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PUBLIC DISCLOSURE COPY



# DASZKALBOLTON

accountants & advisors

March 25, 2020

United Way of Palm Beach County, Inc  
477 S Rosemary Ave No. 230  
West Palm Beach, FL 33401

Dear Laura:

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Kevin E. Reynolds, CPA, PA  
Partner

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING

June 30, 2019

<b>Prepared for</b>	United Way of Palm Beach County, Inc 477 S Rosemary Ave No. 230 West Palm Beach, FL 33401
<b>Prepared by</b>	Daszkal Bolton LLP 2401 NW Boca Raton Blvd Boca Raton, FL 33431-6639
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2020.

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF PALM BEACH COUNTY, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>477 S ROSEMARY AVE 230</b> City or town, state or province, country, and ZIP or foreign postal code <b>WEST PALM BEACH, FL 33401</b> <b>F</b> Name and address of principal officer: <b>DR. LAURA GEORGE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>59-0683258</b> <b>E</b> Telephone number <b>561-375-6600</b> <b>G</b> Gross receipts \$ <b>16,838,536.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYPBC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1962</b>		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO BE A COMMUNITY WHERE ALL INDIVIDUALS &amp; FAMILIES ACHIEVE THEIR FULL POTENTIAL.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>37</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>37</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>71</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>8133</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>16,353,272.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>141,629.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>232,507.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>136,518.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,863,926.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,694,758.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,453,107.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,837,094.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,021,565.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,169,430.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-305,504.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>17,412,769.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>5,349,586.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>12,063,183.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DR. LAURA GEORGE, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KEVIN E. REYNOLDS</b>	Preparer's signature Date
	Firm's name ▶ <b>DASZKAL BOLTON LLP</b> Firm's address ▶ <b>2401 NW BOCA RATON BLVD BOCA RATON, FL 33431-6639</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00178156</b> Firm's EIN ▶ <b>65-0406502</b> Phone no. (561) <b>367-1040</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 5,738,588. including grants of \$ 2,943,304. ) (Revenue \$ ) INVESTING IN PROGRAMS AND COLLECTIVE IMPACT INITIATIVES THAT FOCUS ON ACCESS TO THE BASICS.

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 SUPPORTS TO

4b (Code: ) (Expenses \$ 456,142. including grants of \$ 325,834. ) (Revenue \$ ) 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 \$ 354,835. including grants of \$ 353,814. ) (Revenue \$ ) 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 in Schedule O.) (Expenses \$ 4,716,995. including grants of \$ 4,134,738. ) (Revenue \$ 442,596.)

4e Total program service expenses 11,266,560.

**Part IV Checklist of Required Schedules**

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

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

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

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 71		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			



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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BAUER, MICHAEL BOARD MEMBER	2.00	X					0.	0.	0.	
(2) BRANCACCIO, JENNIFER BOARD MEMBER	2.00	X					0.	0.	0.	
(3) BREGMAN, HOWARD EMERITUS DIRECTOR	2.00	X					0.	0.	0.	
(4) BRUMLEY, FABIOLA BOARD MEMBER	2.00	X					0.	0.	0.	
(5) CAHOON, PAMELA BOARD MEMBER	2.00	X					0.	0.	0.	
(6) CANE, DAN BOARD MEMBER	2.00	X					0.	0.	0.	
(7) CHASE, CHRISTOPHER BOARD MEMBER	2.00	X					0.	0.	0.	
(8) DOYLE-TAYLOR, ALLISON BOARD MEMBER	2.00	X					0.	0.	0.	
(9) ELMORE, GEORGE EMERITUS DIRECTOR	2.00	X					0.	0.	0.	
(10) FLANIGAN, JOHN EMERITUS DIRECTOR	2.00	X					0.	0.	0.	
(11) GALL, JOHN (LABOR) BOARD MEMBER	2.00	X					0.	0.	0.	
(12) GALLON, DENNIS BOARD MEMBER	2.00	X					0.	0.	0.	
(13) GAUGER, MICHAEL (CHIEF DEPUTY) BOARD MEMBER	2.00	X					0.	0.	0.	
(14) HERNANDEZ, ROLANDO -RESIGNED SE BOARD MEMBER	2.00	X					0.	0.	0.	
(15) KISELEWSKI, DONALD BOARD MEMBER	2.00	X					0.	0.	0.	
(16) LA CAVA, GONZALO BOARD MEMBER	2.00	X					0.	0.	0.	
(17) LEVINSON, JON 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LONGENECKER, KENTON BOARD MEMBER	2.00	X					0.	0.	0.	
(19) MENOR, ARTHUR BOARD MEMBER	2.00	X					0.	0.	0.	
(20) NEWARA, GREGORY BOARD MEMBER	2.00	X					0.	0.	0.	
(21) NISBETH, HEATHER BOARD MEMBER	2.00	X					0.	0.	0.	
(22) PUMO, MICHAEL BOARD MEMBER	2.00	X					0.	0.	0.	
(23) RAY, GAIL BOARD MEMBER	2.00	X					0.	0.	0.	
(24) ROLLO, MEREDITH BOARD MEMBER	2.00	X					0.	0.	0.	
(25) SABEAN, GINA BOARD MEMBER	2.00	X					0.	0.	0.	
(26) SEARCY, DARRELL BOARD MEMBER	2.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							644,026.	0.	54,256.	
<b>d Total (add lines 1b and 1c)</b>							644,026.	0.	54,256.	

