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	31,752				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,758,820				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,219,738				
	g Noncash contributions included in lines 1a - 1f:\$	1g	155,137				
	h Total. Add lines 1a-1f			29,010,310			
Program Service Revenue	2a DESIGNATION FEES	Business Code					
		900099	131,117	131,117			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		131,117					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		282,372			282,372	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses		1,131,486			
		7c Gain or (loss)		1,131,134			
		d Net gain or (loss)		352			352
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a CAMPAIGN ENGAGEMENT		900099	10,931	10,931			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			10,931				
12 Total revenue. See instructions			29,435,082	142,048	0	282,724	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,232,116	14,232,116		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	398,335	122,560	122,560	153,215
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,572,481	1,937,138	147,131	488,212
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	198,295	88,282	51,442	58,571
9 Other employee benefits	313,056	139,375	81,213	92,468
10 Payroll taxes	220,853	99,277	46,847	74,729
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,250	18,274	7,322	1,654
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	229,726	154,057	61,728	13,941
12 Advertising and promotion				
13 Office expenses	36,882	15,467	9,873	11,542
14 Information technology				
15 Royalties				
16 Occupancy	198,949	79,131	55,663	64,155
17 Travel	15,688	6,170	8,348	1,170
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,296	14,962	1,032	8,302
20 Interest				
21 Payments to affiliates	305,952	107,916	99,393	98,643
22 Depreciation, depletion, and amortization	93,986	37,352	25,499	31,135
23 Insurance	35,356	13,726	10,188	11,442
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR UNCOLLECT	899,460	899,460		
b PRINTING AND PUBLICATIO	163,873	48,113	3,998	111,762
c RENTAL AND MAINTENANCE	110,987	44,486	30,551	35,950
d STAFF DEVELOPMENT	48,254	44,453	3,801	
e All other expenses	78,802	16,177	9,369	53,256
25 Total functional expenses. Add lines 1 through 24e	20,204,597	18,118,492	775,958	1,310,147
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,076	1	1,077
	2 Savings and temporary cash investments	1,981,584	2	695,067
	3 Pledges and grants receivable, net	1,703,090	3	1,673,029
	4 Accounts receivable, net	5,174	4	16,750
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	29,662	9	51,954
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	916,657		
	b Less: accumulated depreciation	551,006		
	11 Investments—publicly traded securities	12,087,219	11	24,390,354
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,078,655	15	1,322,417
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,324,277	16	28,516,299	
Liabilities	17 Accounts payable and accrued expenses	516,532	17	641,021
	18 Grants payable	3,454,551	18	3,335,148
	19 Deferred revenue	1,024,590	19	510,107
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	64,370	25	0
	26 Total liabilities. Add lines 17 through 25	5,060,043	26	4,486,276
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,642,866	27	20,161,892
	28 Net assets with donor restrictions	3,621,368	28	3,868,131
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	12,264,234	32	24,030,023	
33 Total liabilities and net assets/fund balances	17,324,277	33	28,516,299	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,435,082
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,204,597
3	Revenue less expenses. Subtract line 2 from line 1	3	9,230,485
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,264,234
5	Net unrealized gains (losses) on investments	5	2,535,304
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,030,023

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-0683258

Name: UNITED WAY OF PALM BEACH COUNTY INC

Form 990 (2020)

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.

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.

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.

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, CAMPAIGN CABINET, CHAIR	2.00	X						0	0	0
BRANCACCIO JENNIFER BOARD MEMBER	2.00	X						0	0	0
BREGMAN ADAM BOARD MEMBER	2.00	X						0	0	0
BREGMAN HOWARD EMERITUS DIRECTOR	2.00	X						0	0	0
BYRD DONALD BOARD MEMBER	2.00	X						0	0	0
CAHOON PAMELA BOARD MEMBER, HUNGER ADVISROY COUNCIL, CHAIR	2.00	X						0	0	0
CHASE CHRISTOPHER BOARD MEMBER, CAMPAIGN CABINET & FINANCE COMMITTEE	2.00	X						0	0	0
COCUY JUAN BOARD MEMBER, AT LARGE MEMBER OF THE EXEC COMM	2.00	X						0	0	0
DI FRANCESCO EDITH BOARD MEMBER	2.00	X						0	0	0
EDMONDSON PATRIC 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			
ELLISON EARNIE BOARD MEMBER	2.00	X						0	0	0
ELMORE GEORGE EMERITUS DIRECTOR	2.00	X						0	0	0
FISCHETTI JOHN BOARD MEMBER, COMMUNITY IMPACT COMMITTEE, VICE CHA	2.00	X						0	0	0
FLANIGAN JOHN EMERITUS DIRECTOR	2.00	X						0	0	0
FRAZEE BRETT BOARD MEMBER, TOCQUEVILLE SOCIETY CABINET, CHAIR	2.00	X						0	0	0
GALL JR JOHN L BOARD MEMBER, LABOR LIAISON	2.00	X						0	0	0
GARCIA ALAN BOARD MEMBER	2.00	X						0	0	0
GAUGER MICHAEL BOARD MEMBER, EMERGENCY PREPAREDNESS SUBCOMMITTEE,	2.00	X						0	0	0
HUNTER TONY BOARD MEMBER	2.00	X						0	0	0
KISELEWSKI DONALD BOARD MEMBER, POLICY SUBCOMMITTEE VICE CHAIR & AT	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			
LEVINSON JON BOARD MEMBER, POLICY SUBCOMMITTEE, CHAIR	2.00	X						0	0	0
MCGAHEE TALLA BOARD MEMBER, AT LARGE MEMBER OF THE EXECUTIVE COM	2.00	X						0	0	0
MENOR ARTHUR BOARD MEMBER	2.00	X						0	0	0
OSWALD KEITH RICHARD BOARD MEMBER	2.00	X						0	0	0
PUMO MICHAEL BOARD MEMBER	2.00	X						0	0	0
ROLLO MEREDITH BOARD MEMBER, COMMUNITY IMPACT COMMITTEE, CHAIR	2.00	X						0	0	0
SABEAN GINA BOARD MEMBER	2.00	X						0	0	0
SHEAROUSE JOSEPH BOARD MEMBER, AT LARGE MEMBER OF THE EXECUTIVE COM	2.00	X						0	0	0
SINGH GEETA BOARD MEMBER, WOMEN UNITED, CHAIR	2.00	X						0	0	0
SPEARS MICHAEL BOARD MEMBER, INNOVATION & TECHNOLOGY SUBCOMMITTEE	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			
TAYLOR ALLISON BOARD MEMBER, AUDIT CHAIR	2.00	X						0	0	0
VANGIESSEN ROBERT BOARD MEMBER	2.00	X						0	0	0
WILLIAMSON CHANDLER BOARD MEMBER	2.00	X						0	0	0
WILLIAMS-TAYLOR LISA BOARD MEMBER, HUNGER ADVISORY COUNCIL COMMITTEE, V	2.00	X						0	0	0
BASINSKI DANIELLE NON-VOTING, EMERGING LEADERS SOCIETY, CHAIR	2.00	X						0	0	0
GONZALEZ MICHELLE NON-VOTING, AGENCY REP	2.00	X						0	0	0
COMPIANI FRANK CHAIR OF THE BOARD OF DIRECTORS, EXECUTIVE COMMITT	2.00	X		X				0	0	0
WILLIAMS DAVID R BOARD MEMBER, CHAIR ELECT	2.00	X		X				0	0	0
JENKINS CRAIG TREASURER	2.00	X		X				0	0	0
BRUMLEY FABIOLA SECRETARY	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			
JONES KIM IMMEDIATE PAST CHAIR & GOVERNANCE COMMITTEE, CHAIR	2.00	X		X				0	0	0
BAGATELL RIKKI LEGAL COUNSEL	2.00	X		X				0	0	0
GEORGE LAURA PRESIDENT & CEO	40.00			X				276,672	0	68,227
HUDSON-MILLER TULA SR. VP OF FINANCE	40.00			X				127,394	0	13,998
BERNSTEIN SETH B EXEC. VP OF COMMUNITY IMPACT	40.00					X		151,489	0	44,879
EDWARDS BRIAN SR. VP OF DEVELOPMENT	40.00					X		121,905	0	0
PULDA DONNA VP OF VOLUNTEER SERVICES	40.00					X		101,251	0	25,377
QUINLAN DONNA VP OF COMMUNITY IMPACT	40.00					X		101,251	0	14,657

