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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable: C Name of organization: United Way of Palm Beach County, Inc. D Employer identification number: 59-0683258 E Telephone number: (561) 375-6600 G Gross receipts \$: 15,373,412 H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No H(c) Group exemption number: 1962 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2-7. Governance and revenue data; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets and liabilities.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: Laura George, President & CEO, dated 4/11/2025. Preparer: Scott Y. Haynes, CPA, dated 3-29-2025. Firm: Holyfield & Thomas, LLC, 125 Butler Street, West Palm Beach, FL 33407.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To ensure that everyone in Palm Beach County has access to the basics: A quality education, a place to live, financial stability, good medical care, and enough to eat.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 11,443,322. including grants of \$ 7,613,535.) (Revenue \$ 177,060.) Stabilizing families by investing in: Financial stability - Households increase income, build savings, and grow assets. Fight hunger - Households have increased access to nutritious food. Housing & homelessness - Individuals and families achieve housing stability.

Helping youth succeed by investing in: Graduate & thrive - Youth gain the education, skills, and support to succeed in life. Mentoring - Youth have access to a positive, caring relationship with a nonparental adult.

4b (Code:) (Expenses \$ 500,808. including grants of \$ 460,000.) Investing in programs and initiatives that help individuals and nonprofit organizations during a crisis. 211's information, assessment and referral helpline provides guidance and support 24-hours a day, seven days a week for individuals and families facing a variety of challenges.

United Way leads the County's disaster relief and recovery efforts by coordinating volunteers and donations, providing necessary funds to agencies so they can open their doors and provide services as soon as possible, as well as participating in long-term recovery efforts.

4c (Code:) (Expenses \$ 1,302,856. including grants of \$ 1,249,793.) Support initiatives that build the organizational capacity of nonprofit organizations.

Nonprofit legal assistance project offers access to an attorney for any matter affecting a nonprofit organization, their board of directors, staff or clients.

Agency accreditation strengthens the administrative and operational capacity of nonprofit agencies by assessing the agencies' health as well as core competencies in numerous areas including board governance, financial practices, strategic planning, fundraising, human resources and more.

4d Other program services (Describe on Schedule O.) (Expenses \$ 881,962. including grants of \$ 914,036.) (Revenue \$ 16,571.)

4e Total program service expenses 14,128,948.

Part IV Checklist of Required Schedules

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

3-29-2025

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

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 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 on Schedule O.		
	1a 27		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 27		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
Tula Hudson-Miller, Senior VP of Finance - (561) 375-6619
477 South Rosemary Avenue, Ste 230, West Palm Beach, FL 33401

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Laura George President & CEO	40.00			X			316,772.	0.	57,558.	
(2) Tula Hudson-Miller SVP of Finance	40.00			X			154,102.	0.	22,788.	
(3) Seth B. Bernstein Exec VP of Community Investments	40.00					X	193,134.	0.	48,580.	
(4) Brian Edwards SVP of Development	40.00					X	162,463.	0.	12,691.	
(5) Paula McLeod VP of Philanthropy	40.00					X	102,967.	0.	15,403.	
(6) Donna J. Pulda VP of Special Initiatives and Grants	40.00					X	100,037.	0.	20,293.	
(7) Donna Quinlan VP of Community Impact	40.00					X	105,891.	0.	18,820.	
(8) Rikki Bagatell Legal Counsel	2.00	X		X			0.	0.	0.	
(9) Christopher Chase Secretary, Campaign Cabinet, Chair	2.00	X		X			0.	0.	0.	
(10) Frank Compiani Immediate Past Chair, Audit Committee	2.00	X		X			0.	0.	0.	
(11) Tony Hunter Vice Chair, Strategic Planning Commi	2.00	X		X			0.	0.	0.	
(12) Craig Jenkins Chair of Board of Directors and Exec	2.00	X		X			0.	0.	0.	
(13) Allison Taylor Treasurer & Finance Commit	2.00	X		X			0.	0.	0.	
(14) Jennifer Bellis Community Impact Committee, Vice Cha	2.00	X					0.	0.	0.	
(15) Adam I. Bregman Board Member	2.00	X					0.	0.	0.	
(16) Howard Bregman Emeritus Director	2.00	X					0.	0.	0.	
(17) Donald Byrd Board Member	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Patric Edmondson Innovation & Technology Subcommittee	2.00	X						0.	0.	0.
(19) George Elmore Emeritus Director	2.00	X						0.	0.	0.
(20) John Fischetti Community Impact Committee	2.00	X						0.	0.	0.
(21) John Flanigan Emeritus Director	2.00	X						0.	0.	0.
(22) John L. Gall Jr. Labor Liaison	2.00	X						0.	0.	0.
(23) Jessica Geoffroy Board Member	2.00	X						0.	0.	0.
(24) Melanie Giorno Tressel Board Member	2.00	X						0.	0.	0.
(25) Donna Glenn At large Member & Tocquev	2.00	X						0.	0.	0.
(26) Talla McGahee Board Member	2.00	X						0.	0.	0.
1b Subtotal								1,135,366.	0.	196,133.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,135,366.	0.	196,133.

