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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning **April 1**, 2009, and ending **March 31**, 20 **10****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

44 Cocoon Row**201**

City or town, state or country, and ZIP + 4

Palm Beach, FL 33480**D** Employer identification number**59 : 0637885****E** Telephone number**(561) 655-1919****G** Gross receipts \$**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.palmbeachunitedway.org****K** Form of organization: ☒ 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: **To help people, community wide, improve their quality of life.****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** **73****4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **0****5** Total number of employees (Part V, line 2a) **5** **5****6** Total number of volunteers (estimate if necessary) **6** **300****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** **0****b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **0****8** Contributions and grants (Part VIII, line 1h) **Prior Year** **4,124,221** **Current Year** **4,052,093****9** Program service revenue (Part VIII, line 2g) **189,328** **96,861****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **84,336** **25,961****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **4,397,885** **4,174,915****12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) **3,519,941** **3,049,570****13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) **494,474** **380,137****14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**17** Other expenses (Part IX, column (A), lines 11a, 11b, 11c, 11d, 11e, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z) **409,353** **298,280****18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) **4,423,766** **3,727,987****19** Revenue less expenses. Subtract line 18 from line 12 **-25,881** **446,928****20** Total assets (Part X, line 16) **Beginning of Current Year** **9,343,642** **End of Year** **10,663,694****21** Total liabilities (Part X, line 26) **3,930,584** **3,943,959****22** Net assets or fund balances. Subtract line 21 from line 20 **5,413,058** **6,719,735****Part II Signature Block**

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

Sign Here

Signature of officer

Date

Type or print name and title

06-30-2010**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no. ()

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2009)

SCANNED AUG 03 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

To measurably improve the quality of life in Palm Beach County by raising funds through our annual campaign.
These funds in turn sustain a network of effective and efficient unduplicated human service programs provided
by our 46 member agencies.

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$ 700,000) (Revenue \$)
Education Initiatives - Helping children, youth and adults achieve their full potential. Education is the cornerstone of individual and community success. It is essential to getting and keeping a job with a livable wage and health benefits. And it is fundamental to a community's economic prosperity: a well-educated workforce attracts world-class jobs. We invest in early childhood education programs that prepare children for school; after-school and mentoring programs that encourage youth to advance in school; community programs that promote leadership skills for children of all ages; long-term mentoring, case management and academic workshops that offer full-time college scholarships to high school seniors; adult education and parenting classes that strengthen families.

1. Preschool and afterschool education for children and youth (\$ 377,500)

2. Mentoring for children and youth (\$ 128,000)

3. Adult, family, caregiver education and support (\$ 194,500)

4b (Code:) (Expenses \$ including grants of \$ 706,500) (Revenue \$)
Health Initiatives - Improving people's mental and physical health. Health is such a basic need; it impacts every aspect of a person's daily life. Whether it is a neighbor without health insurance, a victim of abuse, or someone struggling with mental illness or an addiction. A child with a toothache is unable to concentrate in school and succeed. A family without health insurance is often overwhelmed to the point of bankruptcy by the financial burdens of an illness. Seniors without prescription assistance have to make frightening decisions on which medicine they can afford and which ones they will go without. We invest in health education and prevention services to ensure that children and adults stay healthy; programs that provide advocacy, education, research and program support for mental health issues; senior day programs that create an environment for social interactions, medical monitoring, and therapeutic activities; reducing substance abuse by offering school based community preventative programs.

1. Mental health and wellness (\$ 236,500)

2. Medical/dental health and wellness (\$ 182,900)

3. Substance Abuse (\$ 287,100)

4c (Code:) (Expenses \$ including grants of \$ 1,410,100) (Revenue \$)
Income Initiatives - Helping families become financially stable and independent. The community and family issues that stem from the economic and financial pressures facing individuals and their families are growing increasingly complex and more difficult to address. Wages have not kept pace with the rising cost of housing, healthcare, and education and skill levels have not stayed in alignment with changing needs. As a result, more than 12% of the population has an income below the federal poverty level, in spite of the fact many are employed, some with two or three jobs. We invest in financial literacy programs that teach families how to budget, build savings and manage money; training to help people find and keep jobs that pay a living wage; increasing affordable housing for seniors and families; increasing food distribution to families living at or below the federal poverty level; help families in breaking the cycle of homelessness by addressing the cause of the problem.

