

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**


B Check if applicable:	C Name of organization Town of Palm Beach United Way, Inc.	D Employer identification number 59-0637885
Address change Name change Initial return Final return/terminated Amended return Application pending	Doing business as	E Telephone number (561) 655-1919
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 44 Cocoanut Row M-201	
	City or town, state or province, country, and ZIP or foreign postal code Palm Beach, FL 33480	G Gross receipts \$ 15,088,946.
	F Name and address of principal officer: Elizabeth Walton same as C above	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
	J Website: www.palmbeachunitedway.org	H(c) Group exemption number
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 1945 M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: The Town of Palm Beach United Way, Inc. is committed to building a healthy community by helping			
Activities & Governance	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		78
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		78
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5		5
	6 Total number of volunteers (estimate if necessary)	6		476
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,510,659.	Prior Year	6,564,051.
	9 Program service revenue (Part VIII, line 2g)	0.	Current Year	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	164,475.		175,368.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.		0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,675,134.		6,739,419.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,301,521.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		512,223.		544,112.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
b Total fundraising expenses (Part IX, column (D), line 25)		397,532.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,108,881.		644,817.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,922,625.		5,873,717.
19 Revenue less expenses. Subtract line 18 from line 12	752,509.		865,702.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	18,517,140.	Beginning of Current Year	20,936,783.
	21 Total liabilities (Part X, line 26)	3,943,600.	End of Year	4,254,133.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,573,540.		16,682,650.

Part II Signature Block

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

Sign Here	Signature of officer Elizabeth Walton, President & CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Scott Y. Haynes	Preparer's signature 	Date 11-8-2024	Check if self-employed <input type="checkbox"/>	PTIN P01366363
	Firm's name Holyfield & Thomas, LLC	Firm's EIN 65-1083521			
	Firm's address 125 Butler Street West Palm Beach, FL 33407	Phone no. (561) 689-6000			

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 [X]

1 Briefly describe the organization's mission: The Town of Palm Beach United Way, Inc. is committed to building a healthy community by helping people care for one another, and investing in programs that build a better life for all by focusing on improving education, income, and health.

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 [X] 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 [X] 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 \$ 1,683,508. including grants of \$ 1,538,068.) (Revenue \$) BUILD HEALTHIER COMMUNITIES FOR ALL: Investments in health benefit the entire community because residents who have access to quality healthcare are more productive and require fewer government services and costly long-term care. Healthy kids are more likely to succeed in school and healthy adults are more likely to maintain or gain employment. The Town of Palm Beach United Way invested \$1,538,068 into 29 programs at 19 agencies in Palm Beach County.

Medical and Dental: Many individuals do not have access to health insurance or do not have the funds to pay for co-pays or prescriptions. As a result, they are unable to maintain or improve their health status and are at-risk for long-term, serious health issues. Poor health

4b (Code:) (Expenses \$ 1,360,976. including grants of \$ 1,243,400.) (Revenue \$) HELPING ADULTS ACHIEVE FINANCIAL STABILITY AND STRENGTHEN THE SAFETY NET: Investments in financial stability lift people out of poverty because income-based programs allow adults to find and maintain jobs, secure housing, pay down debt and save for the future. Adults who are financially stable are less likely to be homeless, engage in crime and develop health problems. The Town of Palm Beach United Way invested \$1,243,400 into 20 programs at 13 agencies in Palm Beach County.

Access to Jobs and Skills: Although unemployment has gone down in the last decade, salaries and wages have not kept up with the cost of housing and daily living expenses. For this reason, the main income earner in a low-income household works 2 or 3 jobs to make ends meet,

4c (Code:) (Expenses \$ 1,262,247. including grants of \$ 1,153,200.) (Revenue \$) IMPROVING CHILDREN'S EDUCATION: Investments in education prepare the next generation to lead our families, businesses and communities. Children who have access to high-quality education from cradle to career position themselves for work that pays a sustaining wage. The Town of Palm Beach United Way invested \$1,153,200 into 23 programs at 16 agencies in Palm Beach County.