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 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

See Part VII, Section A Continuation sheets

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Rows include Arthur Menor, Henry Moreno, Juan Pagan, Ana Perera, Keith Richard Oswald, Robert vanGiessen, Caroline Villanueva, Lisa Williams-Taylor, Erika DeBlasi, Michelle Gonzalez, and Connor Lewis.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	37,214.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,374,681.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,873,265.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 258,934.				
	h Total. Add lines 1a-1f			14,285,160.			
Program Service Revenue	2 a Designation Fees	Business Code					
		900099	76,356.	76,356.			
	b Campaign Engagement	900099	55,704.	55,704.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			132,060.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		634,963.			634,963.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	259,658.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	258,934.				
	c Gain or (loss)	7c	724.				
d Net gain or (loss)			724.		724.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Misc. revenue-Related-990	Business Code					
		900099	61,571.	61,571.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			61,571.				
12 Total revenue. See instructions			15,114,478.	193,631.	0.	635,687.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,237,364.	10,237,364.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	580,338.	160,757.	197,515.	222,066.
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	3,187,091.	2,336,842.	217,985.	632,264.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	157,806.	76,978.	34,643.	46,185.
9 Other employee benefits	409,292.	196,366.	110,978.	101,948.
10 Payroll taxes	262,721.	117,384.	64,201.	81,136.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	88,753.	70,775.	13,986.	3,992.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	247,558.	197,410.	39,012.	11,136.
12 Advertising and promotion				
13 Office expenses	26,443.	13,747.	4,986.	7,710.
14 Information technology				
15 Royalties				
16 Occupancy	221,538.	116,226.	46,642.	58,670.
17 Travel	27,182.	8,557.	12,157.	6,468.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	27,128.	16,271.	7,118.	3,739.
20 Interest				
21 Payments to affiliates	191,729.	84,908.	42,344.	64,477.
22 Depreciation, depletion, and amortization	93,000.	39,201.	27,496.	26,303.
23 Insurance	41,867.	21,357.	7,698.	12,812.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Printing and Publicatio</u>	191,998.	47,479.	3,679.	140,840.
b <u>Rental and Maintenance</u>	191,581.	91,079.	47,668.	52,834.
c <u>Sponsor events and meet</u>	154,211.	101,433.	6,027.	46,751.
d <u>Provision for Uncollect</u>	120,585.	120,585.		
e All other expenses _____	247,862.	74,229.	15,791.	157,842.
25 Total functional expenses. Add lines 1 through 24e	16,706,047.	14,128,948.	899,926.	1,677,173.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,000.	1	1,000.
	2 Savings and temporary cash investments	1,397,579.	2	1,854,411.
	3 Pledges and grants receivable, net	2,868,526.	3	2,095,446.
	4 Accounts receivable, net	44,612.	4	2,707.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	156,997.	9	133,052.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 974,922.		
	b Less: accumulated depreciation	10b 811,845.	228,864.	10c 163,077.
	11 Investments - publicly traded securities	19,041,462.	11	18,023,839.
	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	303,162.	15	200,557.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,042,202.	16	22,474,089.	
Liabilities	17 Accounts payable and accrued expenses	1,100,392.	17	478,785.
	18 Grants payable	3,311,550.	18	1,487,398.
	19 Deferred revenue	244,145.	19	68,426.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	439,580.	25	291,135.
	26 Total liabilities. Add lines 17 through 25	5,095,667.	26	2,325,744.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,095,980.	27	17,234,286.
	28 Net assets with donor restrictions	2,850,555.	28	2,914,059.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,946,535.	32	20,148,345.
33 Total liabilities and net assets/fund balances	24,042,202.	33	22,474,089.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,114,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,706,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,591,569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,946,535.
5	Net unrealized gains (losses) on investments	5	2,793,379.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,148,345.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: United Way of Palm Beach County, Inc. Employer identification number: 59-0683258