1. Community building and community based services (\$ 269,500)

2. Supports for individuals with disabilities (\$ 527,000) 3. Financial stability and self-sufficiency (\$ 613,600)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ 576,419) (Revenue \$)4e Total program service expenses ► 3,393,019

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 ✓	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes No	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	✓

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	73	
b Enter the number of voting members that are independent	0	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	<input checked="" type="checkbox"/>

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	<input checked="" type="checkbox"/>
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13 Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in 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?	16a	<input checked="" type="checkbox"/>
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Florida

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Elizabeth Walton 44 Cocanut Row, M-201 Palm Beach, FL 33480 561.655.1919

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

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

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth Walton CEO	40					✓		102,109	0	20,349
Danielle Hickox Moore Chairman	1			✓				0	0	0
Michael J. Bracci Treasurer	1			✓				0	0	0
Mark W. Cook Deputy Treasurer	1			✓				0	0	0
Christine W. Curtis Vice Chairman	1			✓				0	0	0
J. Ira Harris Vice Chairman	1			✓				0	0	0
Michele Kessler Vice Chairman	1			✓				0	0	0
Sydelle Meyer Secretary	1			✓				0	0	0
Ralph V. Moore Vice Chairman	1			✓				0	0	0
John Scarpa Vice Chairman	1			✓				0	0	0
Helen Harting Abell Trustee	1	✓						0	0	0
Lawrence Beyer Trustee	1	✓						0	0	0
Benton Bohannon Trustee	1	✓						0	0	0
John Borland Trustee	1	✓						0	0	0
Emily C. Bowman Trustee	1	✓						0	0	0
Mercedes Cassidy Trustee	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week	(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			
Jonathan E. Cole Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Gail Coniglio Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Diana Ecclestone Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Sandy Heine Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Jim Held Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Susan Keenan Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Phyllis Krock Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Vicki Loring Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Margaret P. Luntz Trustee	1	<input checked="" type="checkbox"/>						0	0	0
John Mashek Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Paula Michel Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Thomas C. Quick Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Cater Randolph Trustee	1	<input checked="" type="checkbox"/>						0	0	0
1b Total										

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a 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	4,081,373				
	g Noncash contributions included in lines 1a-1f: \$		29,280				
	h Total. Add lines 1a-1f			4,081,373			
Program Service Revenue			Business Code				
	2a						
	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)			96,861			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			-3,319				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			4,174,915				

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	3,049,570	3,049,570		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	122,458	61,228	12,246	48,984
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	182,886	91,444	18,288	73,154
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,811	12,906	2,581	10,324
9	Other employee benefits	27,880	13,940	2,788	11,152
10	Payroll taxes	21,102	10,539	2,132	8,431
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	14,000	7,000	1,400	5,600
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	51,129	25,516	5,207	20,406
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	20,668	10,334	2,067	8,267
17	Travel	247	123	25	99
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	80,921	40,460	8,093	32,368
20	Interest				
21	Payments to affiliates	41,422	20,711	4,143	16,568
22	Depreciation, depletion, and amortization	12,992	6,494	1,299	5,199
23	Insurance	7,118	3,892	113	3,113
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Telephone & postage	19,015	9,505	1,906	7,604
b	Agency Liaison	7,945	7,945		
c	Photography & advertising	10,917	5,459	1,091	4,367
d	Dues & subscriptions	2,626	1,313	262	1,051
e	In-Kind	29,280	14,640	2,928	11,712
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,727,987	3,393,019	66,569	268,399
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,348,060	1	3,832,248
	2 Savings and temporary cash investments	4,139,594	2	5,394,796
	3 Pledges and grants receivable, net	1,772,714	3	1,372,907
	4 Accounts receivable, net	10,938	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,908	9	3,875
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,860		
	b Less: accumulated depreciation	10b 12,992	10c	59,868
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,343,642	16	10,663,694	
Liabilities	17 Accounts payable and accrued expenses	17,405	17	9,330
	18 Grants payable		18	
	19 Deferred revenue	3,913,179	19	3,934,629
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,930,584	26	3,943,959
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,099,031	27	1,150,506
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	4,314,027	29	5,569,229
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,413,058	33	6,719,735
	34 Total liabilities and net assets/fund balances	9,343,642	34	10,663,694