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 30,112.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 3,132,353.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 12,545,796.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	70,775.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	15,708,261.				
<b>Program Service Revenue</b>	<b>2 a</b> DESIGNATION FEES .....	<b>Business Code</b> 900099	134,135.	134,135.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	▶	134,135.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	296,459.			296,459.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		391,220.					
		<b>b</b> Less: cost or other basis and sales expenses .....	392,039.				
		<b>c</b> Gain or (loss) .....	-819.				
	<b>d</b> Net gain or (loss) .....	▶	-819.			-819.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....	▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> CAMPAIGN ENGAGEMENT .....	<b>900099</b>	308,461.	308,461.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶	308,461.				
<b>12 Total revenue.</b> See instructions .....	▶	16,446,497.	442,596.	0.	295,640.		

**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  X

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	7,757,690.	7,757,690.		
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	663,286.	187,671.	197,127.	278,488.
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	2,255,255.	1,562,078.	163,129.	530,048.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	163,173.	63,275.	39,352.	60,546.
9 Other employee benefits	354,330.	137,402.	85,452.	131,476.
10 Payroll taxes	215,815.	88,671.	54,996.	72,148.
11 Fees for services (non-employees):				
a Management	209,652.	139,390.	62,172.	8,090.
b Legal				
c Accounting	24,502.	16,290.	7,266.	946.
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.)	61.	41.	18.	2.
12 Advertising and promotion				
13 Office expenses	54,415.	30,824.	8,412.	15,179.
14 Information technology				
15 Royalties				
16 Occupancy	150,107.	68,010.	25,026.	57,071.
17 Travel	33,699.	11,464.	14,236.	7,999.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	147,183.	99,590.	12,420.	35,173.
20 Interest				
21 Payments to affiliates	192,323.	110,396.	32,824.	49,103.
22 Depreciation, depletion, and amortization	95,803.	36,116.	24,313.	35,374.
23 Insurance	29,601.	13,207.	6,734.	9,660.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROVISION FOR UNCOLLECT</b>	804,640.	804,640.		
b <b>CAMPAIGN ENGAGEMENT</b>	197,606.	19,464.		178,142.
c <b>BANK AND PROCESSING FEE</b>	179,697.			179,697.
d <b>PRINTING AND PUBLICATIO</b>	171,145.	43,390.	1,283.	126,472.
e All other expenses	180,701.	76,951.	42,270.	61,480.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,880,684.	11,266,560.	777,030.	1,837,094.
26 <b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,750.	<b>1</b>	5,573.
	<b>2</b> Savings and temporary cash investments .....	2,510,373.	<b>2</b>	2,552,563.
	<b>3</b> Pledges and grants receivable, net .....	2,362,717.	<b>3</b>	2,795,544.
	<b>4</b> Accounts receivable, net .....	79,992.	<b>4</b>	32,205.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	40,736.	<b>9</b>	16,147.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 859,690.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 333,766.		
	<b>11</b> Investments - publicly traded securities .....	604,286.	<b>10c</b>	525,924.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	10,837,396.	<b>11</b>	11,082,604.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	973,519.	<b>14</b>	997,527.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	17,412,769.	<b>15</b>	18,008,087.	
<b>17</b> Accounts payable and accrued expenses .....	596,969.	<b>16</b>	569,649.	
<b>18</b> Grants payable .....	3,816,415.	<b>17</b>	1,312,294.	
<b>19</b> Deferred revenue .....	865,232.	<b>18</b>	1,173,882.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....	70,970.	<b>24</b>	67,039.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,349,586.	<b>25</b>	3,122,864.	
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>		
<b>27</b> Unrestricted net assets .....	8,706,206.	<b>27</b>	11,605,683.	
<b>28</b> Temporarily restricted net assets .....	3,331,977.	<b>28</b>	0.	
<b>29</b> Permanently restricted net assets .....	25,000.	<b>29</b>	3,279,540.	
<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	12,063,183.	<b>33</b>	14,885,223.	
<b>34</b> Total liabilities and net assets/fund balances .....	17,412,769.	<b>34</b>	18,008,087.	

**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	16,446,497.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,880,684.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,565,813.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,063,183.
5	Net unrealized gains (losses) on investments	5	256,227.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,885,223.