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16788725.	29010310.	13423814.	15927992.	14285160.	89436001.
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	16788725.	29010310.	13423814.	15927992.	14285160.	89436001.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						89436001.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	16788725.	29010310.	13423814.	15927992.	14285160.	89436001.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	326,095.	282,372.	665,386.	701,793.	634,963.	2610609.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						92046610.
12 Gross receipts from related activities, etc. (see instructions)					12	1,312,161.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.16	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.56	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

United Way of Palm Beach County, Inc.

Employer identification number

59-0683258

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization United Way of Palm Beach County, Inc.	Employer identification number 59-0683258
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>3,277,546.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,872,373.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,094,380.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>445,303.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>741,439.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>690,661.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization United Way of Palm Beach County, Inc.	Employer identification number 59-0683258
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 856,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 290,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization United Way of Palm Beach County, Inc.	Employer identification number 59-0683258
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization United Way of Palm Beach County, Inc.	Employer identification number 59-0683258
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: United Way of Palm Beach County, Inc. Employer identification number: 59-0683258

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

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,149,335.	10,953,136.	12,766,273.	10,890,153.	10,140,502.
b Contributions	568,035.	276,622.	398,324.	291,178.	256,003.
c Net investment earnings, gains, and losses	2,119,890.	1,373,810.	-1,700,811.	2,023,122.	602,139.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,485,973.	454,233.	510,650.	438,190.	108,491.
f Administrative expenses					
g End of year balance	12,351,287.	12,149,335.	10,953,136.	12,766,263.	10,890,153.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.4200 %
 - b Permanent endowment 1.5800 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		646,840.	533,642.	113,198.
d Equipment		328,082.	278,203.	49,879.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				163,077.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Right of Use Payable	291,135.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	291,135.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,071,421.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,793,379.
b	Donated services and use of facilities	2b	198,186.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,991,565.
3	Subtract line 2e from line 1	3	14,079,856.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,034,622.
c	Add lines 4a and 4b	4c	1,034,622.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,114,478.

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

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

1	Total expenses and losses per audited financial statements	1	15,869,611.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	198,186.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	198,186.
3	Subtract line 2e from line 1	3	15,671,425.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,034,622.
c	Add lines 4a and 4b	4c	1,034,622.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,706,047.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The organization is a non-profit organization exempt from income taxes under Section 501(c)(3) of the IRC. The organization has been classified as a publicly supported organization that is not a private foundation under section 509(A)(1) of the IRC.

The Organization follows FASB ASC 740-10-00, "Accounting for Uncertainty in Income Taxes." This pronouncement seeks to reduce the diversity in practice associated with certain aspects of measurement and recognition in accounting for income taxes. It prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position that an entity takes or expects to take in a tax return.

Part XIII Supplemental Information (continued)

An entity may only recognize or continue to recognize tax positions which meet a "more likely than not" threshold. The Organization assesses its income tax positions based on management's evaluation of the facts, circumstances and information available at the reporting date. The Organization uses the prescribed "more likely than not" threshold when making its assessment. The Organization has not accrued any interest expense or penalties related to tax positions for the year ended September 30, 2024, and there are currently no open federal or state tax years under audit.

Part XI, Line 4b - Other Adjustments:

Designation to other agencies	914,037.
Provision for uncollectible pledges	120,585.
Total to Schedule D, Part XI, Line 4b	1,034,622.