Part XI Financial Statements and Reporting

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

	Yes	No
2a	✓	
2b	✓	
2c	✓	
3a		✓
3b		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,516,735	2,828,353	3,004,533	3,665,320	4,208,557	17,223,498
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	3,516,735	2,828,353	3,004,533	3,665,320	4,208,557	17,223,498
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,516,735	2,828,353	3,004,533	3,665,320	4,208,557	17,223,498
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	427,428	727,917	773,592	473,738	189,328	2,592,003
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 IV.)						
11 Total support. Add lines 7 through 10						19,815,501
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	87 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	82 %
16a 33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33% % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV 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? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,314,028	6,133,731			
b Contributions					
c Net investment earnings, gains, and losses	1,255,201	-1,819,703			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,569,229	4,314,028			

- 2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		215,682	165,885	49,797
d Equipment		116,135	106,064	10,071
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				59,868

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,174,915
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,727,987
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	446,928
4	Net unrealized gains (losses) on investments	4	1,255,201
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,255,201
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,702,129

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

1	Total revenue, gains, and other support per audited financial statements	1	4,052,093
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,255,200
b	Donated services and use of facilities	2b	29,280
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	96,861
e	Add lines 2a through 2d	2e	1,381,341
3	Subtract line 2e from line 1	3	5,433,434
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-3,319
c	Add lines 4a and 4b	4c	-3,319
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,430,116

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

1	Total expenses and losses per audited financial statements	1	3,727,987
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	29,280
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	29,280
3	Subtract line 2e from line 1	3	3,698,707
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,698,707

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4:

To generate annual transfers of interest and dividends to subsidize the operating expenses, while not eroding the corpus of the fund.

Part XII, Line 2d: Interest and dividends.

Part XII, Line 4b: Loss from sales on inventory.

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

0637885

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2-1-1 PB / Treasure Coast PO Box 3588 Lantana, FL 33465	23-7153017		156,750				Crisis Outreach
ARC of PBC 1201 Australian Ave Riviera Bch, FL 33404	59-0883386		195,000				Adult Services
Adopt-A-Family 1712 N 2nd Ave Lake Worth, FL 33460	59-2471253		127,500				Multiculture Proj
AVDA PO Box 6167 Delray Beach, FL 33482	59-2486620		11,000				Outreach / Shelter
Jewish Fam & Children's Svc PO Box 220627 WPB, FL 33422	59-1520581		59,000				Counseling
Alzheimer's Comm Care 800 Northpoint, WPB, FL 33407	31-1481653		48,600				Nurse Consultant
Big Brothers Big Sisters 1665 PBLB, WPB, FL 33401	59-2078576		49,000				Mentoring
Boys & Girls Club 800 Northpoint WPB, FL 33407	23-7060561		180,500				Youth Develop
Caridad Clinic 8545 W Bton Bch Blvd, BB	65-0149423		61,900				Health Clinic
Catholic Charities PO Box 109650 PBG, FL 33410	59-2470479		60,000				Elder Affairs/Food
Center Family Services 4101 Parker Ave, WPB, FL 33405	59-1084179		100,500				Family Counseling
Children's Home Society 3333 Forest Hill, WPB, FL 33406	59-0192430		100,000				Abuse - Neglect
2 Enter total number of section 501(c)(3) and government organizations			3,049,570				
3 Enter total number of other organizations							

