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Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 2012	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 Coconut Row 201
	City or town, state or country, and ZIP + 4 Palm Beach, FL 33480
	F Name and address of principal officer Elizabeth Walton PO Box 1141 Palm Beach, FL 33480
D Employer identification number 59-0637885	E Telephone number 561-655-1919
G Gross receipts \$ 5,152,183	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.palmbeachunitedway.org	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1945 M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Town of Palm Beach United Way 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 - the building blocks for a good life. No agency or program can do it alone [see schedule O]		
	2 Check this box <input type="checkbox"/> 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	63
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	63
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	377
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,781,940	4,756,331
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183,295	239,413
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)	10,735	12,350
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,975,970	5,008,094
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,764,638	4,672,700
	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)	380,208	382,401
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
Expenses	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	323,727	321,197
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,468,573	5,376,298
	19 Revenue less expenses. Subtract line 18 from line 12	-492,603	-368,204
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,781,306	10,033,059
Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	3,155,507	3,307,747
		7,625,799	6,725,312

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 <i>Elizabeth Walton, CEO</i>	Date 11-12-2012			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2011)

SCANNED DEC 14 2012

9417-45

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:
To help people community-wide improve their quality of life.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,604,064 including grants of \$ 1,488,000) (Revenue \$ 535,276)
HELPING FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT by offering: Financial literacy programs that teach families how to budget, build savings and manage money; training to help people find and keep jobs that pay a living wage; increasing affordable housing for seniors and families; increasing food distribution to families living at or federal poverty level; helping families to break the cycle of homelessness by addressing the causes of the problem. The following investments were made through our Income Initiatives. 1. Community building and community based services [\$336,000] through 12 programs provided by 7 different nonprofit agencies 23,440 clients will be served. 2. Supports for individuals with disabilities [\$612,000] through 16 programs provided by 7 different nonprofit agencies 2,664 clients will be served. 3. Financial stability and housing [\$540,500] through 14 programs provided by 9 different nonprofit agencies 1,679 clients will be served.

4b (Code:) (Expenses \$ 994,616 including grants of \$ 922,650) (Revenue \$ 331,903)
IMPROVING PEOPLE'S PHYSICAL AND MENTAL HEALTH by offering: 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 environments for social interactions, medical monitoring, and therapeutic activities; and reducing substance abuse by offering after school based and community preventative programs. The following investments were made through our Health Initiatives: 1. Mental health and wellness [\$167,000] through 8 programs provided by 4 different nonprofit agencies 241 clients will be served. 2. Physical/Dental health and wellness [\$224,000] through 6 programs provided by 5 different nonprofits agencies 11,228 clients will be served. 3. Substance abuse [\$334,650] through 11 programs provided by 4 different nonprofit agencies 145 clients will be served. 4. Domestic and family violence prevention [\$197,000] through 5 programs provided by 3 different nonprofit agencies 605 clients will be served.

4c (Code:) (Expenses \$ 811,734 including grants of \$ 753,000) (Revenue \$ 270,875)
HELPING CHILDREN, YOUTH AND ADULTS ACHIEVE THEIR FULL POTENTIAL by offering: Early childhood education programs that prepare children for school; after-school and mentoring programs that encourage youth to advance in school; community programs that promote leadership skills for children of all ages; long-term mentoring, case management and academic workshops that offer full-time college scholarship to high school seniors; and adult education and parenting classes that strengthen families. The following investments were made: 1. Preschool and afterschool education for children and youth [\$219,500] through 7 programs provided by 5 different nonprofit agencies 112 clients will be served. 2. Mentoring for children and youth [\$338,500] through 7 programs by 6 different nonprofit agencies 226 clients will be served. 3. Adult, family caregiver education and support [\$195,000] through 8 programs provided by 5 different nonprofit agencies 514 clients will be served

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 1,626,711 including grants of \$ 1,509,050) (Revenue \$ 542,596)

4e Total program service expenses **▶** 5,037,125

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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	2a 5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ✓		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		✓
b If "Yes," enter the name of the foreign country: ► See instructions for 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?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		✓
b Did the organization make a distribution to a donor, donor advised, or related person?	9b		✓
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . .	1a 63		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent . . .	1b 63		
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		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		✓
6 Did the organization have members or stockholders? . . .	6	✓	
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? . . .	7a	✓	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	7b	✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	✓	
b Each committee with authority to act on behalf of the governing body? . . .	8b	✓	
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 . . .	9		✓