Early Childhood Education: Children are more successful in school and throughout their lives when they have had the benefit of high-quality learning experiences in their early years. Early childhood education programs can put children on the path toward positive development and prevent poor outcomes in adulthood. \$485,600 was invested into 6

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,022,907. including grants of \$ 750,120.) (Revenue \$)

4e Total program service expenses 5,329,638.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 78; 1b Enter the number of voting members included on line 1a... 78; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 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 on Schedule O... X

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... X; 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? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 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? X; 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 FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 - (561) 655-1919
44 Coconut Row, Palm Beach, FL 33480

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Elizabeth Walton President and CEO	50.00					X	173,050.	0.	46,741.	
(2) Mary Freitas Trustee	1.00	X					0.	0.	0.	
(3) Mark Cook Vice Chairman	1.00	X		X			0.	0.	0.	
(4) Christine Curtis Vice Chairwoman	1.00	X		X			0.	0.	0.	
(5) Trip Moore Vice Chairman	1.00	X		X			0.	0.	0.	
(6) Danielle Moore Vice Chairwoman	1.00	X		X			0.	0.	0.	
(7) Jeffrey Marcus Vice Chairman	1.00	X		X			0.	0.	0.	
(8) William Tiefel Chairman	1.00	X		X			0.	0.	0.	
(9) Debra Vasilopoulos Secretary	1.00	X		X			0.	0.	0.	
(10) Missy Agnello Treasurer	1.00	X		X			0.	0.	0.	
(11) Jorge Cabrera Asst. Treasurer	1.00	X		X			0.	0.	0.	
(12) Suzanne Ainslie Trustee	1.00	X					0.	0.	0.	
(13) Skip Aldridge Trustee	1.00	X					0.	0.	0.	
(14) Sean Baker Trustee	1.00	X					0.	0.	0.	
(15) Howard Bernick Trustee	1.00	X					0.	0.	0.	
(16) Ann-Britt Angle Trustee	1.00	X					0.	0.	0.	
(17) Cynthia Boardman Trustee	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Nancy Brinker Trustee	1.00	X						0.	0.	0.
(19) Sandra Bornstein Trustee	1.00	X						0.	0.	0.
(20) James Borynack Trustee	1.00	X						0.	0.	0.
(21) David Duffy Trustee	1.00	X						0.	0.	0.
(22) Ginny Edlavitch Trustee	1.00	X						0.	0.	0.
(23) Nancy Lane Trustee	1.00	X						0.	0.	0.
(24) Atesh Chandra Trustee	1.00	X						0.	0.	0.
(25) Carla Cove Trustee	1.00	X						0.	0.	0.
(26) Stephen Fiverson Trustee	1.00	X						0.	0.	0.
1b Subtotal								173,050.	0.	46,741.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								173,050.	0.	46,741.