Part XII, Line 4b - Other Adjustments:

Designation to other agencies	914,037.
Provision for uncollectible pledges	120,585.
Total to Schedule D, Part XII, Line 4b	1,034,622.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **United Way of Palm Beach County, Inc.** Employer identification number **59-0683258**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Palm Beach County Food Bank 701 A-2 Boutwell Road Lake Worth Beach, FL 33461	90-0788707	501 (C)(3)	3,341,784.	0.			Community Impact & Designations
The Arc of Palm Beach County 1201 Australian Ave Riviera Beach, FL 33404	59-0883386	501 (C)(3)	970,701.	0.			Allocation to Agencies & Community Impact & Designations
Florida Mentoring Network DBA Xcel Mentoring Network 700 S. Rosemary Square Suite 204 - West Palm Beac	93-4355322	501 (C)(3)	407,074.	0.			Community Impact & Designations
Adopt-A-Family of the Palm Beaches Inc. - 1712 2nd Avenue, North - Lake Worth, FL 33460	59-2471253	501 (C)(3)	346,877.	0.			Allocation to Agencies & Community Impact & Designations
Pan-Florida Challenge 2097 Trade Center, Suite D Naples, FL 34109	47-2993766	501 (C)(3)	318,359.	0.			Community Impact
Housing/ Community Partnership Inc. - dba Community Partners of South FL 2001 W Blue Heron Blvd - Riviera	59-2704597	501 (C)(3)	227,263.	0.			Community Impact

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **88.**

3 Enter total number of other organizations listed in the line 1 table **88.**

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Lord's Place Inc. PO Box 3265 West Palm Beach, FL 33402	59-2240502	501 (C)(3)	226,713.	0.			Allocation to Agencies & Community Impact & Designations
Children's Home Society of Florida South Coastal Division - 482 S. Keller Rd. - Orlando, FL 32810-6130	59-0192430	501 (C)(3)	214,912.	0.			Community Impact & Designations
211 Palm Beach/Treasure Coast PO Box 3588 Lantana, FL 33465-3588	23-7153017	501 (C)(3)	181,745.	0.			Allocation to Agencies & Designations
Milagro Foundation Inc. DBA Milagro Center 695 Auburn Ave - Delray Beach, FL 33444-4416	65-0804625	501 (C)(3)	141,744.	0.			Allocation to Agencies & Community Impact & Designations
Take Stock in Children 1896 Palm Beach Lakes Blvd, Suite 1 West Palm Beach, FL 33409	20-8077416	501 (C)(3)	139,699.	0.			Allocation to Agencies & Community Impact & Designations
Connect to Greatness Inc. PO Box 3525 Boynton Beach, FL 33424	81-4018027	501 (C)(3)	131,660.	0.			Community Impact & Designations
Healthy Mothers/Healthy Babies Coalition of PBC, Inc. - 4601 Lake Worth Road - Greenacres, FL 33463	59-2657051	501 (C)(3)	128,789.	0.			Community Impact & Designations
Highlands Hope Inc PO Box 1212 Sebring, FL 33871	93-3051626	501 (C)(3)	124,528.	0.			Community Impact
Digital Vibez Inc. 2635 Old Okeechobee Rd. West Palm Beach, FL 33409	46-5032425	501 (C)(3)	122,414.	0.			Community Impact & Designations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Empowered to Prosper 1104 N. Dixie Hwy Lake Worth, FL 33460	83-1731712	501 (C)(3)	114,693.	0.			Community Impact & Designations
Achievement Center for Children and Families - 555 NW 4th St - Delray Beach, FL 33444	59-1264435	501 (C)(3)	106,202.	0.			Allocation to Agencies & Designations
Palm Beach County Literacy Coalition - 3651 Quantum Blvd - Boynton Beach, FL 33426	65-0169781	501 (C)(3)	104,240.	0.			Community Impact & Designations
National Seating & Mobility Inc 1406 SW 13th Court Pompano Beach, FL 33069	62-1400785	501 (C)(3)	102,668.	0.			Community Impact
Boys and Girls Club of Palm Beach County Inc. - 800 Northpoint Parkway - Ste 204 - West Palm Beach, FL 33407-1978	23-7060561	501 (C)(3)	101,825.	0.			Community Impact & Designations
Ferd & Gladys Alpert Jewish Family & Children's Service of - Palm Beach County, Inc 5841 Corporate Way, Suite 200 -	59-1520581	501 (C)(3)	100,673.	0.			Community Impact & Designations
United Way of Sarasota County Inc. (United Way of South Sarasota County Inc.) - 4242 S Tamiami Trail - Venice, FL 34293	59-1100846	501 (C)(3)	97,409.	0.			Community Impact
Inner City Innovators Inc. 313 Datura St. Suite #200 West Palm Beach, FL 33401	81-3809173	501 (C)(3)	96,847.	0.			Community Impact
Ruth Rales Jewish Family Service of South Palm Beach County - 21300 Ruth & Baron Coleman Blvd - Boca Raton, FL 33428-1757	65-1115689	501 (C)(3)	94,098.	0.			Community Impact & Designations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grandma's Place 184 Sparrow Drive Royal Palm Beach, FL 33411	65-0821321	501 (C)(3)	90,148.	0.			Community Impact & Designations
Legal Aid Society of Palm Beach County Inc. - 423 Fern St, Ste 200 - West Palm Beach, FL 33401	59-6046994	501 (C)(3)	88,706.	0.			Allocation to Agencies & Community Impact & Designations
Because Im Worth It 1758 Annandale Circle Royal Palm Beach, FL 33411	47-5007815	501 (C)(3)	80,814.	0.			Community Impact & Designations
Collier Disaster Alliance Inc 6017 Pine Ridge Rd, Ste 362 Naples, FL 34119	92-2124497	501 (C)(3)	79,063.	0.			Community Impact
FLIPANY 2860 West State Road 84, Suite 103 Dania Beach, FL 33312	87-0743538	501 (C)(3)	77,500.	0.			Community Impact
Xcel Strategies, Inc. 8401 Royal Oak Dr. Savannah, GA 31406	46-0987967	501 (C)(3)	75,000.	0.			Community Impact
Orange County Long Term Recovery Group - dba Rise Orange County PO Box 3006 - Windermere, FL 34786	82-5478067	501 (C)(3)	74,580.	0.			Community Impact
For The Children Inc. 1718 South Douglas Street Lake Worth, FL 33460	65-0950530	501 (C)(3)	72,511.	0.			Allocation to Agencies & Designations
Palm Beach County Literacy Coalition - 3651 Quantum Blvd - Boynton Beach, FL 33426	65-0169781	501 (C)(3)	70,000.	0.			Allocation to Agencies