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates? . . .	10a		✓
b 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? . . .	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . .			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	12a	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . .	12c	✓	
13 Did the organization have a written whistleblower policy? . . .	13	✓	
14 Did the organization have a written document retention and destruction policy? . . .	14	✓	
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	✓	
b Other officers or key employees of the organization . . .	15b	✓	
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		✓
b 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? . . .	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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Elizabeth Walton 44 Cocoanut Row, M-201, Palm Beach, FL 33480 561-655-1919

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Helen Harting Abell Trustee	1	✓						0	0	0
(2) Missy Agnello Trustee	1	✓						0	0	0
(3) Lawrence Beyer Trustee	1	✓						0	0	0
(4) Kathy Bleznak Trustee	1	✓						0	0	0
(5) Cynthia Boardman Trustee	1	✓						0	0	
(6) Jay Boodheshwar Trustee	1	✓						0	0	0
(7) John Borland Trustee	1	✓						0	0	0
(8) Mercedes Cassidy Trustee	1	✓						0	0	0
(9) Atesh Chandra Trustee	1	✓						0	0	0
(10) Jonathan Cole Trustee	1	✓						0	0	0
(11) Diana Ecclestone Trustee	1	✓						0	0	0
(12) Alec Flamm Trustee	1	✓						0	0	0
(13) Mary Freitas Trustee	1	✓						0	0	0
(14) Bruce Gendelman 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Sarah Gewirz Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(16) Mary Gilbane Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(17) Benjamin Gordon Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(18) Lee B. Gordon Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(19) Richard Greenfield Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(20) Sandy Heine Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(21) Vanessa Henry Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(22) Vicky Hunt Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(23) Gerald Jordan Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(24) Kenn Karakul Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(25) Susan Keenan Trustee	1	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

Part VIII Statement of Revenue

				(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	4,756,331			
	g	Noncash contributions included in lines 1a-1f. \$		59,343			
	h	Total. Add lines 1a-1f ▶		4,756,331			
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) ▶		239,413			
	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	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		156,439			
	b	Less: cost or other basis and sales expenses		144,079			
	c	Gain or (loss)		12,350			
	d	Net gain or (loss) ▶		12,350			
	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 . . ▶						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			5,008,094			

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).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	4,672,700	4,672,700		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	277,402	138,701	27,740	110,961
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,008	24,504	4,901	19,603
9 Other employee benefits	34,842	17,421	3,484	13,937
10 Payroll taxes	21,149	10,574	2,115	8,460
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,500	8,750	1,750	7,000
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,703	9,352	1,870	7,481
g Other				
12 Advertising and promotion	12,114	6,056	1,212	4,846
13 Office expenses	46,493	23,247	4,649	18,597
14 Information technology	10,493	5,247	1,049	4,197
15 Royalties				
16 Occupancy	23,149	11,574	2,315	9,260
17 Travel	1,800	900	180	720
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,398	47,213	6,192	23,993
20 Interest				
21 Payments to affiliates	40,346	20,172	4,034	16,140
22 Depreciation, depletion, and amortization	14,358	7,179	1,436	5,743
23 Insurance	10,960	5,480	1,096	4,384
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Telephone & postage	21,240	10,620	2,124	8,496
b DeTocqueville / Donor Cultivation	16,325	8,162	1,633	6,530
c Dues & subscriptions	2,091	1,046	210	835
d Agency liaison	8,227	8,227	0	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,376,298	5,037,125	67,990	271,183
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,269,574	1	4,159,070
	2 Savings and temporary cash investments	1,764,463	2	1,177,189
	3 Pledges and grants receivable, net	749,514	3	301,099
	4 Accounts receivable, net		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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,972	9	8,379
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 347,114		
	b Less: accumulated depreciation	10b 291,894	58,034	10c 55,220
	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	3,934,749	15	4,332,102
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,781,306	16	10,033,059	
Liabilities	17 Accounts payable and accrued expenses	55,602	17	69,097
	18 Grants payable	3,099,905	18	3,238,650
	19 Deferred revenue		19	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,155,507	26	3,307,747
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	3,172,357	27	2,393,210
	28 Temporarily restricted net assets	1,275,656	28	1,197,287
	29 Permanently restricted net assets	3,177,786	29	3,134,815
	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	7,625,799	33	6,725,312	
34 Total liabilities and net assets/fund balances	10,781,306	34	10,033,059	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,008,094
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,376,298
3	Revenue less expenses. Subtract line 2 from line 1	3	-368,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,625,799
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-532,283
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,725,312

