

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (Town of Palm Beach United Way, Inc.), address (44 Coconut Row, Palm Beach, FL 33480), principal officer (Elizabeth Walton), and financial data (Gross receipts \$5,999,730).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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.

Signature lines for the officer and preparer, including fields for signature, date, and name.

Preparer information section including fields for name, signature, date, firm's name, address, and phone number.

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  Yes  No

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,758,276 including grants of \$ 1,567,650) (Revenue \$ 225,863)  
HELPING FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT by offering: Financial literacy programs that teach families how to budget, build savings and manage money; training to help people find and keep jobs that pay a living wage; increasing affordable housing for seniors and families; increasing food distribution to families living at or below the federal poverty level; helping families break the cycle of homelessness by addressing the causes of the problem.  
The following investments were made:  
1. Community building and community based services (\$396,000) invested through support of 11 programs provided by 6 local nonprofit agencies.  
2. Supports for individuals with disabilities (\$612,600) invested through support of 16 programs provided by 8 local nonprofit agencies.  
3. Financial stability and housing (\$59,050) invested through support of 14 programs provided by 11 local nonprofit agencies.

4b (Code: ) (Expenses \$ 1,232,190 including grants of \$ 1,098,600) (Revenue \$ 158,283)  
IMPROVING PEOPLE'S PHYSICAL AND MENTAL HEALTH by offering: Health education and prevention services to ensure that children and adults stay healthy; advocacy programs, education, research and support for mental health issues; senior day programs that create environments for social interactions, medical monitoring and therapeutic activities; and reducing substance abuse by offering afterschool based and community preventative programs. The following investments were made:  
1. Mental health and wellness (\$229,500) invested through support of 14 programs provided by 6 local nonprofit agencies.  
2. Physical health and wellness (\$309,600) invested through support of 4 programs provided by 3 local nonprofit agencies.  
3. Substance abuse (\$313,000) invested through support of 7 programs provided by 3 local nonprofit agencies.  
4. Domestic and family prevention (\$246,500) invested through support of 8 programs by 4 local nonprofit agencies.

4c (Code: ) (Expenses \$ 952,238 including grants of \$ 849,000) (Revenue \$ 122,322)  
HELPING CHILDREN, YOUTH AND ADULTS ACHIEVE THEIR FULL POTENTIAL by offering: Early childhood education programs that prepare children for school; after-school and mentoring programs that encourage youth to advance in school; community programs that promote leadership skills for children of all ages; long-term mentoring, case management and academic workshops that offer full-time college scholarships to high school seniors; and adult education and parenting classes that strengthen families.  
The following investments were made:  
1. Preschool and after school education for children and youth (\$451,000) invested through support of 6 programs provided by 6 local Nonprofit agencies.  
2. Mentoring for children and youth (\$198,000) invested through support of 8 programs provided by 6 local nonprofit agencies.  
3. Adult, family caregiver education and support (\$200,000) invested through support of 7 programs provided by 3 local nonprofit agencies.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 91,914 including grants of \$ 81,798) (Revenue \$ 11,969)

4e Total program service expenses 4,034,618

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

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 columns for question number, question text, and Yes/No response boxes. Includes sections for Form 1096, Form W-2G, Form W-3, and various organizational compliance questions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

Check if Schedule O contains a response 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

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

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

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

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,557,918				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		50,507				
	<b>h Total.</b> Add lines 1a-1f . . . . .			5,557,918			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> . . . . .						
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			374,312			374,312
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		67,500					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .	4,780					
	<b>d</b> Net gain or (loss) . . . . .			4,780			4,780
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> . . . . .							
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions. . . . .				5,937,010			379,092