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,895,954	16,353,272	17,795,400	16,788,725	29,010,310	94,843,661
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	14,895,954	16,353,272	17,795,400	16,788,725	29,010,310	94,843,661
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						14,550,381
6 Public support. Subtract line 5 from line 4.						80,293,280

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	14,895,954	16,353,272	17,795,400	16,788,725	29,010,310	94,843,661
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	212,392	3,907	350,524	326,095	282,372	1,175,290
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						96,018,951
12 Gross receipts from related activities, etc. (see instructions)					12	1,369,668
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					<input type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	83.620 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	92.860 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SECTIONS A AND B, COLUMN C:	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 C 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 2020 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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 include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring requirements.

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

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

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,890,153	10,140,502	9,807,840	9,397,476	5,900,483
b Contributions	291,178	256,003	533,475	171,797	3,088,239
c Net investment earnings, gains, and losses	2,023,122	602,139	547,045	611,426	737,801
d Grants or scholarships					
e Other expenditures for facilities and programs	438,180	108,491	747,858	372,859	329,049
f Administrative expenses					
g End of year balance	12,766,273	10,890,153	10,140,502	9,807,840	9,397,476

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 98.412 %
 - b** Permanent endowment ▶ 1.588 %
 - c** Term 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 |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		646,840	339,591	307,249
d Equipment		269,817	211,415	58,402
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				365,651

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	28,737,140
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,535,304	
b	Donated services and use of facilities	2b	310,758	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-3,544,004	
e	Add lines 2a through 2d			2e -697,942
3	Subtract line 2e from line 1			3 29,435,082
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 29,435,082

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

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

1	Total expenses and losses per audited financial statements		1	16,971,351
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	310,758	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 310,758
3	Subtract line 2e from line 1			3 16,660,593
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	3,544,004	
c	Add lines 4a and 4b			4c 3,544,004
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 20,204,597

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 -899,461. DESIGNATION TO OTHER AGENCIES -2,644,543.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR UNCOLLECTIBLE PLEDGES 899,461. DESIGNATION TO OTHER AGENCIES 2,644,543.

Supplemental Information

Return Reference	Explanation
PART V, COLUMN C:	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 C REFLECT THE CUMULATIVE 15-MONTH TOTAL FROM BOTH THE FULL YEAR 2018 990 AND THE SHORT YEAR 2018 990 FILED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 5:	ONE-TIME CONTRIBUTION/CARES ACT PASS THRU: ON NOVEMBER 30, 2020, THE ORGANIZATION RECEIVED A ONE-TIME CASH CONTRIBUTION OF \$10,000,000 (THE "CONTRIBUTION"). THE CONTRIBUTION IS NOT SUBJECT TO DONOR-IMPOSED RESTRICTIONS AND MAY BE EXPENDED FOR ANY PURPOSE IN PERFORMING THE PRIMARY OBJECTIVES OF THE ORGANIZATION. THE ORGANIZATION WILL BE INVESTING THESE FUNDS IN VARIOUS INITIATIVES TO IMPROVE THE LIVES OF RESIDENTS IN PALM BEACH COUNTY OVER THE NEXT FEW YEARS. THE ORGANIZATION HAS COMMENCED PLANNING INITIATIVES FOR MISSION UNITED AND HUNGER RELIEF PROGRAMS. THE ORGANIZATION RECEIVED \$4,240,000 OF CARES ACT AS PASS-THROUGH FUNDING DISTRIBUTED TO VARIOUS 501(C)3 ORGANIZATIONS. BOTH NEW SOURCES OF REVENUES RESULTED IN AN OVERALL INCREASE IN TOTAL REVENUE, AND NET ASSETS.

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

2020

**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 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 ▶ 232

3 Enter total number of other organizations listed in the line 1 table ▶

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
THE ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	59-0883386	501(C)(3)	690,038				COMMUNITY IMPACT
NONPROFIT CHAMBER OF PALM BEACH COUNTY 4630 CATAMARAN CIRCLE BOYNTON BEACH, FL 33436	90-0848354	501(C)(3)	423,000				COMMUNITY IMPACT

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
DOLLAR DAYS INTERNATIONAL INC 3033 N 44TH ST STE 330 PHOENIX, AZ 85018	38-3786430	501(C)(3)	343,066				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
UNITED CEREBRAL PALSY OF BROWARD PB & MID COAST COUNTIES 3595 2ND AVE NORTH LAKE WORTH, FL 33461	59-0174817	501(C)(3)	314,956				COMMUNITY IMPACT

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
PAN-FLORIDA CHALLENGE 2097 TRADE CENTER SUITE D NAPLES, FL 34109	47-2993766	501(C)(3)	258,530				COMMUNITY IMPACT
HOUSING COMMUNITY PARTNERSHIP INC 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	59-2704597	501(C)(3)	233,209				COMMUNITY IMPACT

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
PALM BEACH COUNTY FOOD BANK 701 A-2 BOUTWELL ROAD LAKE WORTH BEACH, FL 33461	90-0788707	501(C)(3)	209,595				COMMUNITY IMPACT
CHILDREN'S HOME SOCIETY OF FLORIDA SOUTH COASTAL DIVISION 482 S KELLER RD ORLANDO, FL 328106130	59-0192430	501(C)(3)	195,608				COMMUNITY IMPACT