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





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,716,709.	14,599,329.	14,895,954.	16,353,272.	15,708,261.	77,273,525.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,716,709.	14,599,329.	14,895,954.	16,353,272.	15,708,261.	77,273,525.
<b>5</b> 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) .....						4,704,385.
<b>6 Public support.</b> Subtract line 5 from line 4.						72,569,140.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	15,716,709.	14,599,329.	14,895,954.	16,353,272.	15,708,261.	77,273,525.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	119,965.	161,938.	212,392.	3,907.	296,459.	794,661.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						78,068,186.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,750,102.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.96 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	93.73 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  <b>UNITED WAY OF PALM BEACH COUNTY, INC</b>	Employer identification number  <b>59-0683258</b>
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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
1	 <hr/> <hr/> <hr/>	\$ <u>3,080,719.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,696,325.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>641,328.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,833,829.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,249,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>916,876.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF PALM BEACH COUNTY, INC</b>	Employer identification number  <b>59-0683258</b>
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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/> <hr/>	\$ 401,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 426,921.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 365,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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  <b>UNITED WAY OF PALM BEACH COUNTY, INC</b>	Employer identification number  <b>59-0683258</b>
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>UNITED WAY OF PALM BEACH COUNTY, INC</b>	Employer identification number  <b>59-0683258</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year .....	1	
<b>2</b> Aggregate value of contributions to (during year) .....	6,767.	
<b>3</b> Aggregate value of grants from (during year) .....	10,689.	
<b>4</b> Aggregate value at end of year .....	3,096.	
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
<b>a</b> Total number of conservation easements .....	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements .....	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

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

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

**(i)** Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 on 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	9,807,840.	9,397,476.	5,900,483.	6,467,218.	6,372,274.
b Contributions	132,759.	171,797.	3,088,239.	24,513.	14,967.
c Net investment earnings, gains, and losses	466,184.	611,426.	737,801.	9,500.	101,877.
d Grants or scholarships					
e Other expenditures for facilities and programs	409,471.	372,859.	329,049.	600,748.	21,900.
f Administrative expenses					
g End of year balance	9,997,312.	9,807,840.	9,397,476.	5,900,483.	6,467,218.

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

- a Board designated or quasi-endowment  98.30 %
- b Permanent endowment  1.70 %
- c Temporarily restricted endowment  .00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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.	139,714.	507,126.
d Equipment		212,850.	194,052.	18,798.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  525,924.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	27,561.
(2) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	969,966.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	997,527.

**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) ANNUITY LIABILITY	67,039.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	67,039.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	12,270,894.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	256,227.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	356,149.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-4,787,979.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-4,175,603.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	16,446,497.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	16,446,497.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9,448,854.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	356,149.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	356,149.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,092,705.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,787,979.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,787,979.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,880,684.

**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 ASC 740, INCOME TAXES. ASC 740 CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN INCOME TAX PROVISIONS AND PRESCRIBES A MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS

**Part XIII** Supplemental Information (continued)

INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES	-3,983,338.
PROVISION FOR UNCOLLECTIBLE PLEDGES	-804,641.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-4,787,979.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES	3,983,338.
PROVISION FOR UNCOLLECTIBLE PLEDGES	804,641.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,787,979.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
THE ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	59-0883386	501( C )( 3 )	686,596.	0.			COMMUNITY IMPACT
ADOPT-A-FAMILY OF THE PALM BEACHES INC. - 1712 2ND AVENUE, NORTH - LAKE WORTH, FL 33460	59-2471253	501( C )( 3 )	306,101.	0.			COMMUNITY IMPACT
HOUSING COMMUNITY PARTNERSHIP INC 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	59-1964034	501( C )( 3 )	301,367.	0.			COMMUNITY IMPACT
UNITED COMMUNITY OPTIONS OF BROWARD, PALM BEACH AND MID-COAS - 3595 2ND AVENUE N - LAKE WORTH, FL 33461	59-0174817	501( C )( 3 )	287,527.	0.			COMMUNITY IMPACT
THE LORD'S PLACE INC. 2808 NORTH AUSTRALIA AVENUE WEST PALM BEACH, FL 33407	59-2240502	501( C )( 3 )	258,675.	0.			COMMUNITY IMPACT
AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST INC. - 4400 N. CONGRESS AVENUE - WEST PALM BEACH, FL 33407	65-0087858	501( C )( 3 )	224,435.	0.			COMMUNITY IMPACT