**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 . . . . .	3,597,048	3,597,048		
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 . . . . .				
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 . . . . .	303,889	151,944	30,389	121,556
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	39,439	19,720	3,944	15,775
9 Other employee benefits . . . . .	44,028	22,014	4,403	17,611
10 Payroll taxes . . . . .	22,366	11,183	2,237	8,946
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	39,715	19,858	3,972	15,886
c Accounting . . . . .	19,865	9,932	1,986	7,946
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	14,189	7,095	1,419	5,675
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
12 Advertising and promotion . . . . .	17,621	8,811	1,762	7,048
13 Office expenses . . . . .	60,621	30,311	6,062	24,248
14 Information technology . . . . .	7,369	3,685	737	2,947
15 Royalties . . . . .				
16 Occupancy . . . . .	23,418	11,710	2,341	9,367
17 Travel . . . . .	3,000	1,500	300	1,200
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	125,437	73,565	10,375	41,497
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	15,563	7,783	1,556	6,224
23 Insurance . . . . .	17,083	8,542	1,708	6,833
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues / subscriptions	46,014	23,007	4,601	18,406
b Telephone / postage	20,189	10,096	2,018	8,075
c Agency expense	8,809	8,809	0	0
d Donor cultivation	16,011	8,005	1,601	6,405
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,441,674	4,034,618	81,411	325,645
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 X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing . . . . .	4,203,996	1	4,574,178
	2	Savings and temporary cash investments . . . . .	1,731,117	2	1,630,515
	3	Pledges and grants receivable, net . . . . .	314,371	3	1,079,734
	4	Accounts receivable, net . . . . .		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	15,957	9	7,785
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 368,039		
	b	Less: accumulated depreciation . . . . .	10b 330,123	43,422	10c 37,916
	11	Investments—publicly traded securities . . . . .		11	
	12	Investments—other securities. See Part IV, line 11 . . . . .		12	
	13	Investments—program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .	4,626,917	15	4,726,554
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,935,780	16	12,056,682	
Liabilities	17	Accounts payable and accrued expenses . . . . .	13,247	17	22,879
	18	Grants payable . . . . .	2,942,747	18	3,061,117
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,955,994	26	3,083,996
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .	3,188,344	27	3,414,076
	28	Temporarily restricted net assets . . . . .	1,482,046	28	1,373,529
	29	Permanently restricted net assets . . . . .	3,309,396	29	4,185,081
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .	7,979,786	33	8,972,686	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	10,935,780	34	12,056,682	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,937,010
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,441,674
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,495,336
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,979,786
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-345,477
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-56,357
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-100,602
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,972,686

**Part XII Financial Statements and Reporting**

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

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>Town of Palm Beach United Way, Inc.</b>	Employer identification number <b>59-0637885</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1–9 above or IRC section (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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	3,781,940	4,756,331	4,574,650	4,431,949	5,557,918	23,102,788
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 <b>Total.</b> Add lines 1 through 3 . . . . .	3,781,940	4,756,331	4,574,650	4,431,949	5,557,918	23,102,788
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						6,588,426
6 <b>Public support.</b> Subtract line 5 from line 4.						16,514,362

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .	3,781,940	4,756,331	4,574,650	4,431,949	5,557,918	23,102,788
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	248,559	183,295	239,413	544,533	374,312	1,590,112
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 <b>Total support.</b> Add lines 7 through 10						24,692,900
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	67 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	65 %
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part 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 (b) and (c) below, the governing body of a supported organization?		
11a			
b	A family member of a person described in (a) above?		
11b			
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c			

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<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 (a) and (b) 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>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i>		
3a			
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>		
3b			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

59-0637885

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	6,255,713	5,767,684	4,332,102	5,952,921	5,300,912
<b>b</b> Contributions . . . . .	974,833	1,825	12,210	100	
<b>c</b> Net investment earnings, gains, and losses . . . . .	32,558	759,733	198,729	-1,545,919	670,759
<b>d</b> Grants or scholarships . . . . .	-67,500		-75,000	-75,000	-18,750
<b>e</b> Other expenditures for facilities and programs . . . . .	-98,521				
<b>f</b> Administrative expenses . . . . .	-67,873	-273,529			
<b>g</b> End of year balance . . . . .	7,029,210	6,255,713	4,468,041	4,332,102	5,952,921