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
ADOPT-A-FAMILY OF THE PALM BEACHES INC 1712 2ND AVENUE NORTH LAKE WORTH, FL 33460	59-2471253	501(C)(3)	141,902				COMMUNITY IMPACT
FLIPANY 2860 WEST STATE ROAD 84 SUITE 103 DANIA BEACH, FL 33312	87-0743538	501(C)(3)	136,250				COMMUNITY IMPACT

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
DIGITAL VIBEZ INC 2635 OLD OKEECHOBEE RD WEST PALM BEACH, FL 33409	46-5032425	501(C)(3)	105,000				COMMUNITY IMPACT
TREASURE COAST HEALTH COUNCIL INC 600 SANDTREE DRIVE SUITE 101 PALM BEACH GARDENS, FL 33403	59-2242689	501(C)(3)	100,000				COMMUNITY IMPACT

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
BOYS AND GIRLS CLUB OF PALM BEACH COUNTY INC 800 NORTHPOINT PARKWAY - STE 204 WEST PALM BEACH, FL 334071978	23-7060561	501(C)(3)	94,913				COMMUNITY IMPACT
MILAGRO FOUNDATION INC 695 AUBURN AVE DELRAY BEACH, FL 334444416	65-0804625	501(C)(3)	94,000				COMMUNITY IMPACT

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
YOUTH EMPOWERED TO PROSPER 1104 N DIXIE HWY LAKE WORTH, FL 33460	83-1731712	501(C)(3)	93,304				COMMUNITY IMPACT
FERD & GLADYS ALPERT JEWISH FAMILY & CHILDREN'S SERVICE 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH, FL 33422	59-1520581	501(C)(3)	87,229				COMMUNITY IMPACT

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
HEALTHY MOTHERSHEALTHY BABIES COALITION OF PBC INC 4601 LAKE WORTH ROAD GREENACRES, FL 33463	59-2657051	501(C)(3)	87,147				COMMUNITY IMPACT
TAKE STOCK IN CHILDREN 1896 PALM BEACH LAKES BLVD SUITE 103 WEST PALM BEACH, FL 33409	20-8077416	501(C)(3)	81,702				COMMUNITY IMPACT

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
FLORIDA ATLANTIC UNIVERSITY FOUNDATION - MENTORING 777 GLADES ROAD ADMIN 383 BOCA RATON, FL 33431	59-0917284	501(C)(3)	74,378				COMMUNITY IMPACT
RUTH RALES JEWISH FAMILY SERVICE OF SOUTH PALM BEACH COUNTY 21300 RUTH BARON COLEMAN BLVD BOCA RATON, FL 334281757	65-1115689	501(C)(3)	64,932				COMMUNITY IMPACT

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
FLORENCE FULLER CHILD DEVELOPMENT CENTER INC 200 NE 14TH ST BOCA RATON, FL 33432	59-1312245	501(C)(3)	63,774				COMMUNITY IMPACT
CHILDREN'S HEALING INSTITUTE 2161 PALM BEACH LAKES BOULEVARD SUITE 212 WEST PALM BEACH, FL 33409	65-0071524	501(C)(3)	59,134				COMMUNITY IMPACT

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
NATIONAL SEATING & MOBILITY INC 1406 SW 13TH COURT POMPANO BEACH, FL 33069	62-1400785	501(C)(3)	53,311				COMMUNITY IMPACT
COMPASS INC 201 N DIXIE HWY LAKE WORTH, FL 334603079	65-0052657	501(C)(3)	51,098				COMMUNITY IMPACT

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
THE LORD'S PLACE INC PO BOX 3265 WEST PALM BEACH, FL 33402	59-2240502	501(C)(3)	50,000				COMMUNITY IMPACT
STUDENT ACES 7750 ARBOR CREST WAY PALM BCH GDNS, FL 33412	46-3081102	501(C)(3)	44,000				COMMUNITY IMPACT

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 334653588	23-7153017	501(C)(3)	43,008				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
DEVEAUX GROUP INC DBA JOYFUL MEDICAL SERVICES 13460 SW 10TH STREET STE 102 PEMBROKE PINES, FL 33027	47-1945355	501(C)(3)	42,540				COMMUNITY IMPACT

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
AMERICAN ASSOCIATION OF CAREGIVING YOUTH INC 6401 CONGRESS AVE 200 BOCA RATON, FL 33487	65-0866677	501(C)(3)	38,055				COMMUNITY IMPACT
LEGAL AID SOCIETY OF PALM BEACH COUNTY INC 423 FERN ST STE 200 WEST PALM BEACH, FL 33401	59-6046994	501(C)(3)	32,258				COMMUNITY IMPACT

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
BALANCED LIVING MENTORSHIP PROGRAM 791 E 7TH ST PAHOKEE, FL 33476	47-4574059	501(C)(3)	29,500				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437	65-0149423	501(C)(3)	26,100				COMMUNITY IMPACT

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
1ST STUDIO ARTS & CULTURAL CENTER 2701 PRESIDENT BARACK OBAMA HIGHWAY UNIT C RIVIERA BEACH, FL 33404	65-1152497	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
ACTS OF KINDNESS COMMUNITY DEVELOPMENT INC 17851 66TH COURT NORTH LOXAHATCHEE, FL 33470	94-3448808	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
ALL FRIENDS IMPACT SERVICES 1375 GATEWAY BLVD STE 27 BOYNTON BEACH, FL 33426	46-4893401	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
ALPHA EDUCATIONAL FOUNDATION-DDL INC 712 US HWY 1 SUITE 200 NORTH PALM BEACH, FL 33408	65-0751871	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
ALPHA OMEGA ALLIANCE INC 31 W20TH STREET SUITE 100 RIVIERA BEACH, FL 33404	42-1615117	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
AMERICAN LEGION PALM BEACH POST 12 3676 COLLIN DR 21 WEST PALM BEACH, FL 33406	59-6136272	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
ANGARI FOUNDATION INC 701 S OLIVE AVENUE 2010 WEST PALM BEACH, FL 33401	81-1526218	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
ARMS OF HOPE COMMUNITY INC 1512 WING FIELD STREET LAKE WORTH, FL 33460	47-2851445	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
AUTISM PROJECT OF PALM BEACH COUNTY 18370 LIMESTONE CREEK ROAD JUPITER, FL 33458	52-2007008	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
BACK TO BASICS INC 3340 FAIRLANE FARMS RD UNIT 10 WELLINGTON, FL 33414	20-2880950	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
BARKY PINES ANIMAL RESCUE & SANCTUARY 6521 CAROL STREET LOXAHATCHEE, FL 33470	47-1934556	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
BETHLEHEM COMMUNITY EMPOWERMENT CENTER INC 425 CRESCENT DRIVE BLDG A LAKE PARK, FL 33403	46-5145906	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
BIG HEART BRIGADE INC 4288 NORTHLAKE BLVD WEST PALM BEACH, FL 33418	65-0581187	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
BOCA RATON FIREFIGHTER AND PARAMEDIC BENEVOLENT FUND 301 CRAWFORD BLVD 206 BOCA RATON, FL 33432	51-0429811	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
BOYS TOWN OF SOUTH FLORIDA - FATHER FLANAGANS BOYS HOME 1655 PALM BEACH LAKES BLVD SUITE 300 WEST PALM BEACH, FL 33405	26-3965524	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CARON OF FLORIDA INC 243 N GALEN HALL RD WERNERSVILLE, PA 19565	59-2500657	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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