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jeff Industries Inc. 115 East Coast Avenue Hypoluxo, FL 33462	59-2516157	501 (C)(3)	65,376.	0.			Allocation to Agencies & Designations
Florence Fuller Child Development Center Inc. - 200 NE 14th St - Boca Raton, FL 33432	59-1312245	501 (C)(3)	65,043.	0.			Community Impact & Designations
The ARC of The Glades 4250 NW 16th Street Belle Glade, FL 33430-5962	59-1760374	501 (C)(3)	59,934.	0.			Allocation to Agencies & Designations
American Association of Caregiving Youth Inc - 6401 Congress Ave. #200 - Boca Raton, FL 33487	65-0866677	501 (C)(3)	57,504.	0.			Community Impact & Designations
Palm Beach County Fire Rescue Cadet Battalion - 405 Pike Rd. - West Palm Beach, FL 33411	36-4799751	501 (C)(3)	56,667.	0.			Designations
Vita Nova 2724 N. Australian Ave. West Palm Beach, FL 33407	65-0298299	501 (C)(3)	51,287.	0.			Allocation to Agencies & Designations
Families First of Palm Beach County Inc. - 3333 Forest Hill Blvd. 2nd Floor - West Palm Beach, FL 33406	65-0166352	501 (C)(3)	51,129.	0.			Allocation to Agencies & Designations
Wounded Veterans Relief Fund 300 Prosperity Farms Road, Suite F North Palm Beach, FL 33408	26-2886846	501 (C)(3)	50,102.	0.			Community Impact & Designations
Bound For College 1730 S Federal Hwy Ste 297 Delray Beach, FL 33483	45-4916115	501 (C)(3)	50,000.	0.			Allocation to Agencies