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

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAN-FLORIDA CHALLENGE 2097 TRADE CENTER, SUITE D NAPLES, FL 34109	47-2993766	501( C )( 3 )	217,676.	0.			COMMUNITY IMPACT
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462	90-0788707	501( C )( 3 )	215,000.	0.			COMMUNITY IMPACT
211 PALM BEACH/TREASURE COAST PO BOX 3588 LANTANA, FL 33465	23-7153017	501( C )( 3 )	208,628.	0.			COMMUNITY IMPACT
BOYS AND GIRLS CLUB OF PALM BEACH COUNTY INC. - 800 NORTHPOINT PARKWAY STE 204 - WEST PALM BEACH, FL 33407	23-7060561	501( C )( 3 )	168,397.	0.			COMMUNITY IMPACT
CHILDREN'S HOME SOCIETY OF FLORIDA SOUTH COASTAL DIVISION - 482 S. KELLER RD. - ORLANDO, FL 32810	59-0192430	501( C )( 3 )	152,407.	0.			COMMUNITY IMPACT
HEALTHY MOTHERS/HEALTHY BABIES COALITION OF PBC, INC. - 4601 LAKE WORTH ROAD - GREENACRES, FL 33463	59-2657051	501( C )( 3 )	130,493.	0.			COMMUNITY IMPACT
LEGAL AID SOCIETY OF PALM BEACH COUNTY INC. - 423 FERN ST, STE 200 - WEST PALM BEACH, FL 33401	59-6046994	501( C )( 3 )	117,243.	0.			COMMUNITY IMPACT
FARMWORKERS COORDINATING COUNCIL OF PBC INC - 1123 CRESTWOOD BLVD. - LAKE WORTH, FL 33460	59-1830267	501( C )( 3 )	114,500.	0.			COMMUNITY IMPACT
PALM BEACH COUNTY LITERACY COALITION - 3651 QUANTUM BLVD - BOYNTON BEACH, FL 33426	65-0169781	501( C )( 3 )	107,408.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES FIRST OF PALM BEACH COUNTY INC. - 3333 FOREST HILL BLVD. 2ND FLOOR - WEST PALM BEACH, FL 33406	45-5184288	501( C )( 3 )	105,369.	0.			COMMUNITY IMPACT
FERD & GLADYS ALPERT JEWISH FAMILY & CHILDREN'S SERVICE - 5841 CORPORATE WAY, SUITE 200 - WEST PALM BEACH, FL 33422	59-1520581	501( C )( 3 )	103,050.	0.			COMMUNITY IMPACT
THE VOLEN CENTER 1515 W PALMETTO PARK RD BOCA RATON, FL 33486	59-2695062	501( C )( 3 )	100,000.	0.			COMMUNITY IMPACT
CLINICS CAN HELP INC 2560 WESTGATE AVENUE WEST PALM BEACH, FL 33409	20-2778895	501( C )( 3 )	97,500.	0.			COMMUNITY IMPACT
RUTH RALES JEWISH FAMILY SERVICE OF SOUTH PALM BEACH COUNTY - 21300 RUTH AND BARON COLEMAN BLVD - BOCA RATON, FL 33428	65-1115689	501( C )( 3 )	97,358.	0.			COMMUNITY IMPACT
MILAGRO FOUNDATION INC. 695 AUBURN AVE DELRAY BEACH, FL 33444	65-0804625	501( C )( 3 )	93,658.	0.			COMMUNITY IMPACT
PALM BEACH COUNTY MEDICAL SOCIETY SERVICES INC. - 3540 FOREST HILL BLVD 101 - WEST PALM BEACH, FL 33406	65-1048299	501( C )( 3 )	90,000.	0.			COMMUNITY IMPACT
COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY INC. - 1660 SOUTHERN BLVD SUITE N - WEST PALM BEACH, FL 33406	59-2516164	501( C )( 3 )	85,000.	0.			COMMUNITY IMPACT
TAKE STOCK IN CHILDREN 1896 PALM BEACH LAKES BLVD, SUITE 1 WEST PALM BEACH, FL 33409	20-8077416	501( C )( 3 )	78,708.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFF INDUSTRIES INC. 115 EAST COAST AVENUE LANTANA, FL 33462	59-2516157	501( C )( 3 )	77,308.	0.			COMMUNITY IMPACT
AMERICAN ASSOCIATION OF CAREGIVING YOUTH INC - 6401 CONGRESS AVE. 200 - BOCA RATON, FL 33487	65-0866677	501( C )( 3 )	75,664.	0.			COMMUNITY IMPACT
ASPIRA OF FLORIDA INC. 6100 BLUE LAGOON DRIVE, SUITE 460 WEST PALM BEACH, FL 33405	59-2105537	501( C )( 3 )	75,000.	0.			COMMUNITY IMPACT
NONPROFITS FIRST 1818 S AUSTRALIAN AVE STE 450 WEST PALM BEACH, FL 33409	26-3189428	501( C )( 3 )	71,499.	0.			COMMUNITY IMPACT
FOR THE CHILDREN INC. 1718 SOUTH DOUGLAS STREET LAKE WORTH, FL 33460	65-0950530	501( C )( 3 )	68,821.	0.			COMMUNITY IMPACT