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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 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 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		
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number

59-0637885

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐ Yes ☐ No
- (ii) A family member of a person described in (i) above? ☐ Yes ☐ No
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ Yes ☐ No
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,004,533	3,665,320	4,208,557	3,700,355	3,781,940	18,360,705
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	3,004,533	3,665,320	4,208,557	3,700,355	3,781,940	18,360,705
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)						6,195,834
6 Public support. Subtract line 5 from line 4.						12,164,871

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,004,533	3,665,320	4,208,557	3,700,355	3,781,940	18,360,705
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	773,592	473,738	189,328	248,559	183,295	1,868,512
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						20,229,217
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 2011 (line 6, column (f) divided by line 11, column (f))	14	60 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	88 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2011. 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—2010. 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Supplemental Financial Statements

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

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).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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, and not on a historic structure listed in the National Register	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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 (ASC 958) 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
1c	
1d	
1e	
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	5,952,921	5,300,912	5,569,229	4,314,028	
b Contributions	100		40,000		
c Net investment earnings, gains, and losses	-1,545,919	670,759	-308,317	1,255,201	
d Grants or scholarships	-75,000	-18,750			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,332,102	5,952,921	5,300,912	5,569,229	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 72 %

c Temporarily restricted endowment ☐ 28 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		223,148	183,211	39,937
d Equipment		123,966	108,683	15,283
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				55,220

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) 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 (ASC 740).

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	5,008,094
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,376,298
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-368,204
4	Net unrealized gains (losses) on investments	4	-170,024
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-309,971
8	Other (Describe in Part XIV.)	8	-52,288
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-900,487

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	4,825,428
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-170,024
b	Donated services and use of facilities	2b	39,646
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-52,288
e	Add lines 2a through 2d	2e	-182,666
3	Subtract line 2e from line 1	3	5,008,094
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	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,008,094

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

1	Total expenses and losses per audited financial statements	1	5,725,915
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	39,646
b	Prior year adjustments	2b	309,971
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	349,617
3	Subtract line 2e from line 1	3	5,376,298
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	5,376,298

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 X, Line 2: Income Taxes: The Organization is a not-for-profit organization exempt from income taxes under Internal Revenue Code

Section 501(c)(3). The Organization is classified as a publicly supported organization that is not a private foundation. The Organization

evaluates its uncertain tax positions in accordance with FASB ASC 740, Income Taxes, which states that management's determination of the

taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for

uncertainty in income taxes. Management does not believe that the Organization has any significant uncertain tax positions that would be

material to the financial statements. The Organization remains subject to examinations by major tax jurisdictions for tax years ending after

2008.

Part XIV Supplemental Information *(continued)*

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

Part V: 1c: For the current year includes prior year adjustments in the amount of (1,499,479)

Part XI: Line 8: Change in value of beneficial interests in trust

Part XII: Line 2d: Change in value of beneficial interests in trust.

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

2011

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 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.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) See Attached			4,672,700				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) (2011)

Town of Palm Beach United Way
Schedule I
[Form 990]