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feed the Hungry Pantry of Palm Beach County - 8306 155TH Place North - Palm Beach Gardens, FL 33418	82-3760456	501 (C)(3)	45,097.	0.			Community Impact & Designations
Compass Inc. 201 N Dixie Hwy Lake Worth, FL 33460-3079	65-0052657	501 (C)(3)	42,134.	0.			Community Impact & Designations
T. Leroy Jefferson Medical Society 4371 Northlake BLVD, Suite 309 Palm Beach Gardens, FL 33410	33-1007795	501 (C)(3)	41,160.	0.			Community Impact & Designations
Gulf Coast Partnership 408 Tamiami Trail, Unit 121 Punta Gorda, FL 33950	38-3913077	501 (C)(3)	37,522.	0.			Community Impact
Student Aces 7750 Arbor Crest Way Palm Bch Gdns, FL 33412	46-3081102	501 (C)(3)	30,634.	0.			Community Impact & Designations
Grey Team Inc. 1181 South Rogers Circle, Suite 28 Boca Raton, FL 33487	81-4567473	501 (C)(3)	28,912.	0.			Community Impact & Designations
Stephen Siller Tunnel to Towers Foundation - 2361 Hylan Blvd - Staten Island, NY 10306	02-0554654	501 (C)(3)	24,976.	0.			Designations
Kibblez of Love Inc 8100 Belvedere Rd. Suite 13 West Palm Beach, FL 33411	45-2317006	501 (C)(3)	24,237.	0.			Designations
Clinics Can Help Inc 2560 Westgate Avenue West Palm Beach, FL 33409	20-2778895	501 (C)(3)	22,823.	0.			Community Impact & Designations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Diocese of Venice, Inc - 1000 Pinebrook Road - Venice, FL 34285	59-2473176	501 (C)(3)	21,200.	0.			Community Impact
Fort Freedom Inc 4755 SE Dixie Hwy, Unit 636 Stuart, FL 34997	84-2859802	501 (C)(3)	20,500.	0.			Community Impact
PBC Firefighters Pipe & Drum Corps 1827 Antigua Road Lake Clark Shores, FL 33406	26-2667890	501 (C)(3)	19,428.	0.			Designations
HERD Foundation Inc. 5135 Conklin Drive Delray Beach, FL 33445	83-2268455	501 (C)(3)	18,500.	0.			Community Impact
Habitat for Humanity of Greater Palm Beach County - 181 SE 5th Ave - Delray Beach, FL 33483	65-0307017	501 (C)(3)	15,612.	0.			Community Impact & Designations
Emanuel Jackson Sr. Project Inc 3300 S Seacrest Blvd Boynton Beach, FL 33435	47-1912341	501 (C)(3)	15,087.	0.			Community Impact & Designations
St Judes Childrens Research Hospital - 501 St. Jude Place - Memphis, TN 38105	62-0646012	501 (C)(3)	13,976.	0.			Designations
SendMeMissions 303 W Main St. Suite #3 Wauchula, FL 33873	45-4455369	501 (C)(3)	13,200.	0.			Community Impact
Big Dog Ranch Rescue 14444 Okeechobee Blvd Loxahatchee Groves, FL 33470	26-3184971	501 (C)(3)	12,942.	0.			Community Impact & Designations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volusia Interfaiths/Agencies Networking in Disaster Inc - PO Box 9364 - Daytona Beach, FL 32120	59-3721382	501 (C)(3)	12,499.	0.			Community Impact
Homeless Coalition of Palm Beach County - 810 Datura Street - West Palm Beach, FL 33401	65-0125825	501 (C)(3)	12,197.	0.			Allocations to Agencies
Firefighters On a Mission Inc. 1501 Berkshire Ave Jupiter, FL 33469	82-4078321	501 (C)(3)	11,873.	0.			Designations
Faith Hope Love Charity Inc. 3175 S Congress Avenue Ste 310 Greenacres, FL 33461	65-0464807	501 (C)(3)	11,412.	0.			Community Impact & Designations
Palm Beach County Fire Rescue Retiree Association Inc 14851 69th Dr N - West Palm Beach, FL 33418	45-5194387	501 (C)(3)	11,280.	0.			Designations