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

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

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
NONE		

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

See Part VII, Section A Continuation sheets

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 line)	(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			
(27) David Frisbie Trustee	1.00	X					0.	0.	0.	
(28) Kimberly Goodwin Trustee	1.00	X					0.	0.	0.	
(29) Arthur Indursky Trustee	1.00	X					0.	0.	0.	
(30) Kristen Lambert Trustee	1.00	X					0.	0.	0.	
(31) Diane McNeal Trustee	1.00	X					0.	0.	0.	
(32) George Garfunkel Trustee	1.00	X					0.	0.	0.	
(33) Susan Wright Trustee	1.00	X					0.	0.	0.	
(34) Lee Gordon Trustee	1.00	X					0.	0.	0.	
(35) Stephen Hall Trustee	1.00	X					0.	0.	0.	
(36) Ann Heathwood Trustee	1.00	X					0.	0.	0.	
(37) Vicky Hunt Trustee	1.00	X					0.	0.	0.	
(38) Brian Hurley Trustee	1.00	X					0.	0.	0.	
(39) Evie McNiff Trustee	1.00	X		X			0.	0.	0.	
(40) David Mack Trustee	1.00	X					0.	0.	0.	
(41) Cara Coniglio McClure Trustee	1.00	X					0.	0.	0.	
(42) Pamela McIver Trustee	1.00	X					0.	0.	0.	
(43) Hess Musallet Trustee	1.00	X					0.	0.	0.	
(44) Heidi Niblack Trustee	1.00	X					0.	0.	0.	
(45) Rita Nowak Trustee	1.00	X					0.	0.	0.	
(46) Daniel Ponton Trustee	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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 line)	(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) Stephanie Ribakoff Trustee	1.00	X					0.	0.	0.	
(48) Lyn Ross Trustee	1.00	X					0.	0.	0.	
(49) Richard Rothschild Trustee	1.00	X					0.	0.	0.	
(50) Laurie Silvers Trustee	1.00	X					0.	0.	0.	
(51) Jessica Surovek Trustee	1.00	X					0.	0.	0.	
(52) Ross Meltzer Trustee	1.00	X					0.	0.	0.	
(53) Betsy Turner Trustee	1.00	X					0.	0.	0.	
(54) Kathryn Vecellio Trustee	1.00	X					0.	0.	0.	
(55) Simone Vickar Trustee	1.00	X					0.	0.	0.	
(56) Lisa Wilkinson Trustee	1.00	X					0.	0.	0.	
(57) Katherine Parr Trustee	1.00	X					0.	0.	0.	
(58) Wendy Cox Trustee	1.00	X					0.	0.	0.	
(59) Gail Engelberg Trustee	1.00	X					0.	0.	0.	
(60) Kristin Kelly Fisher Trustee	1.00	X					0.	0.	0.	
(61) Ellen Jaffe Trustee	1.00	X					0.	0.	0.	
(62) Jason Kalisman Trustee	1.00	X					0.	0.	0.	
(63) Paulette Koch Trustee	1.00	X					0.	0.	0.	
(64) Roberta Kozloff Trustee	1.00	X					0.	0.	0.	
(65) William Mack Trustee	1.00	X					0.	0.	0.	
(66) William Meyer Trustee	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,564,051.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f		6,564,051.					
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		487,903.			487,903.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,036,992.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	8,349,527.			
			c Gain or (loss)	7c	-312,535.			
	d Net gain or (loss)			-312,535.		-312,535.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			6,739,419.	0.	0.	175,368.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,684,788.	4,684,788.		
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	226,126.	113,063.	22,610.	90,453.
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	221,000.	110,500.	22,102.	88,398.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,151.	16,575.	3,316.	13,260.
9 Other employee benefits	34,065.	17,033.	3,407.	13,625.
10 Payroll taxes	29,770.	14,885.	2,977.	11,908.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,995.	11,998.	2,400.	9,597.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,000.		25,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	20,220.	10,110.	2,023.	8,087.
13 Office expenses	85,934.	42,967.	8,593.	34,374.
14 Information technology	19,441.	9,721.	1,944.	7,776.
15 Royalties				
16 Occupancy				
17 Travel	3,500.	1,750.	350.	1,400.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	70,469.	52,852.	7,047.	10,570.
22 Depreciation, depletion, and amortization	8,476.	3,899.	1,441.	3,136.
23 Insurance	7,834.	3,917.	783.	3,134.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Sponsored meetings and</u>	243,578.	171,525.	14,411.	57,642.
b <u>Repairs and maintenance</u>	30,619.	15,310.	3,062.	12,247.
c <u>Processing and bank fee</u>	27,339.	13,670.	2,734.	10,935.
d <u>Printing and Postage</u>	17,507.	8,754.	1,751.	7,002.
e All other expenses _____	60,905.	26,321.	20,596.	13,988.
25 Total functional expenses. Add lines 1 through 24e	5,873,717.	5,329,638.	146,547.	397,532.
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	500.	1	500.
	2 Savings and temporary cash investments	4,183,289.	2	4,867,363.
	3 Pledges and grants receivable, net	197,209.	3	168,003.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,637.	9	6,303.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 465,160.		
	b Less: accumulated depreciation	10b 461,301.		
		9,795.	10c	3,859.
	11 Investments - publicly traded securities	2,501,170.	11	2,617,204.
	12 Investments - other securities. See Part IV, line 11	9,349,695.	12	10,576,870.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,257,845.	15	2,696,681.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,517,140.	16	20,936,783.	
Liabilities	17 Accounts payable and accrued expenses	8,932.	17	13,330.
	18 Grants payable	3,934,668.	18	3,906,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	334,803.
	26 Total liabilities. Add lines 17 through 25	3,943,600.	26	4,254,133.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,956,354.	27	9,695,682.
	28 Net assets with donor restrictions	6,617,186.	28	6,986,968.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,573,540.	32	16,682,650.
	33 Total liabilities and net assets/fund balances	18,517,140.	33	20,936,783.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,739,419.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,873,717.
3	Revenue less expenses. Subtract line 2 from line 1	3	865,702.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,573,540.
5	Net unrealized gains (losses) on investments	5	1,156,985.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-128,296.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	214,719.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,682,650.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6476090.	5462980.	8112321.	7848159.	6644518.	34544068.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6476090.	5462980.	8112321.	7848159.	6644518.	34544068.
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 Public support. Subtract line 5 from line 4.						34544068.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6476090.	5462980.	8112321.	7848159.	6644518.	34544068.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	84,522.	136,906.	365,626.	384,136.	533,253.	1504443.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						36048511.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.83 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.49 %