PALM BEACH COUNTY FIRE RESCUE CADET BATTALION - 405 PIKE RD. - WEST PALM BEACH, FL 33411	36-4799751	501( C )( 3 )	68,392.	0.			DESIGNATIONS
THE CHILDREN'S PLACE AT HOME SAFE INC. - 2840 6TH AVE SOUTH - LAKE WORTH, FL 33461	59-1935485	501( C )( 3 )	68,086.	0.			COMMUNITY IMPACT
PALM BEACH HABILITATION CENTER 4522 S CONGRESS AVE LAKE WORTH, FL 33461	59-6213381	501( C )( 3 )	65,000.	0.			COMMUNITY IMPACT
ACHIEVEMENT CENTER FOR CHILDREN AND FAMILIES - 555 NW 4TH ST - DELRAY BEACH, FL 33444	65-1023099	501( C )( 3 )	63,529.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 )	59,050.	0.			COMMUNITY IMPACT
THE ARC OF THE GLADES 4250 NW 16TH STREET BELLE GLADE, FL 33430	59-1760374	501( C )( 3 )	59,000.	0.			COMMUNITY IMPACT
PALM BEACH COUNTY FOOD BANK 525 GATOR LANE LANTANA, FL 33462	90-0788707	501( C )( 3 )	58,291.	0.			DESIGNATIONS
FLORIDA ATLANTIC UNIVERSITY FOUNDATION - 777 GLADES ROAD ADMIN 383 - BOCA RATON, FL 33431	59-0917284	501( C )( 3 )	52,775.	0.			COMMUNITY IMPACT
AID TO VICTIMS OF DOMESTIC ABUSE INC. (AVDA) - PO BOX 6161 - DELRAY BEACH, FL 33482	59-2486620	501( C )( 3 )	50,000.	0.			COMMUNITY IMPACT
SALVATION ARMY OF PALM BEACH COUNTY - 2100 PALM BEACH LAKES BLVD - WEST PALM BEACH, FL 33409	58-0660607	501( C )( 3 )	50,000.	0.			COMMUNITY IMPACT
URBAN YOUTH IMPACT 2823 N. AUSTRALIAN AVE WEST PALM BEACH, FL 33407	91-1901103	501( C )( 3 )	45,000.	0.			COMMUNITY IMPACT
YWCA OF PALM BEACH COUNTY FLORIDA INC. - 1016 N. DIXIE HIGHWAY - WEST PALM BEACH, FL 33401	59-0751935	501( C )( 3 )	45,000.	0.			COMMUNITY IMPACT
FLORIDA FISHING ACADEMY 7067 PENINSULA COURT LAKE WORTH, FL 33467	16-1775538	501( C )( 3 )	42,000.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VITA NOVA 3111 SOUTH DIXIE HIGHWAY, SUITE 243 WEST PALM BEACH, FL 33405	65-0298299	501( C )( 3 )	40,544.	0.			COMMUNITY IMPACT
COALITION FOR INDEPENDENT LIVING OPTIONS INC.(CILO) - 2751 S. DIXIE HIGHWAY - WEST PALM BEACH, FL 33405	65-0174695	501( C )( 3 )	40,000.	0.			COMMUNITY IMPACT
STREET BEAT INC. 205 SE 3RD AVE., SUITE C SOUTH BAY, FL 33493	65-0646408	501( C )( 3 )	38,758.	0.			COMMUNITY IMPACT
SEAGULL INDUSTRIES FOR THE DISABLED INC. - 3879 BYRON DRIVE - WEST PALM BEACH, FL 33404	59-1879968	501( C )( 3 )	36,973.	0.			COMMUNITY IMPACT
COMPASS INC. 201 N DIXIE HWY LAKE WORTH, FL 33460	65-0052657	501( C )( 3 )	35,938.	0.			COMMUNITY IMPACT
ALZHEIMER'S COMMUNITY CARE INC. 800 NORTHPOINT PKWY - STE 101B WEST PALM BEACH, FL 33407	26-3084046	501( C )( 3 )	35,000.	0.			COMMUNITY IMPACT
LAKE WORTH WEST RESIDENT PLANNING GROUP - 4730 MAINE STREET - LAKE WORTH, FL 33461	65-0838753	501( C )( 3 )	35,000.	0.			COMMUNITY IMPACT
PARENT-CHILD CENTER INC. 2001 W. BLUE HERON BOULEVARD RIVIERA BEACH, FL 33404	59-1964034	501( C )( 3 )	35,000.	0.			COMMUNITY IMPACT
UNITED WAY OF BROWARD COUNTY - 59287 - 1300 S ANDREWS AVE. - FT LAUDERDALE, FL 33316	59-0624402	501( C )( 3 )	34,044.	0.			DESIGNATIONS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA INC. GULF STREAM COUNCIL - 8335 NORTH MILITARY TRAIL - PALM BEACH GDNS, FL 33410	59-0624407	501( C )( 3 )	30,709.	0.			DESIGNATIONS
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH INC. - 9995 N. MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-2470479	501( C )( 3 )	29,165.	0.			COMMUNITY IMPACT
COMMUNITY CARING CENTER OF BOYNTON BEACH INC. - 145 NE 4TH AVE - BOYNTON BEACH, FL 33435	65-0447796	501( C )( 3 )	28,500.	0.			COMMUNITY IMPACT