The 22 Project 4800 Linton Blvd Suite D503 - Delray Beach, FL 33445	47-1180415	501 (C)(3)	11,000.	0.			Community Impact
Salvation Army of Palm Beach County - 2100 Palm Beach Lakes Blvd - West Palm Beach, FL 33409	58-0660607	501 (C)(3)	10,826.	0.			Community Impact & Designations
Boca Medical Supply LLC 1307 W. Palmetto Park Rd Boca Raton, FL 33486	45-0498704	501 (C)(3)	10,358.	0.			Community Impact
Palm Beach County Firefighters Honor Guard Inc - 406 Pike Rd. - West Palm Beach, FL 33411	30-1245981	501 (C)(3)	10,039.	0.			Designations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of Fisher House Inc. 2475 Mercer Avenue, #103 West Palm Beach, FL 33410	20-4768915	501 (C)(3)	10,000.	0.			Community Impact
Urban League of Palm Beach County Inc. - 1700 N Australian Ave - West Palm Beach, FL 33407	59-1533710	501 (C)(3)	9,399.	0.			Community Impact & Designations
Boundless Assistive Technology 7490 SW Bridgeport Road Portland, OR 97224	27-3495566	501 (C)(3)	8,385.	0.			Community Impact
Aid To Victims of Domestic Abuse Inc. (AVDA) - PO Box 6161 - Delray Beach, FL 33482-6161	59-2486620	501 (C)(3)	8,330.	0.			Designations
The Bobby Resciniti Healing Hearts Foundation - 5075 Palm Way - Lake Worth, FL 33463	26-0146851	501 (C)(3)	8,104.	0.			Designations
The Glades Initiative 141 SE Ave D Belle Glade, FL 33430	01-0733180	501 (C)(3)	7,075.	0.			Designations
Knights of Pythagoras Mentoring Network - 401 W. Atlantic Ave. Suite 09 - Delray Beach, FL 33444	61-1479812	501 (C)(3)	7,000.	0.			Community Impact
Scholar Career Coaching Inc. 3601 N Military Trail, Suite 308 Boca Raton, FL 33431	46-2987394	501 (C)(3)	7,000.	0.			Community Impact
Spandana Foundation 1146 Yorkshire Dr. Breinigsville, PA 18031	26-2002409	501 (C)(3)	6,796.	0.			Designations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Animal Rescue League of the Palm Beaches Peggy Adams - 3200 N Military Trail - West Palm beach, FL 33409	59-0637811	501 (C)(3)	6,529.	0.			Designations
Blazin Crownz Foundation 2620 N Australian Ave, Ste 109 West Palm Beach, FL 33407	86-2234973	501 (C)(3)	6,000.	0.			Community Impact
Friends of the Palm Beach County Public Library, Inc. 3650 Summit Blvd. - West Palm Beach, FL 33406	59-2038524	501 (C)(3)	5,891.	0.			Designations
United Way of Broward County Ansin Building 1300 S. Andrews Avenue - Fort Lauderdale, FL 33316	59-0624402	501 (C)(3)	5,793.	0.			Designations
Forgotten Soldier Outreach Inc. 3550 23rd Street, Suite 7 Lake Worth, FL 33461	51-0493205	501 (C)(3)	5,501.	0.			Community Impact & Designations
Christians Reaching Out to Society Inc. (C.R.O.S.) - 3677 23rd Avenue South, B-101 - Lake Worth, FL 33461	59-1802917	501 (C)(3)	5,476.	0.			Community Impact & Designations
Falk Prosthetics & Orthotics 5180 W. Atlantic Ave, Suite 116 Delray Beach, FL 33484	20-2822112	501 (C)(3)	5,467.	0.			Community Impact
Catholic Charities of the Diocese of Palm Beach Inc. - 9995 N. Military Trail - Palm Beach Gardens, FL 33410	59-2470479	501 (C)(3)	5,423.	0.			Designations
Audiology With a Heart 2324 S. Congress Ave, Suite 2-G Palm Springs, FL 33406	47-1103465	501 (C)(3)	5,300.	0.			Community Impact