Grants and Other Assistance to Organizations

59-0637885

(a) Name and Address of Organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(h) Purpose of grant or assistance
2-1-1 PB/Treasure Coast PO Box 3588, Lantana, FL 33465	23-7153017	501(c)(3)	162,000	Grant to support program operating costs and donor designation for general support
ARC of the Glades 4250 NW 16th, Belle Glade, FL 33430	59-1760374	501(c)(3)	6,500	Grant to support program operating costs
ARC of Palm Beach County 1201 Australian, Riviera Beach, FL 33404	59-0883386	501(c)(3)	200,000	Grant to support program operating costs
Adopt-A-Family 1712 N Second, Lake Worth, FL 33460	59-2471253	501(c)(3)	137,500	Grant to support program operating costs and donor designation for general support
Aid to Victims of Domestic Abuse PO Box 6167, Delray Beach, FL 33482	59-2486620	501(c)(3)	59,000	Grant to support program operating costs and grant for indigent home health care
Alpert Jewish Family & Children's Service PO Box 220627, WPB, FL 33422	59-1520581	501(c)(3)	84,500	Grant to support program operating costs and grant for indigent home health care
Alzheimer's Community Care 800 Northpoint, WPB, FL 33407	31-1481653	501(c)(3)	78,000	Grant to support program operating costs and grant for indigent home health care
Back to School Bash 1712 2nd Ave N, Lake Worth, FL 33460	65-1141522	501(c)(3)	1,000	Grant for back to school supplies
Boys & Girls Clubs of PBC 800 Northpoint, WPB, FL 33407	23-7060561	501(c)(3)	1,469,500	Grant to support program operating costs and donor designation for general support
Boys Town South Florida 3111 S Dixie Highway, WPB, FL 33406	47-0376606	501(c)(3)	6,300	Grant for Thanksgiving meals
Caridad Center 8545 West Boynton Beach, Boynton Beach, FL 33437	65-0149423	501(c)(3)	85,000	Grant to support program operating costs
Catholic Charities PB Box 109650, Palm Beach Gardens, FL 33410	59-2470479	501(c)(3)	27,500	Grant to support program operating costs and grant for indigent home health care
Center for Family Services 4101 Parker, WPB, FL 33405	59-1084179	501(c)(3)	137,500	Grant to support program operating costs
Children's Home Society 3333 Forest Hill, WPB, FL 33406	59-0192430	501(c)(3)	94,500	Grant to support program operating costs
CARP PO Box 2507, WPB, FL 33402	59-1447364	501(c)(3)	70,900	Grant to support program operating costs
CredAbility 700 South Dixie, WPB, FL 33401	58-0942924	501(c)(3)	15,000	Grant to support program operating costs
C.R.O.S Ministries 301 S First, Lake Worth FL 33460	59-1802917	501(c)(3)	17,500	Grant to support program operating costs and grant for the purchase of food
Deaf Service Center 3111 South Dixie, WPB, FL 33405	59-2433417	501(c)(3)	54,500	Grant to support program operating costs

Schedule I

[Form 990]

Drug Abuse Foundation 400 South Swinton, Delray Beach, FL 33444	23-7074625	501(c)(3)	54,000	Grant to support program operating costs
DATA	59-1363887	501(c)(3)	144,000	Grant to support program operating costs
1016 North Clemons, Jupiter, FL 33477				
Executive Women of the Palm Beaches 2300 Centrepark West, WPB, FL 33409	59-2382645	501(c)(3)	500	Grant to support program operating costs
Families First of PBC 3333 Forest Hill, WPB, FL 33406	65-0166352	501(c)(3)	65,000	Grant to support program operating costs
Farmworker Coordinating Council 1313 Central, Lake Worth, FL 33460	59-1830267	501(c)(3)	157,000	Grants to support program operating costs
Feeding South Florida 426 Claremore Drive, WPB, FL 33401	59-2097520	501(c)(3)	96,000	Grant to support program operating costs
Forest Hill High School 6901 Parker, WPB, FL 33406	59-6000783		300	Grant to support Project Graduation
FoundCare 2330 South Congress Avenue, WPB, FL 33406	54-2083748	501(c)(3)	12,500	Grant for indigent home health care
Glades Initiative 141 S.E. Avenue C, Belle Glade, FL 33430	01-0733180	501(c)(3)	55,500	Grant to support program operating costs and donor designation for general support
Gratitude House, Inc. 1700 North Dixie, WPB, FL 33407	23-7215223	501(c)(3)	65,250	Grant to support program operating costs
Guatemalan Tomorrow Fund PO Box 3636, Tequesta, FL 33469	65-0305897	501(c)(3)	1,200	Grant to support program operating costs
Gulfstream Goodwill Industries 1715 East Tiffany, WPB, FL 33407	59-1197040	501(c)(3)	20,000	Grant to support program operating costs
Habitat for Humanity 1225 South Military Trail, WPB, FL 33415	59-3525576	501(c)(3)	5,250	Donor designation for general support
Healthy Mothers/Healthy Babies 500 Gulfstream, Delray Beach, FL 33483	59-2657051	501(c)(3)	50,000	Grant to support program operating costs
Home Safe 2840 South Sixth, Lake Worth, FL 33461	59-1935485	501(c)(3)	87,000	Grant to support program operating costs
Homeless Coalition of PBC 810 Datura Street 2nd Floor, WPB, FL 33401	65-0125852	501(c)(3)	5,000	Grant to support program operating costs
Hospice of PBC 5300 East Avenue, WPB, FL 33407	59-1825937	501(c)(3)	12,000	Grant for indigent home health care
Jewish Community Center 8500 Jog, Boynton Beach, FL 33472	59-1582799	501(c)(3)	20,000	Grant to support program operating costs
Kramer Senior Services 4920 Loring Drive, WPB, FL 33417	59-2753822	501(c)(3)	12,500	Grant for indigent home health care