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

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

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Curtis Family Foundation 150 Bradley Place, Apt 110 Palm Beach , FL 33480	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	The Mary Alice Fortin Foundation 201 Chilean Avenue Palm Beach , FL 33480	\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
--	---

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

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

Name of organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: Town of Palm Beach United Way, Inc. Employer identification number: 59-0637885

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding art and historical treasures reporting and valuation.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,476,898.	10,313,813.	11,545,071.	9,320,297.	8,858,131.
b Contributions	108,362.		250,000.	253,700.	756,737.
c Net investment earnings, gains, and losses	-514,723.	675,603.	-1,481,258.	1,971,074.	-294,571.
d Grants or scholarships					
e Other expenditures for facilities and programs		512,518.			
f Administrative expenses	25,000.				
g End of year balance	10,045,537.	10,476,898.	10,313,813.	11,545,071.	9,320,297.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 59.0300 %
 - b Permanent endowment 40.9700 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		303,028.	301,209.	1,819.
c Leasehold improvements				
d Equipment		162,132.	160,092.	2,040.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,859.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Iberia CD	531,333.	Cost
(B) Investment - Endowment	10,045,537.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	10,576,870.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) Beneficial Interest in Trusts	2,696,681.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,696,681.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Agency payable - Impact 100	334,803.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	334,803.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,018,842.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,156,985.	
b	Donated services and use of facilities	2b	43,235.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	339,003.	
e	Add lines 2a through 2d	2e		1,539,223.
3	Subtract line 2e from line 1	3		6,479,619.
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	25,000.	
b	Other (Describe in Part XIII.)	4b	234,800.	
c	Add lines 4a and 4b	4c		259,800.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,739,419.

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

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

1	Total expenses and losses per audited financial statements		1	5,781,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	43,235.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	124,284.	
e	Add lines 2a through 2d	2e		167,519.
3	Subtract line 2e from line 1	3		5,613,917.
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	25,000.	
b	Other (Describe in Part XIII.)	4b	234,800.	
c	Add lines 4a and 4b	4c		259,800.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,873,717.

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 X, Line 2:

Part X FASB ASC 740 Footnote

The Organization is exempt from federal & state income taxes as a voluntary health & welfare organization under Internal Revenue Section 501(c)(3). Income fom activities not directly related to the Organization's exempt purpose is subject to taxation at statutory corporate tax rates. There were no income activities unrelated to the Organization's exempt purpose during the current year. Accordingly, no income taxes are provided in the financial statements.

Management analyzes tax positions in jurisdictions where it is required to

Part XIII Supplemental Information (continued)

file income tax returns. Interest and penalties attributable to income taxes, if any, are included in operating expenses. Based on its evaluation, management did not identify any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease. No interest or penalties related to income taxes were recorded for the years ended June 30, 2024 and 2023. The Organization is no longer subject to income tax examination for the fiscal years prior to 2019.

Part XI, Line 2d - Other Adjustments:

Change in value of beneficial interest	214,719.
Donated materials and give away items	124,284.
Total to Schedule D, Part XI, Line 2d	339,003.

Part XI, Line 4b - Other Adjustments:

Designation to other agencies	234,800.
-------------------------------	----------

Part XII, Line 2d - Other Adjustments:

Donated materials and give away items	124,284.
---------------------------------------	----------

Part XII, Line 4b - Other Adjustments:

Designation to other agencies	234,800.
-------------------------------	----------