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CENTER FOR TRAUMA COUNSELING 6801 LAKE WORTH ROAD SUITE 101 GREENACRES, FL 33467	45-4708248	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CHABAD JEWISH CENTER OF ROYAL PALM BEACH 129 SPARROW DR ROYAL PALM BEACH, FL 33411	26-3077456	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
CHABAD OF EAST BOCA RATON 120 NE 1ST AVENUE BOCA RATON, FL 33432	87-0725063	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CHABAD OF SOUTH PALM BEACH 224 SOUTH OCEAN BLVD LANTANA, FL 33462	57-1240142	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
CHABAD OF WEST BOAC RATON SYNAGOGUE 19701 STATE ROAD 7 BOCA RATON, FL 33498	45-5633845	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CHILDNET 1100 W MCNAB ROAD FORT LAUDERDALE, FL 33309	65-1149351	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
CLINE-PAUTSCH-KOTT LEGION POST 164 571 W OCEAN AVE BOYNTON BEACH, FL 33426	59-6200730	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CLUB 100 CHARITIES INC PO BOX 31682 PALM BEACH GARDENS, FL 33420	20-3929694	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
COMMUNAUTE EVANGELIQUE BAPTISTE DE LA GRACE 5304 BELVEDERE ROAD WEST PALM BEACH, FL 33415	55-0842031	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY INC 1660 SOUTHERN BLVD SUITE N WEST PALM BEACH, FL 33406	59-2516164	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
DRESS FOR SUCCESS - PALM BEACH COUNTY 2459 S CONGRESS AVE SUITE 204 PALM SPRINGS, FL 33406	27-0579164	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
EAT BETTER LIVE BETTER INC 301 W ATLANTIC AVE SUITE O-6 DELRAY BEACH, FL 33444	81-0994119	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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ECONOMIC COUNCIL OF PALM BEACH COUNTY FOUNDATION 4440 PGA BLVD STE 600 PALM BEACH GARDENS, FL 33410	83-2914565	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
EMANUEL JACKSON SR PROJECT INC 700 WEST ATLANTIC AVE DELRAY BEACH, FL 33444	47-1912341	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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EXTENDED HANDS COMMUNITY OUTREACH INC 528 CHEERFUL STREET WEST PALM BEACH, FL 33407	03-0484951	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
FAITH'S PLACE CENTER FOR ARTS EDUCATION 2508 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	80-0812101	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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FAMILIES FIRST OF PALM BEACH COUNTY INC 3333 FOREST HILL BLVD 2ND FLOOR WEST PALM BEACH, FL 33406	65-0166352	501(C)(3)	25,000				COMMUNITY IMPACT
FIVE STAR EDUCATION INC 16112 E PREAKNESS DRIVE LOXAHATCHEE, FL 33470	83-4309561	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES ROAD BOCA RATON, FL 33431	59-0917284	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
FLORIDA CARES CHARITY CORP 2048 PONCE DE LEON AVENUE WEST PALM BEACH, FL 33407	82-3123930	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
FRIENDS OF CHABAD OF BOCA RATON 17950 SOUTH MILITARY TRAIL BOCA RATON, FL 33496	65-0591634	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
FRIENDSHIP CIRCLE OF NORTH BROWARD AND SOUTH PALM BEACH INC 9406 WEST BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472	26-2025179	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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GREY TEAM INC 1181 SOUTH ROGERS CIRCLE SUITE 28 BOCA RATON, FL 33487	81-4567473	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
HACER MINISTRIES CORP 2727 GEORGIA AVE WEST PALM BEACH, FL 33405	27-1506309	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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HANLEY FOUNDATION 700 S DIXIE HWY STE 103 WEST PALM BEACH, FL 334015854	20-2871945	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
HOLY REDEEMER EPISCOPAL MISSION PALANCA PANTRY 3730 KIRK ROAD LAKE WORTH, FL 33461	59-0999016	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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HOME HEADQUARTERS FOUNDATION INC 1282 WHIMBREL ROAD WELLINGTON, FL 33414	61-1596961	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
HOPES DREAMS AND HORSES 10660 RANDOLPH SIDING RD JUPITER, FL 33478	65-0877996	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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HOUSING LEADERSHIP COUNCIL OF PALM BEACH COUNTY INC 2101 VISTA PARKWAY STE 258 WEST PALM BEACH, FL 33411	20-4416008	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
INNER CITY INNOVATORS INC 313 DATURA ST SUITE 200 WEST PALM BEACH, FL 33401	81-3809173	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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JITA OUTREACH MINISTRIES 1700 SUWANEE DRIVE WEST PALM BEACH, FL 33409	65-1004859	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
JUNIOR LEAGUE OF THE PALM BEACHES INC 470 COLUMBIA DRIVE BLDG F-101 WEST PALM BEACH, FL 33409	59-6138209	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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KIWANIS CLUB OF RIVIERA BEACH FOUNDATION 2550 HPOE LANE WEST PALM BEACH GARDENS, FL 33410	65-0951558	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
KNOWLEDGE IS POWER CHARITABLE FOUNDATION 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401	20-4140908	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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KOP MENTORING NETWORK 401 W ATLANTIC AVE STE09 DELRAY BEACH, FL 33444	61-1479812	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
KRAMER SENIOR SERVICES 4847 DAVID S MACK DRIVE WEST PALM BEACH, FL 33417	90-0730105	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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LAKE WORTH WEST RESIDENT PLANNING GROUP 4730 MAINE STREET LAKE WORTH, FL 33463	65-0838753	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
LOVE SERVING AUTISM 11231 US HWY 1 158 NORTH PALM BEACH, FL 33408	81-3503417	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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MIRACLE LEAGUE OF PALM BEACH COUNTY PO BOX 7211 DELRAY BEACH, FL 33482	65-1248741	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
NETWORKING TO HELP CHILDREN 616 INLET ROAD NORTH PALM BEACH, FL 33408	47-1244314	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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NEW LIFE APOSTOLIC WORSHIP CENTER 1377 SUMMIT PINES BLVD 2117 WEST PALM BEACH, FL 33415	35-2432616	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
NORTHEND RISE 723 39TH ST WEST PALM BEACH, FL 33407	83-2779001	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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PAINT YOUR HEART OUT 7501 N JOG ROAD WEST PALM BEACH, FL 33412	65-0691732	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
PALM BEACH COUNTY ASSOCIATION OF THE DEAF INC 3901 DAVIS ROAD PALM SPRING, FL 33461	59-2403960	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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PALM BEACH HARVEST INC 4601 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33405	90-0508579	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
PALM BEACH ORTHODOX SYNAGOGUE 120 NORTH COUNTY ROAD PALM BEACH, FL 33480	65-0478910	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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RICHARD DAVID KANN MELANOMA FOUNDATION 2751 S DIXIE HIGHWAY WEST PALM BEACH, FL 33405	65-0653295	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
RIPTIDE YOUTH LACROSSE INC 4126 MANOR FOREST TRAIL BOYNTON BEACH, FL 33436	47-1060938	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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RIVIERA BEACH COMMUNITY DEVELOPMENT CORPORATION 2001 BROADWAY AVENUE STE 300 RIVIERA BEACH, FL 33404	45-5191643	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
SALEM HAITIAN EVANGELICAL LUTHERAN CHURCH 1020 S DIXIE HIGHWAY LAKE WORTH, FL 33460	65-0531379	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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SALTY DOG PADDLE 119 DATURA STREET WEST PALM BEACH, FL 33401	81-0714021	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
SALVATION ARMY OF PALM BEACH COUNTY 2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	58-0660607	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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SPEAK UP FOR KIDS OF PBC PO BOX 1896 WEST PALM BEACH, FL 33402	80-0345608	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
ST JOHNS PRIMITIVE BAPTIST CHURCH 615 NW 1ST STREET DELRAY BEACH, FL 33444	59-1608519	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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STREETWAVES CORPORATION 1220 SEA GRAPE CIRCLE DELRAY BEACH, FL 33445	27-0264330	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
THE BUSCH WILDLIFE SANCTUARY INC 2500 JUPITER PARK DR JUPITER, FL 33458	59-2379003	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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THE COMMUNITY CHRISTIAN COUNSELING CENTER 9625 N MILITARY TRAIL PALM BEACH GARDEN, FL 33410	43-2100443	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
THE FAMILY DEVELOPMENT CENTER INC 1253 10TH STREET LAKE PARK, FL 33403	65-0743959	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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THE GIVING CLOSET PROJECT INC 14333 BEACH BLVD UNIT 33 JACKSONVILLE BEACH, FL 32250	81-2447928	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
THE PET COTTAGE INC 103 GREENBRIAR DRIVE JUPITER, FL 33458	47-4011633	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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THE TOBY CENTER FOR FAMILY TRANSITIONS 100 E LINTON BLVD SUITE 306A DELRAY BEACH, FL 33483	91-2115363	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
TIKI KITI & PONI RESCUE INC 13660 ORANGE GROVE BLVD WEST PALM BEACH, FL 334118423	46-1452420	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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TKD SPORTS AND HEALTH FOUNDATION 398 NE 6TH AVE LAKE WORTH, FL 33483	81-5086785	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
TORAH TOTS 17950 SOUTH MILITARY TRAIL BOCA RATON, FL 33496	65-0924957	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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TRUE FAST OUTREACH MINISTRIES 638 SIXTH STREET WEST PALM BEACH, FL 33401	30-0194610	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
TWIN PALMS CENTER FOR THE DISABLED 306 NW 35TH ST BOCA RATON, FL 33431	23-7000096	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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WISETRIBE 6586 W ALTANTIC AVE 1004 DELRAY BEACH, FL 33445	47-4319424	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
XCEL STRATEGIES INC 8401 ROYAL OAK DR SAVANNAH, GA 31406	46-0987967	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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YOU CREATE ACADEMY 500 NE SPANISH RIVER BLVD STE 21 BOCA RATON, FL 33431	83-4133540	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
YOUTH NETWORK 4852 FOX HUNT TRAIL BOCA RATON, FL 33487	26-4419144	501(C)(3)	25,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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BREAKING THE CHAINS OUTREACH MINISTRY 1150 NW 13TH ST UNIT 164C BOCA RATON, FL 33486	82-2665596	501(C)(3)	24,500				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
MARIE LOUISE COMMUNITY FOUNDATION INC 112 SE 23 AVE625 SE 2 AVE SUITE B BOYNTON BEACH, FL 33435	20-5248662	501(C)(3)	24,485				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
CENTER FOR ENTERPRISE OPPORTUNITY 2200 NORTH FLORIDA MANGO ROAD SUITE 401 WEST PALM BEACH, FL 33409	59-3392460	501(C)(3)	24,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
RIVIERA BEACH AMERICAN LEGION POST #268 1690 AVENUE H W RIVIERA BEACH, FL 334044308	59-6200712	501(C)(3)	24,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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NATIONAL AUTISM REGISTRY 7261 160TH ST N PALM BEACH GARDENS, FL 33418	65-1061465	501(C)(3)	23,479				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
FFA FOUNDATION 110 PEMBROKE DRIVE PALM BEACH GARDENS, FL 33418	26-2830802	501(C)(3)	23,477				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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E - ROADMAP CORPORATION 723 39TH STREET WEST PALM BEACH, FL 33407	46-4925867	501(C)(3)	23,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CLINICS CAN HELP INC 2560 WESTGATE AVENUE WEST PALM BEACH, FL 33409	20-2778895	501(C)(3)	22,500				COMMUNITY IMPACT