**Town of Palm Beach United Way
Schedule I
[Form 990]**

Grants and Other Assistance to Organizations

59-0637885

Legal Aid 423 Fern, WPB, FL 33401	59-6046994	501(c)(3)	61,350	Grant to support program operating costs and donor designation for general support
Leukemia & Lymphoma Society 4360 Northlake, Palm Beach Gardens, FL 33410	13-5644916	501(c)(3)	2,500	Grant to support program operating costs
Lord's Place PO Box 3265, WPB, FL 33402	59-2240502	501(c)(3)	117,750	Grant to support program operating costs and donor designation for general support
March of Dimes 1649 Forum Place, WPB, FL 33401	13-1846366	501(c)(3)	250	Grant to support program operating costs
Mental Health Association 909 Fern Street, WPB, FL 33401	59-0760220	501(c)(3)	10,000	Grant to support program operating costs
Milagro Center 340 SW 6th, Delray Beach, FL 33444	65-0804625	501(c)(3)	25,000	Grant to support program operating costs
Opportunity, Inc. 1713 Quail Drive, WPB, FL 33409	59-0624429	501(c)(3)	100,000	Grant to support program operating costs
Palm Beach Habilitation Center 4522 S Congress Avenue, Lake Worth, FL 33461	59-6213381	501(c)(3)	125,200	Grants to support program operating costs
Palm Beach Literacy Coalition 551 SE 8th Street, Delray Beach, FL 33483	65-0169791	501(c)(3)	125,450	Grant to support program operating costs and donor designation for general support
Palm Beach Public School 239 Coconut Row, Palm Beach, FL 33480	59-6000783	501(c)(3)	500	Grant to support program operating costs
Planned Parenthood 2300 North Florida Mango, WPB, FL 33409	59-1391115	501(c)(3)	59,000	Grant to support program operating costs and donor designation for general support
Rehabilitation Center for Children and Adults 300 Royal Palm Way, Palm Beach, FL 33480	59-0791037	501(c)(3)	1,000	Grant to support program operating costs
Seagull Industries 3879 W Industrial Way, Riviera Beach, FL 33404	59-1879968	501(c)(3)	250,000	Grant to support program operating costs
Take Stock In Children 1896 Palm Beach Lakes, WPB, FL 33409	59-3331584	501(c)(3)	51,500	Grant to support program operating costs
Urban League 1700 North Australian, WPB, FL 33407	59-1533710	501(c)(3)	19,000	Grant to support program operating costs
Urban Youth Impact PO Box 222592, West Palm Beach, FL 33422	91-1901103	501(c)(3)	10,000	Grant to support program operating costs
YMCA of South Palm Beach 6631 S Palmetto Circle, Boca Raton, FL 33431	59-1416281	501(c)(3)	31,000	Grant to support program operating costs
YWCA of Palm Beach County 2200 N FL Mango Road, WPB, FL 33409	59-1416281	501(c)(3)	113,500	Grant to support program operating costs

total grants

4,672,700

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.

Page 1 of 2

Employer identification number

59

0637885

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Phyllis Krock Trustee	1	✓						0	0	0
(27) Patricia Lester Trustee	1	✓						0	0	0
(28) Frayda B. Lindemann Trustee	1	✓						0	0	0
(29) John Mashek Trustee	1	✓						0	0	0
(30) Cara McClure Trustee	1	✓						0	0	0
(31) Pamela McIver Trustee	1	✓						0	0	0
(32) Joyce McLendon Trustee	1	✓						0	0	0
(33) Paula Michel Trustee	1	✓						0	0	0
(34) Harriet Miller Trustee	1	✓						0	0	0
(35) Danielle Hickox Moore Trustee	1	✓						0	0	0
(36) Bridget Moran Trustee	1	✓						0	0	0
(37) Heidi Niblack Trustee	1	✓						0	0	0
(38) Daniel E. Ponton Trustee	1	✓						0	0	0
(39) Monika Preston Trustee	1	✓						0	0	0
(40) Tom Quick Trustee	1	✓						0	0	0
(41) Cater Randolph Trustee	1	✓						0	0	0
(42) Joyce Reingold Trustee	1	✓						0	0	0
(43) David Scaff Trustee	1	✓						0	0	0
(44) Laurie Silvers Trustee	1	✓						0	0	0
(45) Lesly Smith Trustee	1	✓						0	0	0
(46) E. Lynn Surovek 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.