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

Cat. No. 50055P

Schedule I (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

Page 2 59 0637885

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Comprehensive AIDS Program							Health Education
2330 S Congress Ave, PS, FI 33406	59-2582229		25,000				
CARP							Residential
PO box 2507 WPB, FI 33402	59-1447364		70,900				
Consumer Credit Counseling							Financial Svcs
700 S Dixie, WPB, FI 33401	58-0942924		15,000				
C.R.O.S. Ministries							Food Recovery
301 S First Ave, LW, FI 33460	59-1802917		10,000				
Feeding South Florida							Food Distribution
426 Claremore Dr, WPB, FI 33401	59-2097520		55,000				
Deaf Service Center							Assistive Equip
3111 S Dixie, WPB, FI 33405	59-2433417		65,000				
Drug Abuse Foundation							Prevention Svcs
400 S Swinton Ave, D Bch, FI 33444	23-7074625		46,400				
DATA							Drug Rehab
1016 N Clemons St, Jupiter, FI 33477	59-1363887		110,700				
Families First of PBC							Fam Sufficiency
3333 Forest Hill, WPB, FI 33406	65-0166352		46,000				
Farmworker Coord Council							Fam Empowerment
1313 Central Terr, LW, FI 33460	59-1830267		130,720				
Girl Scout of Palm Glades Council							Studio 2B
1224 W Indiantown, Jup, FI 33458	59-0624403		18,000				
Gratitude House, Inc.							Relapse Prevention
1700 N Dixie, WPB, FI 33407	23-7215223		59,100				
Gulfstream Goodwill Industries							Job Connection
1715 E Tiffany Dr, WPB, FI 33407	59-1197040		15,000				
Habitat for Humanity							House Constructor
1225-A S Military Tr, WPB, FI 33415	59-3525576		6,000				
Healthy Mothers / Healthy Babies							Prenatal Care
500 Gulfstream, D Bch, FI 33483	59-2657051		47,000				

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Page **3**

Employer identification number
59-0637885

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hearts & Hope							
317 - 10th St, WPB, FI 33401	65-0572315		118,500				Hearts in Support
Home Safe							
2840 S Sixth Ave, LW, FI 33461	59-1935485		79,500				Safety Net
Homeless Coalition of PBC							
2100 PBLK Blvd, WPB, FI 33409	65-0125852		2,500				Project Connect
Legal Aid							
423 Fern St #200, WPB, FI 33401	59-6046994		55,350				Law services
Lord's Place							
PO Box 3265, WPB, FI 33402	59-2240502		88,000				Shelter
Mental Health Assn.							
909 Fern St, WPB, FI 33401	59-0760220		25,500				Adult/child svcs
Milagro Center							
340 SW 6th Ave, D Bch, FI 33444	65-0804625		30,500				Stars Program
Opportunity, Inc.							
1713 Quail Dr, WPB, FI 33409	59-0624429		85,000				Preschool Educatio
Palm Beach Habilitation Center							
4522 S Congress Ave, LW, FI 33461	59-6213381		114,000				Adult Training
Palm Bch Cty Literacy Coalition							
551 SE 8th St, D Bch, FI 33483	65-0169781		90,750				Literacy
Planned Parenthood							
2300 N FI Mango Rd, WPB, FI 33409	59-1391115		43,000				Medical Services
RCCA							
300 Royal Palm Way, PB, FI 33480	59-0791037		3,100				Rehabilitation
Seagull Industries							
3879 W Industrial Way, RB, FI 33404	59-1879968		230,000				Adult Habilitation
Take Stock in Children							
2200 N FI Mango, WPB, FI 33409	59-3331584		45,000				Student Support
Turtle Nest Village, Inc.							
900 Osceola Dr, WPB, FI 33409	65-1078279		22,800				Living Program

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

Town of Palm Beach United Way, Inc.

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0637885

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jeff Smith Trustee	1	✓						0	0	0
Dom Telesco Trustee	1	✓						0	0	0
Robbi Toll Trustee	1	✓						0	0	0
E. Baxter Webb Trustee	1	✓						0	0	0
Alan Bleznak Trustee	1	✓						0	0	0
Bradford A. Deflin Trustee	1	✓						0	0	0
Victoria Farris Trustee	1	✓						0	0	0
Bruce Gendelman Trustee	1	✓						0	0	0
Lee B. Gordon Trustee	1	✓						0	0	0
Richard Greenfield Trustee	1	✓						0	0	0
Robert M. Jaffe Trustee	1	✓						0	0	0
John H. Kessler Trustee	1	✓						0	0	0
Joel P. Koepfel Trustee	1	✓						0	0	0
Frayda B. Lindemann Trustee	1	✓						0	0	0
David S. Mack Trustee	1	✓						0	0	0
Joyce McLendon Trustee	1	✓						0	0	0
Harriet Miller Trustee	1	✓						0	0	0
Sydell Miller Trustee	1	✓						0	0	0
Bridget Moran Trustee	1	✓						0	0	0
Laura Munder Trustee	1	✓						0	0	0
Margi Picotte Trustee	1	✓						0	0	0

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

► See the Instructions for Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the Organization

Town of Palm Beach United Way, Inc.