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DELRAY BEACH CHILDREN'S GARDEN 3537 LAKEVIEW BLVD DELRAY BEACH, FL 33445	83-0852101	501(C)(3)	22,500				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
AMERICAN LEGION POST 277 CORPORATION 141 NW 20TH STREET SUITE F-3 BOCA RATON, FL 33431	82-1820276	501(C)(3)	22,486				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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CORNERSTONE RECOVERY ENRICHMENT CENTER 2831 AVENUE S RIVIERA BEACH, FL 33404	47-5294149	501(C)(3)	22,275				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
WE HELP COMMUNITIES 2 DEVELOP CORPORATION 349 SE 3RD STREET BELLE GLADE, FL 33430	47-2533639	501(C)(3)	22,066				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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SECOND START INCORPORATED 3619 PINWOOD AVE WEST PALM BEACH, FL 33407	65-0895307	501(C)(3)	22,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
DIABETES COALITION OF PALM BEACH COUNTY 2051 MARTIN LUTHER KING JR BLVD SUITE 306 RIVIERA BEACH, FL 33404	82-3062946	501(C)(3)	21,700				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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CONNECT TO GREATNESS INC PO BOX 3525 BOYNTON BEACH, FL 33424	81-4018027	501(C)(3)	21,597				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
MEMORY TREES CORPORATION 120 S OLIVE AVE STE 402 WEST PALM BEACH, FL 33401	45-2128932	501(C)(3)	21,213				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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CHABAD ISRAELI CENTER 11443 WEST PALMETTO PARK ROAD BOCA RATON, FL 33427	45-3215396	501(C)(3)	21,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
GOOD SAMARITAN ALLIANCE CHURCH 425 NE 10TH AVENUE BOYNTON BEACH, FL 33435	64-0962873	501(C)(3)	21,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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RIVIERA BEACH COMMUNITY OUTREACH 1144 WEST 6TH STREET RIVIERA BEACH, FL 33404	30-0686477	501(C)(3)	21,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
INNER CITY YOUTH GOLFERS 1032 CENTER STONE LANE RIVIERA BEACH, FL 33404	65-0978868	501(C)(3)	20,727				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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RESTORATION BRIDGE INTERNATIONAL 7965 LANTANA RD LAKE WORTH, FL 33467	55-0808840	501(C)(3)	20,688				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
KAYLA CARES 4 KIDS 649 US HIGHWAY 1 SUITE 12A PALM BEACH GARDENS, FL 33408	47-1050866	501(C)(3)	20,566				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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JETSETV FC INC 625 PARK AVENUE LAKE PARK, FL 33403	47-4239966	501(C)(3)	20,563				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
AMERICAN LEGION POST 199 INC PO BOX 8278 WEST PALM BEACH, FL 33401	59-6200876	501(C)(3)	20,389				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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EGLISE ASSEMBLEE EVANGELIQUE DE CHRIST 1114 N FEDERAL HWY STE 4 BOYNTON BEACH, FL 33435	82-0573625	501(C)(3)	20,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
FEDERATION OF FAMILIES OF FLORIDA 101 NW 1ST AVE SOUTH BAY, FL 33493	52-2313668	501(C)(3)	20,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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LIGHT HOUSE CAFE MINISTRIES OF THE GLADES INC PO BOX 220 PAHOKEE, FL 33476	65-0980934	501(C)(3)	20,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
LIVING WATERS CHURCH- AGUA VIVA CHURCH 2211 2ND AVE NORTH A101- A103 PALM SPRINGS, FL 33460	82-3149905	501(C)(3)	20,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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T LEROY JEFFERSON MEDICAL SOCIETY 4595 NORTHLAKE BLVD SUITE 109 PALM BEACH GARDENS, FL 33418	33-1007795	501(C)(3)	20,000				COMMUNITY IMPACT
HANDS TOGETHER FOR HAITIANS INC 12415 INDIAN ROAD NORTH PALM BEACH, FL 33408	20-2512245	501(C)(3)	19,507				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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CONNECT TO GREATNESS INC PO BOX 3525 BOYNTON BEACH, FL 33424	81-4018027	501(C)(3)	19,095				COMMUNITY IMPACT
EMMAUS ALLIANCE MINISTRIES INC 6728 HERITAGE GRANDE UNIT 4302 BOYNTON BEACH, FL 33437	01-0801449	501(C)(3)	19,035				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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CONNOR MORAN CHILDRENS' CANCER FOUNDATION 401 OLD DIXIE HWYSTE 4221 JUPITER, FL 33469	65-0374021	501(C)(3)	19,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
GOD'S ARMY RAISING YOUTH 5139 WOODSTONE CIRCLE EAST LAKE WORTH, FL 33463	80-0139607	501(C)(3)	19,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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GBDC ENTREPRENEURSHIP INSTITUTE 1500 GATEWAY BLVD 220 BOYNTON BEACH, FL 33426	47-1296502	501(C)(3)	18,747				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
LIUMI INC 8720 156TH CT S DELRAY BEACH, FL 33446	90-1003746	501(C)(3)	18,554				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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211 PALM BEACH TREASURE COAST PO BOX 3588 LANTANA, FL 334653588	23-7153017	501(C)(3)	18,008				COMMUNITY IMPACT
AMERICAN LEGION POST 47 2315 N DIXIE HWY LAKE WORTH BEACH, FL 334606254	59-0801221	501(C)(3)	17,900				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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ANQUAN BOLDIN FOUNDATION 931 VILLAGE BLVD STE905-104 WEST PALM BEACH, FL 33409	20-1686580	501(C)(3)	17,500				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CHASIN A DREAM FOUNDATION 305 OCEAN DUNES CIR JUPITER, FL 33477	82-2066748	501(C)(3)	17,500				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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CONGREGATION CHABAD LUBAVITCH OF GREATER BOYNTON INC 10655 EL CLAIR RANCH ROAD BOYNTON BEACH, FL 33437	65-0855215	501(C)(3)	17,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
THE DUO CENTER 1233 45TH ST SUITE C-1 WEST PALM BEACH, FL 33407	26-4184744	501(C)(3)	17,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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SIDE PROJECT INC 2635 OLD OKEECHOBEE RD WEST PALM BEACH, FL 33426	46-0769403	501(C)(3)	16,900				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
MOTHERS AGAINST MURDERERS ASSOCIATION 1897 PALM BEACH LAKES BLVD 117 WEST PALM BEACH, FL 33409	13-4257073	501(C)(3)	16,747				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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PARTNERSHIP FOR ENVIRONMENTAL EDUCATION PO BOX 7674 JUPITER, FL 33468	65-0599576	501(C)(3)	16,695				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
EXTRAORDINARY CHARITIES 2635 OLD OKEECHOBEE WEST PALM BEACH, FL 33409	45-5628597	501(C)(3)	16,094				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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TEACH THE BEACH FOUNDATION INC 702 CREE STREET JUPITER, FL 33458	47-3202515	501(C)(3)	15,202				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
AURORAS VOICE 3230 S OCEAN BLVD 605 LAKE WORTH, FL 33480	26-1535000	501(C)(3)	15,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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JUNIOR LEAGUE OF BOCA RATON INC 261 NW 13TH STREET BOCA RATON, FL 33432	23-7402731	501(C)(3)	15,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES 1710 TIFFANY DRIVE EAST WEST PALM BEACH, FL 33407	59-6008622	501(C)(3)	15,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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THE CHILDREN'S PLACE AT HOME SAFE INC 2840 6TH AVE SOUTH LAKE WORTH, FL 33461	59-1935485	501(C)(3)	15,000				COMMUNITY IMPACT
YOUTH RECREATION ASSOCIATION OF RIVIERA BEACH 3005 BERNARDO LANE RIVIERA BEACH, FL 33404	65-0250058	501(C)(3)	15,000				COMMUNITY IMPACT