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Community Care Inc. 800 Northpoint Pkwy - Ste 101B West Palm Beach, FL 33407-1978	31-1481653	501 (C)(3)	5,087.	0.			Designations

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

When funds are granted for a specific program or initiative, there is generally a grant agreement or letter of direction which includes reporting requirements. When funds are granted for general support, there are no reporting requirements. Oversight of these grants is conducted by the community investments division which includes programatic and financial reporting.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

United Way of Palm Beach County, Inc.

Employer identification number

59-0683258

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Laura George President & CEO	(i)	272,480.	32,500.	11,792.	24,766.	32,792.	374,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Tula Hudson-Miller SVP of Finance	(i)	151,422.	2,500.	180.	12,353.	10,435.	176,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Seth B. Bernstein Exec VP of Community Investments	(i)	182,954.	10,000.	180.	15,380.	33,200.	241,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Brian Edwards SVP of Development	(i)	159,783.	2,500.	180.	9,095.	3,596.	175,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **United Way of Palm Beach County, Inc.**
Employer identification number: **59-0683258**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	6	258,934.	Public Exchange
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

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

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

United Way of Palm Beach County, Inc.

Employer identification number

59-0683258

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

Empowering healthy lives by investing in:

Special needs - Enhancing the quality of life for families with
children with disabilities.

Initiative led by the United Way of Palm Beach County, Inc.

Hunger relief:

Beginning in 2015, United Way of Palm Beach County, Palm Beach County
Board of County Commissioners, and upwards of 180 other partners have
been implementing our hunger relief plan to reduce local hunger. The
plan includes ten bold goals, with 4 strategy teams addressing
childhood hunger, seniors, building infrastructure, and the Glades.

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

Other program costs represent the grants to partner agencies as
designated by donors.

Expenses \$ 881,962. including grants of \$ 914,036. Revenue \$ 16,571.

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

A Draft of Form 990 is reviewed by the Senior Vice President of Finance.
The draft Form 990 is then presented to the audit committee for review and
approval. A final version of Form 990 is presented to the board of
directors for review and approval.

Name of the organization United Way of Palm Beach County, Inc.	Employer identification number 59-0683258
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Form 990, Part VI, Section B, Line 12c:

Board members and staff complete and sign conflict of interest statements annually which are reviewed by the Senior Vice President of Finance of the organization. The staff notifies management of any possible conflicts that arise. Board members with a conflict will abstain from any vote pertaining to their conflict.

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

The executive compensation committee has this responsibility. They meet at least two times per year to discuss, review, and recommend CEO compensation. They also make recommendations about key employees of the organization, which are subject to final review and approval by the CEO.

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

The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request in the Organization's office. The current financial statements are available on its website. The Organization's current form 990 is available on its website as well as third party websites.

Part XII Line 2C

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

Schedule O - 2022 Grants Paid

The Organization's 2022 Schedule I reported cash grants paid to The

Name of the organization United Way of Palm Beach County, Inc.	Employer identification number 59-0683258
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Glades Initiative of \$262,792. The actual amount paid was \$24,988.

Multiple horizontal lines for additional entries.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. United Way of Palm Beach County, Inc.	Taxpayer identification number (TIN) 59-0683258
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 477 South Rosemary Ave, 230	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. West Palm Beach, FL 33401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Tula Hudson-Miller, Senior VP of Finance - 477 South Rosemary Avenue, Ste 230 - West Palm Beach, FL 33401**

Telephone No. **(561) 375-6619** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **August 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning OCT 1, 2023, and ending SEP 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer United Way of Palm Beach County, Inc.	EIN or SSN 59-0683258
Name and title of officer or person subject to tax Dr. Laura George President & CEO	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>15,114,478.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Holyfield & Thomas, LLC to enter my PIN 22072
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Laura George

Date

3/26/2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57017866363

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

15070325 784176 2207200

2023.05070 UNITED WAY OF PALM BEACH 22072001

Product: **Exempt**
 Name: **United Way of Palm Beach County, Inc.**
 FEIN: *******3258**
 Bank Info:
 Fiscal Year Begin Date: **10/1/2023**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **9/30/2024**

IRS Center: **Ogden**
 e-Postmark: **3/31/2025 10:34 AM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/25/2025	23X:2207200:V1	Upload Started			Haynes, Scott	
03/25/2025	23X:2207200:V1	Ready to Release by Customer				
03/28/2025	23X:2207200:V1	Upload Started			Haynes, Scott	
03/28/2025	23X:2207200:V1	Ready to Release by Customer				
03/28/2025	23X:2207200:V1	Upload Started			Haynes, Scott	
03/28/2025	23X:2207200:V1	Ready to Release by Customer				
03/31/2025	23X:2207200:V1	Released for Transmission - Validation in Progress			Haynes, Scott	
03/31/2025	23X:2207200:V1	Ready to transmit - Validation Complete				
03/31/2025	23X:2207200:V1	Transmitted to FD	57017820250900346e02			
03/31/2025	23X:2207200:V1	Accepted by FD on 3/31/2025				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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