Employer identification number

59 : 0637885

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel E. Ponton Trustee	1	✓						0	0	0
Leslie Rose Trustee	1	✓						0	0	0
Lesly Smith Trustee	1	✓						0	0	0
William R. Tiefel Trustee	1	✓						0	0	0
Kathryn Vecellio Trustee	1	✓						0	0	0
Missy Agnello Trustee	1	✓						0	0	0
Cynthia R. Boardman Trustee	1	✓						0	0	0
Atesh Chandra Trustee	1	✓						0	0	0
Alec Flamm Trustee	1	✓						0	0	0
Mary Gilbane Trustee	1	✓						0	0	0
Benjamin Gordon Trustee	1	✓						0	0	0
Vanessa Henry Trustee	1	✓						0	0	0
Mark LaRoe Trustee	1	✓						0	0	0
Patricia Lester Trustee	1	✓						0	0	0
E. Lynn Surovek Trustee	1	✓						0	0	0
James Thompson Trustee	1	✓						0	0	0
Betsy Turner Trustee	1	✓						0	0	0
Wallace Turner Trustee	1	✓						0	0	0
Allen Wyatt Trustee	1	✓						0	0	0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Town of Palm Beach United Way, Inc.

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0637885

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
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 ► (Breakers-Lunche)		1	6,450	Value by donor
26 Other ► (Breakers-Haiti)		1	9,744	Value by donor
27 Other ► (Daily News-Ad)		1	13,086	Value by donor
28 Other ► (.....)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59 0637885

Part III, Line 4d

Response Pool grants made available for emergencies throughout the year; and Donor designated allocations:

Farmworker Coordinating Council (\$5,370)

Palm Beach Chamber of Commerce (\$1,500)

211 Palm Beach/Treasure Coast (\$10,332)

Palm Beach County Literacy Coalition (\$2,500)

Hearts and Hope (\$25,000)

Palm Beach County Education Commission (\$5,000)

The Eagles Wings Foundation (\$10,000)

Families First of Palm Beach County (\$3,000)

Adopt-A-Family of the Palm Beaches (\$13,500)

Boys and Girls Clubs of Palm Beach County (\$8,500)

Legal Aid Society (\$350)

Rehabilitation Center for Children and Adults (\$5,000)

The Lord's Place (\$750)

Mental Health Association (\$100)

Comprehensive Alcohol Rehabilitation Programs (\$1,000)

Alzheimer's Community Care (\$7,500)

Planned Parenthood of the Palm Beaches (\$19,000)

Deaf Service Center (\$20,000)

Palm Beach Habilitation Center (\$10,000)

Seagull Industries for the Disabled (\$15,000)

Alpert Jewish Family and Children's Service (\$1,000)

Program Service Expenses (\$412,017)

Part VI, Section B, Line 11A

The bookkeeper prepares the 990, the Chief Executive reviews for completeness and accuracy, it is then reviewed by the Audit Committee. After review by the Audit Committee, it is reviewed by the Executive Committee and then submitted to the IRS. A copy is made available to the entire Board of Trustees.

Part VI, Section B, Line 12c

The Town of Palm Beach United Way has policies in place prohibiting any activity that may be construed as a conflict of interest. The conflict of interest is reviewed and signed off on by all board members on an annual basis.

Part VI, Section B, Line 15b

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

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

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0637885

Part VI, Section C, Line 19

Upon request the Town of Palm Beach United Way will produce any governing documents, conflict of interest policies, and financial statements to the public. The organizations current audit and 990 are available on our website.

Part XI, Line 2c

The Town of Palm Beach United Way has an Audit Committee that oversees the selection of the auditors, reviews and approves all financial documents.