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
211 Palm Beach PO Box 3588 Lantana, FL 33465	23-7153017		155,500.	0.	Cash		Grants to support program operations
Achievement Centers 555 NW 4th Street Delray Beach, FL 33444	59-1264435		150,642.	0.	Cash		Grants to support program operations
Adopt-a-Family 1712 Second Avenue North Lake Worth, FL 33460	59-2471253		221,862.	0.	Cash		Grants to support program operations
Aid to Victims of Domestic Abuse PO Box 6167 Delray Beach, FL 33482	59-2486620		181,862.	0.	Cash		Grants to support program operations
Alpert Jewish Family Service P.O. Box 220627 West Palm Beach, FL 33422	59-1520581		78,455.	0.	Cash		Grants to support program operations
Alzheimer's Community Care 800 Northpoint Parkway West Palm Beach, FL 33407	31-1481653		87,000.	0.	Cash		Grants to support program operations

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Assoc of Caregiving Youth 6401 Congress Avenue Boca Raton, FL 33487	65-0866677		31,112.	0.	Cash		Grants to support program operations
The ARC of the Glades 4250 NW 16th Street Belle Glade, FL 33430	59-1760374		40,375.	0.	Cash		Grants to support program operations
Boca Helping Hands 1500 NW 1st Ct Boca Raton, FL 33432	31-1713631		51,455.	0.	Cash		Grants to support program operations
Boys and Girls Club of PBC 800 Northpoint Parkway West Palm Beach, FL 33407	23-7060561		212,000.	0.	Cash		Grants to support program operations
C.R.O.S. Ministries 301 S First Street Lake Worth, FL 33460	59-1802917		51,455.	0.	Cash		Grants to support program operations
Caridad Center 8545 W Boynton Beach Boynton Beach, FL 33472	65-0149453		246,000.	0.	Cash		Grants to support program operations
Catholic Charities P.O. Box 109650 Palm Beach Gardens, FL 33410	65-0932032		37,612.	0.	Cash		Grants to support program operations
Center for Child Counseling 8995 N Military Trail Suite 300 Palm Beach Gardens, FL 33410	65-0932032		71,000.	0.	Cash		Grants to support program operations
The Center for Family Services 4101 Parker Avenue West Palm Beach, FL 33405	59-1084179		46,112.	0.	Cash		Grants to support program operations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clinics Can Help 2560 Westgate Avenue West Palm Beach, FL 33409	20-2778895		60,000.	0.	Cash		Grants to support program operations
Drug Abuse Foundation 400 South Swinton Avenue Delray Beach, FL 33444	23-7074625		159,798.	0.	Cash		Grants to support program operations
El Sol 106 Military Trail Jupiter, FL 33458	01-0870672		56,455.	0.	Cash		Grants to support program operations
Fraternal Order of Firefighters, Inc - 2801 Tuxedo Avenue - West Palm Beach, FL 33405	59-6195444		6,000.	0.	Cash		Grants to support program operations
Families First of PBC 3333 Forest Hill West Palm Beach, FL 33406	65-0166352		125,677.	0.	Cash		Grants to support program operations
Farmworker Coordinating Council 1123 Crestwood Boulevard Lake Worth, FL 33460	59-1830267		80,642.	0.	Cash		Grants to support program operations
The Glades Initiative 141 SE Avenue C Belle Glade, FL 33430	01-0733180		245,567.	0.	Cash		Grants to support program operations
Global Empowerment Mission 1309 North Flagler Drive West Palm Beach, FL 33401	95-2557091		10,000.	0.	Cash		Grants to support program operation
Jewish Federation of Palm Beach County - 1 Harvard Circle, Suite 100 - West Palm Beach, FL 33409	59-0948696		10,000.	0.	Cash		Grants to support program operations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lake Worth Middle School 1300 Barnett Drive Lake Worth Beach, FL 33461	03-0439098		8,000.	0.	Cash		Grants to support program operations
Healthy Mothers Healthy Babies 4601 Lake Worth Road Greenacres, FL 33463	59-2657051		41,112.	0.	Cash		Grants to support program operations
Home Safe 2840 South Dixie Hwy Lake Worth, FL 33461	59-1935485		101,736.	0.	Cash		Grants to support program operations
Legal Aid Society 423 Fern West Palm Beach, FL 33401	59-6046994		73,350.	0.	Cash		Grants to support program operations
Literacy Coalition of Palm Beach County 3651 - 3651 Quantum Blvd. - Boynton Beach, FL 33426	65-0169781		182,112.	0.	Cash		Grants to support program operations
The Lord's Place PO Box 3265 West Palm Beach, FL 33402	59-2240502		453,612.	0.	Cash		Grants to support program operations
Milagro Center 695 Auburn Ave Delray Beach, FL 33444	65-0804625		145,562.	0.	Cash		grants to support program operations
Palm Beach County Food Bank 525 Gator Avenue Lantana, FL 33462	90-0788707		50,000.	0.	Cash		Grants to support program operations
Opportunity, Inc. 4171 Westgate Ave West Palm Beach, FL 33409	59-0624429		191,112.	0.	Cash		Grants to support program operations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Planned Parenthood 2300 North Florida Mango West Palm Beach, FL 33409	59-1391115		187,500.	0.	Cash		Grants to support program operations
Project Lift, Inc 1330 SW 34th Street Palm City, FL 34990	27-3949112		96,112.	0.	Cash		Grants to support program operations
Take Stock in Children 1896 Palm Beach Lakes West Palm Beach, FL 33409	59-3331584		88,602.	0.	Cash		Grants to support program operations
Urban Youth Impact P.O. Box 222592 West Palm Beach, FL 33407	91-1901103		19,500.	0.	Cash		Grants to support program operations
Vita Nova 2724 N Australian Ave West Palm Beach, FL 33407	65-0298299		58,112.	0.	Cash		Grants to support program operations
World's Central Kitchen, Inc 200 Massachusetts Ave NW Washington, DC 20001	27-3521132		10,000.	0.	Cash		Grants to support program operations
YMCA of Palm Beach County 2200 N Florida Mango Road West Palm Beach, FL 33409	59-0751935		117,142.	0.	Cash		Grants to support program operations
YMCA of South Palm Beach 6631 S Palmetto Circle Boca Raton, FL 33431	59-1416281		20,000.	0.	Cash		Grants to support program operations
Drug Abuse Treatment Association 1016 Clemons Street, Suite 300 Jupiter, FL 33477	59-1363887		203,000.	0.	Cash		Grants to support program operations