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 22.37%
  - b** Permanent endowment ▶ 59.54%
  - c** Temporarily restricted endowment ▶ 18.09%
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | ✓  |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | ✓  |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		234,016	205,683	28,333
<b>d</b> Equipment . . . . .		134,023	124,440	9,583
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶ 37,916

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Investments in endowments	4,726,554
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	5,531,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a	-345,477	
b	Donated services and use of facilities . . . . .	2b	40,505	
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d	-100,602	
e	Add lines 2a through 2d . . . . .	2e	-405,574	
3	Subtract line 2e from line 1 . . . . .	3	5,937,010	
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	5,937,010	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		1	4,538,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a	40,505	
b	Prior year adjustments . . . . .	2b	56,357	
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e	96,862	
3	Subtract line 2e from line 1 . . . . .	3	4,441,674	
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		
c	Add lines 4a and 4b . . . . .	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	4,441,674	

**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.

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

Part X, Line 1. (1): Income Taxes: The organization is a not-for-profit organization exempt from income taxes under Internal Revenue Code Section 501(c)(3). The organization is classified as a publicly supported organization that is not a private foundation. The organization evaluates its uncertain tax positions in accordance with FASB ASC 740, Income Taxes, which states that management's determination of the taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for uncertainty in income taxes. Management does not believe that the organization has any significant uncertain tax positions that would be material to the financial statements. The organization remains subject to examinations by major tax jurisdictions for tax years ending after 2010.

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

Employer identification number  
**59-0637885**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) see attached schedule			3,597,048				
(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 ▶ ..... 68

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

(a) Name and Address of Organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(h) Purpose of grant or assistance
2-1-1 PB/Treasure Coast PO Box 3588, Lantana, FL 33465	23-7153017	501(c)(3)	178,000	Grant to support program operating costs and donor designation for general support
Achievement Center for Children & Families 555 NW 4th Street, Delray Beach, FL 33444	59-1264435	501(c)(3)	15,000	Grant to support program operating costs
AFP Foundation for Philanthropy 4300 Wilson Blvd., Arlington, VA 22203	13-2590764	501(c)(3)	100	Grant to support program operating costs
ARC of the Glades 4250 NW 16th, Belle Glade, FL 33430	59-1760374	501(c)(3)	22,500	Grant to support program operating costs
ARC of Palm Beach County 1201 Australian, Riviera Beach, FL 33404	59-0883386	501(c)(3)	170,100	Grant to support program operating costs
Adopt-A-Family 1712 N Second, Lake Worth, FL 33460	59-2471253	501(c)(3)	140,360	Grant to support program operating costs
Aid to Victims of Domestic Abuse PO Box 6167, Delray Beach, FL 33482	59-2486620	501(c)(3)	71,000	Grant to support program operating costs
Alpert Jewish Family & Children's Service PO Box 220627, WPB, FL 33422	59-1520581	501(c)(3)	72,500	Grant to support program operating costs and donor designation for general support
Alzheimer's Community Care 800 Northpoint, WPB, FL 33407	31-1481653	501(c)(3)	82,600	Grant to support program operating costs and grant for indigent home health care
Belle Glade Elementary School 500 NW Avenue L, Belle Glade, FL 33430	59-6000783	501(c)(3)	435	Grant to support school supplies
Boys & Girls Clubs of PBC 800 Northpoint, WPB, FL 33407	23-7060561	501(c)(3)	204,000	Grant to support program operating costs and donor designation for general support
Caridad Center 8545 W Boynton Beach, Boynton Bch, FL 33437	65-0149423	501(c)(3)	125,000	Grant to support program operating costs
Catholic Charities PO Box 109650, Palm Beach Gardens, FL 33410	59-2470479	501(c)(3)	32,500	Grant to support program operating costs and grant for indigent home health care
Center for Child Counseling 7731 N Military Trail, PBG, FL 33410	65-0932032	501(c)(3)	10,000	Grant to support program operating costs
Center for Family Services 4101 Parker, WPB, FL 33405	59-1084179	501(c)(3)	147,000	Grant to support program operating costs
Chamber of Commerce of the Palm Beaches 401 N Flagler Drive, WPB, FL 33401	59-0504407	501(c)(3)	3,324	Grant to support program operating costs
Chamber of Nonprofit Health & Human Services 4630 Catamaran Cir, Boynton Beach, FL 33436	90-0848354	501(c)(3)	5,000	Grant to support program operating costs
Children's Home Society 3333 Forest Hill, WPB, FL 33406	59-0192430	501(c)(3)	109,000	Grant to support program operating costs