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PALM BEACH COUNTY LITERACY COALITION 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	65-0169781	501(C)(3)	14,500				COMMUNITY IMPACT
CHABAD OF PALM BEACH GARDENS 7025 FAIRVIEW LANE PALM BEACH GARDENS, FL 33418	20-5197484	501(C)(3)	14,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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EPILEPSY FOUNDATION OF FL 7300 N KENDALL DRIVE SUITE 760 MIAMI, FL 33155	59-2164525	501(C)(3)	14,000				COMMUNITY IMPACT
ROOD-WILLIAMS POST #271 INC 775 US HIGHWAY 1 TEQUESTA, FL 33469	59-6200326	501(C)(3)	14,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY INC 4101 PARKER AVENUE WEST PALM BEACH, FL 33405	59-1084179	501(C)(3)	13,935				COMMUNITY IMPACT
SEA TURTLE ADVENTURES INCORPORATED 721 US HWY1 SUITE 207 NORTH PALM BEACH, FL 33408	81-3999409	501(C)(3)	13,800				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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SHIFTING GEARS UNITED 177 US HIGHWAY 1A TEQUESTA, FL 33469	84-3056108	501(C)(3)	13,638				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
CHASENTALIZ FOUNDATION 1900 VIA ROYALE 1901 JUPITER, FL 33458	81-1090835	501(C)(3)	13,400				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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SWEET DREAM MAKERS INC 55 NE 5TH AVE SUITE 400 BOCA RATON, FL 33432	81-3693206	501(C)(3)	13,232				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
OPERATION HOPE 1253 10TH ST LAKE PARK, FL 33403	65-0171969	501(C)(3)	13,072				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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FOUNDATION FOR DWYER ACADEMY OF FINANCE PO BOX 32104 PALM BEACH GARDENS, FL 33416	20-0808232	501(C)(3)	12,842				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
RICO'S SCHOLARSHIP FOUNDATION 12161 KEN ADAMS WAY 110 B2 WELLINGTON, FL 33414	47-1106078	501(C)(3)	12,830				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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ANOTHER CHANCE COMMUNITY DEVELOPMENT INC 400 HIBISCUS STREET STE 200 WEST PALM BEACH, FL 33401	30-0593480	501(C)(3)	12,661				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
WORLDWIDE CHARITY CENTER 500 AUSTRALIAN AVE SUITE 640 WEST PALM BEACH, FL 33401	34-2031471	501(C)(3)	12,612				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
ALL NETS INC 8804 LAKES BLVD WEST PALM BEACH, FL 33412	83-1504228	501(C)(3)	12,500				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
FEED THE HUNGRY PANTRY OF PALM BEACH COUNTY 8306 155TH PLACE NORTH PALM BEACH GARDENS, FL 33418	82-3760456	501(C)(3)	12,500				COMMUNITY IMPACT