CHARLOTTE HANS FOUNDATION 1128 ROYAL PALM BEACH BOULEVARD #40 WEST PALM BEACH, FL 33412	47-3497796	501( C )( 3 )	26,773.	0.			DESIGNATIONS
COMMUNITY HEALTH CENTER OF WPB INC 2100 W. 45TH STREET, SUITE A8/9 WEST PALM BEACH, FL 33407	26-3611337	501( C )( 3 )	25,000.	0.			COMMUNITY IMPACT
THE GLADES INITIATIVE 141 SE AVE C BELLE GLADE, FL 33430	01-0733180	501( C )( 3 )	22,840.	0.			COMMUNITY IMPACT
BOYS AND GIRLS CLUB OF PALM BEACH COUNTY INC. - 800 NORTHPOINT PARKWAY - WEST PALM BEACH, FL 33407	23-7060561	501( C )( 3 )	21,934.	0.			DESIGNATIONS
HOMELESS COALITION OF PALM BEACH COUNTY - 810 DATURA STREET - WEST PALM BEACH, FL 33401	65-0125852	501( C )( 3 )	20,991.	0.			DESIGNATIONS
EPILEPSY FOUNDATION OF FL 7300 N. KENDALL DRIVE, SUITE 760 MIAMI, FL 33155	59-3295718	501( C )( 3 )	20,000.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF THE PALM BEACHES & TREASURE COAST INC - 6903 VISTA PARKWAY NORTH, SUITE 10 - WEST PALM BEACH, FL 33411	59-2333738	501( C )( 3 )	20,000.	0.			COMMUNITY IMPACT
MAKE AN IMPACT FOUNDATION INC. PO BOX 1959 DAVIDSON, NC 28036	27-3594856	501( C )( 3 )	20,000.	0.			COMMUNITY IMPACT
GULFSTREAM GOODWILL INDUSTRIES INC. (TIFFANY DR/WPB) - 1715 E. TIFFANY DRIVE - WEST PALM BEACH, FL 33407	59-1197040	501( C )( 3 )	19,200.	0.			COMMUNITY IMPACT
THE BOBBY RESCINITI HEALING HEARTS FOUNDATION - 351 N CONGRESS AVE. SUITE 281 - LAKE WORTH, FL 33463	26-0146851	501( C )( 3 )	18,292.	0.			DESIGNATIONS
ST JUDES CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501( C )( 3 )	17,350.	0.			DESIGNATIONS
CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY INC. - 4101 PARKER AVENUE - WEST PALM BEACH, FL 33405	59-1084179	501( C )( 3 )	15,000.	0.			COMMUNITY IMPACT
URBAN LEAGUE OF PALM BEACH COUNTY INC. - 1700 N AUSTRALIAN AVE - WEST PALM BEACH, FL 33407	59-1533710	501( C )( 3 )	15,000.	0.			COMMUNITY IMPACT
AMERICAN ASSOCIATION OF CAREGIVING YOUTH INC - 6401 CONGRESS AVE. SUITE 200 - BOCA RATON, FL 33487	65-0866677	501( C )( 3 )	14,801.	0.			DESIGNATIONS
PBC FIREFIGHTERS PIPE & DRUM CORPS 1215 N LAKESIDE DR. LAKE WORTH, FL 33466	26-2667890	501( C )( 3 )	14,441.	0.			DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CHILD COUNSELING INC. 7731 N. MILITARY TRAIL, SUITE 4 PALM BEACH GARDENS, FL 33410	65-0932032	501( C )( 3 )	14,180.	0.			COMMUNITY IMPACT
KIBBLEZ OF LOVE INC 8100 BELVEDERE RD. SUITE 13 WEST PALM BEACH, FL 33411	45-2317006	501( C )( 3 )	12,907.	0.			DESIGNATIONS
HEALTHY MOTHERS/HEALTHY BABIES COALITION OF PBC, INC. - 4601 LAKE WORTH ROAD - GREENACRES, FL 33463	59-2657051	501( C )( 3 )	12,141.	0.			DESIGNATIONS
THE LORD'S PLACE INC. 2808 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	59-2240502	501( C )( 3 )	12,129.	0.			DESIGNATIONS
ALZHEIMER'S COMMUNITY CARE INC. 800 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	26-3084046	501( C )( 3 )	11,588.	0.			DESIGNATIONS
AID TO VICTIMS OF DOMESTIC ABUSE INC. (AVDA) - P.O BOX 6161 - DELRAY BEACH, FL 33482	59-2486620	501( C )( 3 )	11,104.	0.			DESIGNATIONS
CHILDREN'S HOME SOCIETY OF FLORIDA SOUTH COASTAL DIVISION - 3333 FOREST HILL BLVD. - ORLANDO, FL 32810	59-0192430	501( C )( 3 )	10,295.	0.			DESIGNATIONS
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH INC. - 9995 N. MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-2470479	501( C )( 3 )	10,269.	0.			DESIGNATIONS
EL SOL JUIPTER'S NEIGHBORHOOD RESOURCE CENTER - 106 MILITARY TRAIL - JUPITER, FL 33458	01-0870672	501( C )( 3 )	9,500.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF PALM BEACH COUNTY - 2100 PALM BEACH LAKES BLVD - WEST PALM BEACH, FL 33409	58-0660607	501( C )( 3 )	9,186.	0.			DESIGNATIONS