City of Delray Beach 1101 NW 2nd Street, Delray Beach, FL 33444	59-6000308	501(c)(3)	500	Grant to support aquatics program for children
Clinics Can Help 1550 Latham Road, Unit 10, WPB, FL 33409	20-2778895	501(c)(3)	20,000	Grant to support program operating costs
ClearPoint 700 South Dixie, WPB, FL 33401	58-0942924	501(c)(3)	20,000	Grant to support program operating costs
Compass 201 N Dixie Hwy., Lake Worth, FL 33460	65-0052657	501(c)(3)	1,000	Grant to support program operating costs
Community Back to School Bash, Inc. 1712 N 2nd Avenue, Lake Worth, FL 33460	65-1141522	501(c)(3)	1,000	Grant to support program operating costs
C.R.O.S Ministries 301 S First, Lake Worth FL 33460	59-1802917	501(c)(3)	26,958	Grant to support program operating costs
Drug Abuse Foundation 400 South Swinton, Delray Beach, FL 33444	23-7074625	501(c)(3)	91,000	Grant to support program operating costs
DATA 1016 North Clemons, Jupiter, FL 33477	59-1363887	501(c)(3)	147,000	Grant to support program operating costs
El Sol 106 Military Trail, Jupiter, FL 33458	01-0870672	501(c)(3)	11,070	Grant to support program operating costs
Executive Women of the Palm Beaches 2701 N Australian Avenue, WPB, FL 33407	59-2382645	501(c)(3)	1,745	Grant to support program operating costs
Families First of PBC 3333 Forest Hill, WPB, FL 33406	65-0166352	501(c)(3)	85,500	Grant to support program operating costs and donor designations for general support
Farmworker Coordinating Council 1313 Central, Lake Worth, FL 33460	59-1830267	501(c)(3)	102,600	Grant to support program operating costs
Feeding South Florida 426 Claremore Drive, WPB, FL 33401	59-2097520	501(c)(3)	85,000	Grant to support program operating costs and donor designations for general support
FoundCare 2330 S Congress Ave, WPB, FL 33406	54-2083748	501(c)(3)	12,500	Grant for indigent home health care
Glades Initiative 141 S.E. Avenue C, Belle Glade, FL 33430	01-0733180	501(c)(3)	82,500	Grant to support program operating costs and donor designation for general support
Gratitude House, Inc. 1700 North Dixie, WPB, FL 33407	23-7215223	501(c)(3)	75,000	Grant to support program operating costs
Gulfstream Goodwill Industries 1715 East Tiffany, WPB, FL 33407	59-1197040	501(c)(3)	21,600	Grant to support program operating costs
Habitat for Humanity 1225 South Military Trail, WPB, FL 33415	59-3525576	501(c)(3)	9,000	Grant to support program operating costs
Healthy Mothers/Healthy Babies 500 Gulfstream, Delray Beach, FL 33483	59-2657051	501(c)(3)	9,000	Grant to support program operating costs
Home Safe 2840 South Sixth, Lake Worth, FL 33461	59-1935485	501(c)(3)	112,000	Grant to support program operating costs and donor designation for general support