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Elizabeth Walton President and CEO	(i)	173,050.	0.	0.	25,958.	20,783.	219,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **Town of Palm Beach United Way, Inc.**
Employer identification number: **59-0637885**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	12	312,845.	FMV - Public Exchange
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

Schedule M, Line 32b:

Any non-cash contributions of marketable securities are required to be delivered to the Organization's investment advisors for liquidation to cash, pursuant to company policy.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Form 990, Part I, Line 1, Description of Organization Mission:

people care for one another, and investing in programs that build a better life for all by focusing on improving education, income, and health.

Form 990, Part III, Line 4a, Program Service Accomplishments:

impacts the ability to function, to attend school and to maintain or gain employment. \$402,400 was invested into 5 programs providing services to 10,405 patients.

Mental Health: Many people have mental health concerns from time to time. A mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect the ability to function. If implemented early, support and professional services for individuals with mental health concerns will alleviate the need for more extensive services for serious illness. \$320,000 was invested into 10 programs providing services to 14,900 children and adults.

Substance Abuse: Individuals engaging in substance abuse are at risk of losing their families, jobs and engaging in risky behaviors. Most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social and psychological functioning. Access to appropriate treatment, interventions or on-going recovery programs is necessary to help individuals overcome substance abuse addiction or mental health issues.

\$346,200 was invested into 3 programs providing services to 534

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
---	--

children and adults.

Older Adults and Caregiver Support: The new generation of seniors has different expectations than previous ones. Older adults need services and programs that help them maintain independent living and/or increased or sustained financial security. Caregivers of family members need services that provide them support and help maintain a stable environment for their loved ones. \$170,468 was invested into 6 programs providing services to 4,505 seniors and caregivers.

Disabilities and Special Needs: After age 21, young adults with disabilities "age out" of the services and programs that help them maintain independent living, financial security and a stable environment. \$284,000 was invested into 4 programs providing services to 1,798 children and adults.

Form 990, Part III, Line 4b, Program Service Accomplishments: and many families are borrowing heavily and relying on high-cost alternatives to cover their daily living expenses. \$175,000 was invested into 3 programs providing services to 825 individuals.

Food Pantries: Food insecurity is the limited or uncertain availability of nutritionally adequate food for an active, healthy lifestyle. In Palm Beach County nearly 200,000 people are food insecure, including more than 50,000 children. Hunger can have a negative impact on child development, educational achievement and mental and physical health. \$174,000 was invested into 5 programs providing services to 63,478 individuals.