PATH TO COLLEGE INC PO BOX 487 LAKE WORTH, FL 33460	81-5228014	501( C )( 3 )	9,012.	0.			COMMUNITY IMPACT
FLIPANY 1777 NORTH DIXIE HIGHWAY FORT LAUDERDALE, FL 33305	87-0743538	501( C )( 3 )	9,000.	0.			COMMUNITY IMPACT
PROPEL 2500 NW 5TH AVE BOCA RATON, FL 33431	01-0793986	501( C )( 3 )	8,113.	0.			COMMUNITY IMPACT
HOSPICE OF PALM BEACH COUNTY FOUNDATION - 5300 EAST AVENUE - WEST PALM BEACH, FL 33407	20-3974070	501( C )( 3 )	8,097.	0.			DESIGNATIONS
PBC ANIMAL CARE AND CONTROL 7100 BELVEDERE RD ROYAL PALM BEACH, FL 33411	59-6000785	501( C )( 3 )	7,713.	0.			DESIGNATIONS
PALM BEACH STATE COLLEGE FOUNDATION - 4200 CONGRESS AVE. - LAKE WORTH, FL 33461	59-1818556	501( C )( 3 )	7,500.	0.			COMMUNITY IMPACT
URBAN YOUTH IMPACT 2823 N. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	91-1901103	501( C )( 3 )	7,442.	0.			DESIGNATIONS
THE ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	59-0883386	501( C )( 3 )	7,365.	0.			DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS CHANCE OF FLORIDA PO BOX 1648 SARASOTA, FL 34230	81-0724553	501( C )( 3 )	7,208.	0.			DESIGNATIONS
RICO'S SCHOLARSHIP FOUNDATION 121 KEN ADAMS WAY #110- B2 WELLINGTON, FL 33414	47-1106078	501( C )( 3 )	6,568.	0.			COMMUNITY IMPACT
PALM BEACH COUNTY LITERACY COALITION - 3651 QUANTUM BLVD - BOYNTON BEACH, FL 33426	65-0169781	501( C )( 3 )	6,542.	0.			DESIGNATIONS
TAKE STOCK IN CHILDREN 1896 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	20-8077416	501( C )( 3 )	6,416.	0.			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 )	6,278.	0.			DESIGNATIONS
FAMILIES FIRST OF PALM BEACH COUNTY INC. - 3333 FORST HILL BLVD. - WEST PALM BEACH, FL 33406	45-5184288	501( C )( 3 )	6,141.	0.			DESIGNATIONS
SCHOLAR CAREER COACHING INC. PO BOX 7733 DELRAY BEACH, FL 33482	46-2987394	501( C )( 3 )	5,604.	0.			COMMUNITY IMPACT
THE CHILDREN'S PLACE AT HOME SAFE INC. - 2840 6TH AVENUE SOUTH - LAKE WORTH, FL 33461	59-1935485	501( C )( 3 )	5,559.	0.			DESIGNATIONS
SPANDANA FOUNDATION 1146 YORKSHIRE DR. BREINIGSVILLE, PA 18031	26-2002409	501( C )( 3 )	5,500.	0.			DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPT-A-FAMILY OF THE PALM BEACHES INC. - 1712 2ND AVENUE NORTH - LAKE WORTH, FL 33460	59-2471253	501( C )( 3 )	5,464.	0.			DESIGNATIONS
COMPASS INC. 201 N. DIXIE HWY LAKE WORTH, FL 33460	65-0052657	501( C )( 3 )	5,327.	0.			DESIGNATIONS
STUDENT ACES 7750 ARBOR CREST WAY PALM BCH GDNS, FL 33412	46-3081102	501( C )( 3 )	5,194.	0.			COMMUNITY IMPACT
UNITED WAY OF ST LUCIE COUNTY 4800 S US HWY 1 FORT PIERCE, FL 34982	59-6212157	501( C )( 3 )	5,179.	0.			DESIGNATIONS
PLANNED PARENTHOOD OF SOUTH FLORIDA & TREASURE COAST - 2300 N FLORIDA MANGO RD. - WEST PALM BEACH, FL 33409	59-1391115	501( C )( 3 )	5,131.	0.			DESIGNATIONS
AMERICAN RED CROSS PALM BEACH COUNTY INC. - 1250 NORTHPOINT PKWY - WEST PALM BEACH, FL 33407	53-0196605	501( C )( 3 )	5,101.	0.			DESIGNATIONS
KNIGHTS OF PYTHAGORAS MENTORING NETWORK INC - 150 N FEDERAL HWY STE 200 - FORT LAUDERDALE, FL 33301	61-1479812	501( C )( 3 )	5,000.	0.			COMMUNITY IMPACT
PALM HEALTHCARE FOUNDATION 700 S. DIXIE HIGHWAY, SUITE 205 WEST PALM BEACH, FL 33401	59-2391119	501( C )( 3 )	5,000.	0.			COMMUNITY IMPACT
GOLDEN GROVE ELEMENTARY SCHOOL PTO INC - 5959 140TH AVE N - WEST PALM BEACH, FL 33411	65-0788542	501( C )( 3 )	5,000.	0.			DESIGNATIONS