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
T LEROY JEFFERSON MEDICAL SOCIETY 4595 NORTHLAKE BLVD SUITE 109 PALM BEACH GARDENS, FL 33418	33-1007795	501(C)(3)	12,500				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
KAREN'S EQUINE INTERVENTION INC 16280 E CALDER DR LOXAHATCHEE, FL 33470	45-0702760	501(C)(3)	12,422				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
BELLA'S ANGELS INC P O BOX 1562 JUPITER, FL 33468	26-1594604	501(C)(3)	12,375				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
LORETTA'S HAVEN 554 BAYBERRY DR LAKE PARK, FL 33403	82-5042963	501(C)(3)	12,200				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
HEART HEALTH & HEALING MINISTRIES INC 3600 BROADWAY WEST PALM BEACH, FL 33407	45-3944718	501(C)(3)	12,188				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT CORP 2191 N SEACREST BOULEVARD BOYNTON BEACH, FL 33436	65-0971509	501(C)(3)	12,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
JTK BIKE SHOP 233 W AVENUE A STE B BELLE GLADE, FL 33430	82-2222559	501(C)(3)	12,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
BECAUSE IM WORTH IT 1758 ANNANDALE CIRCLE ROYAL PALM BEACH, FL 33411	47-5007815	501(C)(3)	11,928				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
NELSON'S OUTREACH MINISTRIES INC 251 W 11TH STREET UNIT 700 RIVIERA BEACH, FL 33403	65-0787394	501(C)(3)	11,663				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
THE TALENTED TEEN CLUB 305 SWAIN BLVD GREENACRES, FL 33463	27-1011735	501(C)(3)	11,599				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
THE PEARL MAE FOUNDATION INC 775 W INDIANTOWN RD SUITE 4 JUPITER, FL 33458	32-0485613	501(C)(3)	11,459				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
AEM FOR THE HEART INC 114 N FEDERAL HWY LAKE PARK, FL 33403	80-0682293	501(C)(3)	11,008				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
ACHIEVEMENT CENTER FOR CHILDREN AND FAMILIES 555 NW 4TH ST DELRAY BEACH, FL 33444	59-1264435	501(C)(3)	11,000				COMMUNITY IMPACT
ALZHEIMER'S COMMUNITY CARE INC 800 NORTHPOINT PKWY - STE 101B WEST PALM BEACH, FL 334071978	31-1481653	501(C)(3)	11,000				COMMUNITY IMPACT

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
PATHWAYS TO PROSPERITY INC 970 N SEACREST BLVD BOYNTON BEACH, FL 33435	27-3550271	501(C)(3)	11,000				COMMUNITY IMPACT
PALM BEACH NORTH CHAMBER OF COMMERCE FOUNDATION INC 5520 PGA BLVD STE 200 PALM BEACH GARDENS, FL 33418	65-0784996	501(C)(3)	10,469				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
COMMUNITY FAITH OUTREACH MINISTRIES INC 5832 CORSON PLACE LAKE WORTH, FL 33463	57-1194591	501(C)(3)	10,387				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
A HOP AWAY COMMUNITY OUTREACH 2036 NORTH DIXIE HIGHWAY ROYAL PALM BEACH, FL 33407	46-2946422	501(C)(3)	10,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
PATH TO COLLEGE INC PO BOX 487 LAKE WORTH, FL 33460	81-5228014	501(C)(3)	10,000				COMMUNITY IMPACT
ULYSEE COMMUNITY DEVELOPMENT CORPORATION 401 NORTH ROSEMARY AVE WEST PALM BEACH, FL 33401	82-4769420	501(C)(3)	10,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
YMCA OF SOUTH PALM BEACH INC (BOCA RATON) 6631 SOUTH PALMETTO CIRCLE SOUTH BOCA RATON, FL 33433	59-1416281	501(C)(3)	10,000				COMMUNITY IMPACT
OPERATION 120 5782 REGENCY CIR WEST BOCA RATON, FL 33496	82-1364858	501(C)(3)	9,600				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
LTTG FUND FOR THE NEEDY INC 918 13TH STREET WEST PALM BEACH, FL 33401	37-1642176	501(C)(3)	9,579				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
US HURRICANE RELIEF FUND 7999 N FEDERAL HWY STE 102 BOCA RATON, FL 33487	82-2959015	501(C)(3)	9,011				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
PALM BEACH JEWISH CENTER 361 SOUTH COUNTY ROAD PALM BEACH, FL 33460	26-2697228	501(C)(3)	9,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
BOCA RATON'S PROMISE THE ALLIANCE FOR YOUTH INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	65-0878294	501(C)(3)	8,999				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
THE SAFE HAVEN COMMUNITY RESOURCE CENTER 2531 PRESIDENT BARACK OBAMA HWY RIVIERA BEACH, FL 33404	65-1155991	501(C)(3)	8,900				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
SAM'S INVESTMENT CORP DBA STOP & SHOP PO BOX 455 CANAL POINT, FL 33438	65-0861686	501(C)(3)	8,720				COMMUNITY IMPACT