Name of the organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
---	--

Housing and Community Based Support: Individuals and families often live on the edge between low-income and becoming homeless. They may find themselves in need of emergency shelter for a variety of complex economic and social reasons. Emergency shelters are an essential component of homeless services and are often the first place to turn. Community based support helps connect individuals and families to community resources and services. \$572,400 was invested in 8 programs providing services to 58,032 individuals.

Domestic Violence: Domestic violence is the willful intimidation, physical assault, battery, sexual assault and/or other abusive behavior perpetrated by an intimate partner against another. It affects individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. \$322,000 was invested into 4 programs providing services to 11,538 children and adults.

Form 990, Part III, Line 4c, Program Service Accomplishments: programs providing services to 1,025 children.

Elementary Afterschool and Out of School: Youth are more successful when they are provided with afterschool and out of school programming that bolsters their school day activities and helps keep them on track. \$367,000 was invested into 5 programs providing services to 4,382 children.

Middle School: Providing academic, social and behavioral support to middle school students prepares them to transition to high school to

Name of the organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
---	--

put them on a path toward success. \$144,000 was invested into 4 programs providing services to 1,356 youth.

High School and After: A high school credential is a minimum requirement for higher education, post-secondary certification programs and most career opportunities. Individuals with high school credentials are more likely to participate in the workforce, earn higher wages, and access safer housing, healthier food and better medical care than their counterparts who lack high school credentials. \$45,600 was invested in 2 programs providing services to 1,279 students.

Middle and High Afterschool and Out of School: Youth are more successful when they are provided afterschool and out of school programming that bolsters school day activities, helps keep kids on track, ensures students can access post-secondary options, graduate college workforce ready, and persist in obtaining a degree or credential that will put them on the path to success. \$111,000 was invested in 6 programs providing services to 765 students.

Form 990, Part III, Line 4d, Other Program Services:

Other programs

Expenses \$ 1,022,907. including grants of \$ 750,120. Revenue \$ 0.

Form 990, Part VI, Section A, line 2:

Jason Kalisman and Josephine Kalisman - Husband and Wife

Paul Kozloff and Roberta Kozloff - Husband and Wife

Richard Rothchild and Barbara Rothchild - Husband and Wife

Wally Turner and Betsy Turner - Husband and Wife

Name of the organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
---	--

Form 990, Part VI, Section B, line 11b:

The IRS Form 990 is prepared by the Town of Palm Beach United Way's auditing firm, Holyfield & Thomas, LLC. A draft of Form 990 is reviewed by the CEO and bookkeeper and 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 by the entire board the 990 is filed with the Internal Revenue Service and posted on the agency's website.

Form 990, Part VI, Section B, Line 12c:

The Town of Palm Beach United Way annually provides a Conflict of Interest document to all staff, Board of Trustees members, and Allocation Committee volunteers. Each are required to sign the statement. The statements are reviewed by the CEO of the Town of Palm Beach United Way and tracked by a staff member. 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 document. If there is a real or perceived conflict of interest an individual may participate in discussion around a given issue but will abstain from any vote pertaining to their conflict.

Form 990, Part VI, Section B, Line 15:

The Executive Committee of the Palm Beach United Way evaluates the CEO. The CEO evaluates the performance of all employees against goals and sets compensation accordingly. The salaries of all employees are voted on by the Executive Committee and the entire Board.

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

The Town of Palm Beach United Way makes its governing documents and Conflict of Interest policy available to the public upon request. The Town

Name of the organization Town of Palm Beach United Way, Inc.	Employer identification number 59-0637885
---	--

of Palm Beach United Way's Forms 990 and audited financial statements are available on the website at www.palmbeachunitedway.org.

The Town of Palm Beach United Way's Forms 990 and audited financial statements are also available on third party websites:

www.guidestar.org

www.foundationcenter.org

www.charitynavigator.org

Part X, Column (A) Beginning of the year

In connection with the current year audit, a prior period adjustment is reported on Part XI, line 8 of the Form 990.

Furthermore, Part X, Column A, Beginning of the year balances have been reclassified to provide a more consistent presentation.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of beneficial interest in trusts	214,719.
--	----------

Part XII Line 2C

The audit committee has oversight of the audited financial statements and Form 990 as presented by the independent auditor. The process is unchanged from prior years.