Homeless Coalition of PBC 810 Datura Street, WPB, FL 33401	65-0125852	501(c)(3)	17,500	Grant to support program operating costs
Hope-Centennial Elementary School 5350 Stacy Street, WPB, FL 33417	59-6000783	501(c)(3)	435	Grant for the purchase of school supplies
Hospice of PBC 5300 East Avenue, WPB, FL 33407	59-1825937	501(c)(3)	6,500	Grant for indigent home health care
Hospice by the Sea Foundation, Inc. 1531 W Palmetto Park Road, Boca Raton, FL 33486	26-3273238	501(c)(3)	5,000	Grant for indigent home health care
Jewish Community Center 8500 Jog, Boynton Beach, FL 33472	59-1582799	501(c)(3)	30,000	Grant to support program operating costs and donor designation for general support
Leukemia & Lymphoma Society 4360 Northlake Blvd., PBG, FL 33410	13-5644916	501(c)(3)	500	Grant to support program operating costs
Legal Aid Society 423 Fern, WPB, FL 33401	59-6046994	501(c)(3)	67,890	Grant to support program operating costs and donor designation for general support
Lord's Place PO Box 3265, WPB, FL 33402	59-2240502	501(c)(3)	128,200	Grant to support program operating costs
Mental Health Association 909 Fern Street, WPB, FL 33401	59-0760220	501(c)(3)	18,000	Grant to support program operating costs
Milagro Center 340 SW 6th, Delray Beach, FL 33444	65-0804625	501(c)(3)	35,000	Grant to support program operating costs
Morse Life 4920 Loring Drive, WPB, FL 33417	59-2753822	501(c)(3)	7,500	Grant for indigent home health care
Northmore Elementary School 4111 N Terrace Drive, WPB, FL 33407	59-6000783	501(c)(3)	435	Grant for the purchase of school supplies
Opportunity, Inc. 1713 Quail Drive, WPB, FL 33409	59-0624429	501(c)(3)	115,000	Grant to support program operating costs
Palm Beach County Food Bank 525 Gator Drive, Lantana, FL 33462	90-0788707	501(c)(3)	19,958	Grant to support program operating costs and donor designation for general support
Palm Beach Habilitation Center 4522 S Congress Avenue, Lake Worth, FL 33461	59-6213381	501(c)(3)	185,000	Grant to support program operating costs
Palm Beach County Literacy Coalition 551 SE 8th Street, Delray Beach, FL 33483	65-0169791	501(c)(3)	106,500	Grant to support program operating costs and donor designation for general support
Parent Child Center 2001 W Blue Heron, Riviera Beach, FL 33404	59-1964034	501(c)(3)	5,000	Grant to support program operating costs
Pathways to Prosperity 223 NE 12th Avenue, Boynton Bch, FL 33435	27-3550271	501(c)(3)	10,000	Grant to support program operating costs
Planned Parenthood 2300 North Florida Mango, WPB, FL 33409	59-1391115	501(c)(3)	87,583	Grant to support program operating costs and donor designation for general support
Renewal Coalition 88 W Riverside Drive, Jupiter, FL 33469	27-0831240	501(c)(3)	200	Grant to support program operating costs

Ruth & Norman Rales Jewish Family Services 21300 Ruth & Baron Coleman Blvd, Boca Raton, FL 33428	65-1115689	501(c)(3)	5,000	Grant for indigent home health care
Seagull Industries 3879 W Industrial Way, Riviera Beach, FL 33404	59-1879968	501(c)(3)	170,000	Grant to support program operating costs
Take Stock In Children 1896 Palm Beach Lakes, WPB, FL 33409	59-3331584	501(c)(3)	55,000	Grant to support program operating costs
The Children's Healing Institute 1803 S Australian Avenue, WPB, FL 33409	65-0071524	501(c)(3)	250	Grant to support program operating costs
United Way of America 701 N Fairfax Street, Alexandria, VA 22314	13-1635294	501(c)(3)	1,105	Community leaders conference
Urban League 1700 North Australian, WPB, FL 33407	59-1533710	501(c)(3)	13,000	Grant to support program operating costs
Urban Youth Impact PO Box 222592, West Palm Beach, FL 33422	91-1901103	501(c)(3)	21,600	Grant to support program operating costs
Women for Tomorrow 22 E Flagler Drive, Miami, FL 33131	65-0862995	501(c)(3)	500	Grant to support program operating costs
YMCA of South Palm Beach 6631 S Palmetto Circle, Boca Raton, FL 33431	59-1416281	501(c)(3)	45,000	Grant to support program operating costs
YWCA of Palm Beach County 2200 N FL Mango Road, WPB, FL 33409	59-1416281	501(c)(3)	136,000	Grant to support program operating costs