Page 2 of 2

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			
(47) Dom Telesco Trustee	1	✓						0	0	0
(48) James Thompson Trustee	1	✓						0	0	0
(49) Robbi Toll Trustee	1	✓						0	0	0
(50) Betsy Turner Trustee	1	✓						0	0	0
(51) Wally Turner Trustee	1	✓						0	0	0
(52) Debra Vasilopoulos Trustee	1	✓						0	0	0
(53) Kathy Willis Trustee	1	✓						0	0	0
(54) Allen Wyett Trustee	1	✓						0	0	0
(55) Michael J. Bracci Chairman	1			✓				0	0	0
(56) Christine W. Curtis Vice Chairman	1			✓				0	0	0
(57) J. Ira Harris Vice Chairman	1			✓				0	0	0
(58) Michele Kessler Vice Chairman	1			✓				0	0	0
(59) Trip Moore Vice Chairman	1			✓				0	0	0
(60) John Scarpa Vice Chairman	1			✓				0	0	0
(61) Mark W. Cook Treasurer	1			✓				0	0	0
(62) Peter Elwell Deputy Treasure	1			✓				0	0	0
(63) Gail Coniglio Secretary	1			✓				0	0	0
(64) Elizabeth M. Walton President & CEO	40					✓		119,758	0	5,987

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Town of Palm Beach United Way, Inc.

Noncash Contributions

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

OMB No 1545-0047

2011

**Open To Public
Inspection**

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				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous		5	59,343	Stock quote
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.)				
26 Other ► (.)				
27 Other ► (.)				
28 Other ► (.)				

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

29

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?

	Yes	No
30a		✓

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

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

31	✓	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		✓
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b If "Yes," describe in Part II.

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
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Name of the organization

Town of Palm Beach United Way, Inc

Employer identification number

59-0637885

Form 990, PART I, SUMMARY, Question 1:

It takes coordination and an entire network of programs and services to make our community stronger and healthier Change is possible
when we all work together

Form 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS:

RESPONSE POOL [\$60,200] When an emergency strikes or special needs arise, whether locally in Palm Beach County or across the world,
the Town of Palm Beach United Way provides assistance and is ready to help. Agencies include: Alpert Jewish Family and Children's
Services, CROS Ministries, P B County Literacy Coalition, Farmworker Coordinating Council, Boys Town, The Glades Initiative, and
Back to School Bash

VISITING NURSE FUND: [\$75,000]

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

Name of the organization Town of Palm Beach United Way, Inc	Employer identification number 59-0637885
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Form 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS:**DONOR DESIGNATED DOLLARS TO MEMBER AGENCIES [\$1,373,850]**

We processed \$1,373,850 in donor-designated funds. Donor-designated funds are contributions specifically directed by the donor to be forwarded to other nonprofit organizations, so the Town of Palm Beach United Way acts simply as an agent that collects, processes and disburses the funds. We provide this service as a convenience to our donors. Since it is not mission-oriented function, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions

PART VI, Section B, Line 11A:

Form 990 is prepared by the Town of Palm Beach United Way's bookkeeper. A draft of Form 990 is reviewed by the CEO. The draft Form 990 is then presented to the Audit Committee for review and approval. A final version of Form 990 is presented to the Board of Trustees for review and approval.

PART VI, Section B, Line 12C:

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

PART VI, Section B, Line 15:

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

PART VI, Section C, Line 19:

The Town of Palm Beach United Way makes its governing documents, conflict of interest policy, Form 990 and audits available to the public upon request. The Town of Palm Beach United Way's current 990 and audit are available on our website. The Town of Palm Beach United Way's 990 and audit is also available on third party website (www.guidestar.org and www.foundation.org)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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2011

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Name of the organization

Town of Palm Beach United Way, inc.

Employer identification number

59-0637885

PART VII, Line 2c, Financial Statements Reporting:

The Audit Committee of the Town of Palm Beach United Way is responsible for the oversight of the audit of the Town of Palm Beach

United Way's financial statements and the selection of an independent auditor.

PART XI, Line 5, Reconciliation of Net Assets:

Unrealized loss on beneficial interests in trusts (\$52,288)

Unrealized loss on investments (\$170,024)

Write off pledges receivable (\$309,971)