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
THE IGNITE HF FOUNDATION 860 JUPITER PARK DRIVE UNIT B1 JUPITER, FL 33458	84-4470489	501(C)(3)	7,903				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
DOLLARS 4 TIC SCHOLARS 21801 LITTLE BEAR LANE BOCA RATON, FL 33428	47-0992764	501(C)(3)	7,549				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
COASTAL MIDDLE AND HIGH SCHOOL 730 5TH STREET LAKE PARK, FL 33403	82-5113096	501(C)(3)	7,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
AUDIOLOGY ASSOCIATES OF CORAL SPRINGS 5411 N UNIVERSITY DR 102 CORAL SPRINGS, FL 33067	65-0622938	501(C)(3)	6,900				COMMUNITY IMPACT

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
BECAUSE IM WORTH IT 1758 ANNANDALE CIRCLE ROYAL PALM BEACH, FL 33411	47-5007815	501(C)(3)	6,419				COMMUNITY IMPACT
HERD FOUNDATION INC 5135 CONKLIN DRIVE DELRAY BEACH, FL 33445	83-2268455	501(C)(3)	6,255				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
COMMUNITY FOUNDATION FOR PALM BEACH & MARTIN COUNTIES 700 S DIXIE HWY - STE 200 WEST PALM BEACH, FL 334015814	23-7181875	501(C)(3)	6,140				COMMUNITY IMPACT
FALK PROSTHETICS & ORTHOTICS 5180 W ATLANTIC AVE STE116 DELRAY BEACH, FL 33484	20-2822112	501(C)(3)	6,127				COMMUNITY IMPACT

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
PATH TO COLLEGE INC PO BOX 487 LAKE WORTH, FL 33460	81-5228014	501(C)(3)	5,947				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
IDENTITY THEFT RESOURCES CENTER INC 2101 VISTA PARKWAY WEST PALM BEACH, FL 33411	33-1206711	501(C)(3)	5,810				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
POLO FOR LIFE 11924 FOREST HILL BLVD 10A-218 WELLINGTON, FL 33414	83-2488311	501(C)(3)	5,770				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT
BOUNDLESS ASSISTIVE TECHNOLOGY 7490 SW BRIDGEPORT ROAD PORTLAND, OR 97224	27-3495566	501(C)(3)	5,716				COMMUNITY IMPACT

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

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COMMUNITY OUTREACH FOUNDATION MISSION 1717 NE 2ND AVENUE DELRAY, FL 33444	60-0003487	501(C)(3)	5,500				COMMUNITY IMPACT
ADVOCATING FOR THE ELDERLY RELATIONS 301 E OCEAN AVE SUITE 3 LANTANA, FL 33462	82-3542781	501(C)(3)	5,328				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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

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AUDIOLOGY WITH A HEART 2324 S CONGRESS AVE SUITE 2 - G PALM SPRINGS, FL 33406	47-1103465	501(C)(3)	5,200				COMMUNITY IMPACT
CLUB OASIS INC PO BOX 31177 PALM BEACH GARDENS, FL 33420	59-1882700	501(C)(3)	5,000				CORONAVIRUS RELIEF FUND CFDA 21.019 - CARES ACT FUNDING AGREEMENT

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
KNIGHTS OF PYTHAGORAS MENTORING NETWORK INC 401 W ATLANTIC AVE SUITE 409 DELRAY BEACH, FL 33444	61-1479812	501(C)(3)	5,000				COMMUNITY IMPACT
RICO'S SCHOLARSHIP FOUNDATION 12161 KEN ADAMS WAY 110 B2 WELLINGTON, FL 33414	47-1106078	501(C)(3)	5,000				COMMUNITY IMPACT

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
SCHOLAR CAREER COACHING INC PO BOX 7733 DELRAY BEACH, FL 33482	46-2987394	501(C)(3)	5,000				COMMUNITY IMPACT
SOUTHBAY DISCOUNT SUPERMARKET 105 NW 10TH AVENUE SOUTHBAY, FL 33493	82-1012216	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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YOUNG MEN OF DISTINCTION INC 2201 AVE F RIVIERA BEACH, FL 33404	84-1747227	501(C)(3)	5,000				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 for instructions and the latest information.

2020

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>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</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 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>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</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>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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				
1 GEORGE LAURA PRESIDENT & CEO	(i)	249,979	25,000	1,693	22,130	46,097	344,899	0
	(ii)	0	0	0	0	0	0	0
2 BERNSTEIN SETH B EXEC. VP OF COMMUNITY IMPACT	(i)	146,786	4,583	120	12,116	32,763	196,368	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

2020

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

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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	155,137	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

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, LINE 8:	ONE-TIME CONTRIBUTION/CARES ACT PASS THRU: ON NOVEMBER 30, 2020, THE ORGANIZATION RECEIVED A ONE-TIME CASH CONTRIBUTION OF \$10,000,000 (THE "CONTRIBUTION"). THE CONTRIBUTION IS NOT SUBJECT TO DONOR-IMPOSED RESTRICTIONS AND MAY BE EXPENDED FOR ANY PURPOSE IN PERFORMING THE PRIMARY OBJECTIVES OF THE ORGANIZATION. THE ORGANIZATION WILL BE INVESTING THESE FUNDS IN VARIOUS INITIATIVES TO IMPROVE THE LIVES OF RESIDENTS IN PALM BEACH COUNTY OVER THE NEXT FEW YEARS. THE ORGANIZATION HAS COMMENCED PLANNING INITIATIVES FOR MISSION UNITED AND HUNGER RELIEF PROGRAMS. THE ORGANIZATION RECEIVED \$4,240,000 OF CARES ACT AS PASS-THROUGH FUNDING DISTRIBUTED TO VARIOUS 501(C)3 ORGANIZATIONS. BOTH NEW SOURCES OF REVENUES RESULTED IN AN OVERALL INCREASE IN TOTAL REVENUE, AND NET ASSETS.

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

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	NO CHANGE.