total grants

3,597,048

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Town of Palm Beach United Way, Inc.

Page 1 of 3

Employer identification number

59

0637885

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

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

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

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

▶ See the Instructions for Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

Town of Palm Beach United Way, Inc.

Page 2 of 3

59

0637885

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

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



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>Town of Palm Beach United Way, Inc.</b>	Employer identification number <b>59-0637885</b>
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**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 . . . . .	✓	4	50,507	Stock quote
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	
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		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 is not required to be used for exempt purposes for the entire holding period? . . . . .	30a		✓
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	31	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a		✓
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Town of Palm Beach United Way, Inc.

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Employer identification number

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

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

EMERGENCY RELIEF FUND [\$14,298] When an emergency strikes, whether locally in Palm Beach County or across the world, the Town of Palm Beach United Way provides assistance to agencies and people in need.

VISITING NURSE FUND [\$67,500]

The Visiting Nurse Endowment Fund was established on December 31, 1998 between the Town of Palm Beach United Way, a not-for-profit Florida Corporation and the Visiting Nurse Foundation of Palm Beach County, Inc., a not-for-profit Florida Corporation. The remaining intangible assets of the Visiting Nurse Foundation were placed into an endowment fund to provide funding support to not-for-profit agencies and organizations that provide direct services to the indigent in need of medical home health care. A committee is responsible for making annual grants totaling 5% of the principal at the beginning of the funds fiscal year. The Fund makes grants to community based indigent home health care programs. Programs are expected to develop and achieve program specific objectives and outcomes. We funded the following agencies through the Fund: Alzheimer Community Care will provide services to clients through their Family Nurse Consultant Program [\$10,000]; Aid to Victims of Domestic Abuse will provide health care services to residents of their domestic abuse shelter [\$10,000]; Hospice of Palm Beach County will provide services to terminally ill patients [\$5,000]; Alpert Jewish Family and Children's Service will provide enhanced companion services to clients [\$5,000]; Catholic Charities will provide medical services to clients [\$12,500]; FoundCare will provide wellness services to clients [\$12,500]; and Hospice by The Sea will provide services to terminally ill patients [\$5,000]. Morse Life provide the most basic of life needs to the frail elderly in Palm Beach County [\$7,500].

Name of the organization <b>Town of Palm Beach United Way, Inc.</b>	Employer identification number <b>59-0637885</b>
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**SIXTH ANNUAL TURKEY TROT:**

Proceeds from our annual 5K Turkey Trot are donated to local nonprofits agencies to feed families in need on Thanksgiving. Agencies that received funding for Thanksgiving meals last year were:

- \* Adopt-A-Family - 150 Thanksgiving meals for the residents of their housing program.
- \* Home Safe - 48 Thanksgiving meals for the children who reside in their group homes.
- \* The Lord's Place - 300 Thanksgiving meals for the men, women and children at both Cafe Joshua and for those that reside at their residential campuses.
- \* Opportunity, Inc. - 80 Thanksgiving meals were provided to the families of the children who attend Opportunity, Inc.
- \* The Center for Family Services - 134 Thanksgiving meals were provided to the clients and families.
- \* El Sol - 300 Thanksgiving meals were provided to the clients and families.
- \* YWCA of PBC - 200 individuals were fed Thanksgiving meals.
- \* Palm Beach Habilitation Center - 380 clients were able to enjoy a Thanksgiving feast.
- \* Gratitude House - 245 residents and their families were fed Thanksgiving meals.
- \* ARC of the Glades - 50 clients from their facility based developmental services were given Thanksgiving meals.
- \* Caridad Center - 200 individuals were not only given health care but Thanksgiving meals.
- \* Families First - 100 Thanksgiving meals were given to clients at five of their programs.

**DONOR DESIGNATED DOLLARS TO NON-MEMBER AGENCIES [\$342,587]**

We processed \$342,587 in donor-designated funds. Donor-designated funds are contributions specifically directed by the donor to be forwarded to other nonprofit organizations, the Town of Palm Beach United Way acts simply as an agent that collects, processes and disburses the funds. We provide this service as a convenience to our donors. Since it is not mission-oriented function, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions.

**PALM BEACH DAILY NEWS ANNUAL FOOD DRIVE:**

In partnership with the Palm Beach Daily News and Palm Beach Fire Rescue; this is an annual fund-raising campaign to provide non perishable food and grant assistance specific for the purchase of food for agencies in Palm Beach County to distribute to those in need. Administrative support is provided by the Town of Palm Beach United Way. This year 2,221 pounds of nonperishable food along with \$7,555 in dollars were collected. The food and grants were distributed equally to Palm Beach County Food Bank and CROS Ministries.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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**PALM BEACH DAILY NEWS ANNUAL TOY DRIVE:**

In partnership with the Palm Beach Daily News and Palm Beach Fire Rescue, this is an annual fund-raising campaign to provide toys, gift cards and grant assistance specific for the purchase of toys for agencies in Palm Beach County to distribute to children in need.

Administrative support is provided by the Town of Palm Beach United Way. This year hundreds of toys and nearly \$14,700 in dollars were collected. The toys, gift cards and grants were distributed equally to Adopt-A-Family, Opportunity, Inc., and Milagro Center.

**BOXED FOR SUCCESS SCHOOL SUPPLY DRIVE:**

Supporters of the Town of Palm Beach United Way asked to donate elementary school supplies on decorated shoe boxes to be donated to three local Title I elementary schools. Among the collected items were 6,014 crayons, 3,562 pencils, 2,086 colored pencils, 1,412 markers, 1,733 erasers and thousands of other items. This year recipients were Belvedere, Greenacres and Dr. Mary McLeod Bethune Elementary Schools.

**Form 990, Part VI, Section B, Line 11a:**

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

**Form 990, Part VI, Section B, Line 12C: Conflict of Interest:**

The Town of Palm Beach United Way annually provides a conflict of interest policy to all staff, Board of Trustee Members and Allocation Committee volunteers. Each are required to sign the conflict of interest statements. The statements are reviewed by the CEO of the Town of Palm Beach United Way, and tracked by the Executive assistant. It is the responsibility of the individual to make the Town of Palm Beach United Way aware of any conflicts that arise after they sign the conflict of interest document. If there is a real or perceived conflict of interest an individual may participate in discussion around a given issue, but will abstain from any vote pertaining to their conflict.

Name of the organization <b>Town of Palm Beach United Way, Inc.</b>	Employer identification number <b>59-0637885</b>
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**Form 990, Part VI, Section B, Line 15: Policies, Compensation:**

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

**Form 990, Part VI, Section C, Line 19: Disclosure:**

The Town of Palm Beach United Way makes its governing documents, conflict of interest policy, Form 990 and audits available to the public upon request. The Town of Palm Beach United Way's current 990 and audit are available on the website [www.palmbeachunitedway.org](http://www.palmbeachunitedway.org).

The Town of Palm Beach United Way's 990 and audit is also available on third party website:

[www.guidestar.org](http://www.guidestar.org) and [www.foundationcenter.org](http://www.foundationcenter.org)

**Form 990, Part XI, Line 9: Other changes in net assets or fund balance:**

Change in value of beneficial interests in trusts.