Schedule I (Form 990)







**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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](http://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 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 filing 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 checked="" type="checkbox"/> Written employment contract                     |
| <input 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 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) GEORGE, LAURA PRESIDENT & CEO	(i)	226,298.	25,000.	8,491.	15,231.	16,094.	291,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	1	39,984.	FMV
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		

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

Schedule M (Form 990) 2018

**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 supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF PALM BEACH COUNTY, INC

Employer identification number

59-0683258

FORM 990, PART I, LINES 13 & 18:

THE ORGANIZATION ANNUALLY ALLOCATES FUNDS TO ITS AFFILIATED AGENCIES.

THE BOARD OF DIRECTORS APPROVES THE TOTAL AMOUNT OF ALLOCATIONS TO BE

DISTRIBUTED FOR THE NEXT FISCAL YEAR. THE AMOUNTS ALLOCATED TO THE

INDIVIDUAL AGENCIES ARE DETERMINED BY THE COMMUNITY IMPACT COMMITTEE.

ONCE THE BOARD APPROVES THE ALLOCATIONS, THE AGENCIES ARE NOTIFIED AND

AGREEMENTS ARE EXECUTED. THE ALLOCATIONS ARE CONSIDERED CONDITIONAL

PROMISES TO GIVE AS THE AGENCIES MUST EXECUTE THE AGREEMENTS AND COMPLY

WITH THE TERMS AND CONDITIONS INCLUDED THEREIN IN ORDER TO RECEIVE THE

FUNDS. AS THE POSSIBILITY OF THE AGENCIES NOT EXECUTING THE AGREEMENTS

OR NOT MEETING THE ROUTINE PERFORMANCE REQUIREMENTS OR OTHER CONDITIONS

ARE CONSIDERED UNUSUAL, THE ALLOCATIONS ARE RECOGNIZED AS AN EXPENSE

AND LIABILITY WHEN THE AGREEMENTS ARE EXECUTED WITH THE AGENCIES.

IN JUNE 2019, THE BOARD OF DIRECTORS APPROVED ALLOCATIONS AND EXECUTED

CONTRACT EXTENSIONS WITH AGENCIES FOR AN ADDITIONAL THREE MONTHS IN

PREPARATION OF CHANGING THE ORGANIZATION'S FISCAL YEAR END TO SEPTEMBER

30. AT JUNE 30, 2019 AND 2018 ALLOCATIONS PAYABLE WERE \$780,026 AND

\$3,198,494, RESPECTIVELY.

AS A RESULT OF THIS FISCAL YEAR CHANGE AND THE RECORDING OF THREE

MONTHS IN CURRENT PERIOD VS. TWELVE MONTHS IN PREVIOUS PERIODS, THE

PROGRAM EXPENSES ARE LESS RESULTING IN A GREATER ADMINISTRATIVE EXPENSE

AS A PERCENT OF THE TOTAL EXPENSES, WHEN COMPARING TO PREVIOUS YEARS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
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AT UNITED WAY OF PALM BEACH COUNTY, OUR BUSINESS IS COMMUNITY IMPACT. EACH AND EVERY DAY, VOLUNTEERS AND STAFF WORK TOWARD MAKING A MEASURABLE DIFFERENCE IN THE LIVES OF PEOPLE AFFECTED BY SOME OF OUR COMMUNITY'S MOST CHALLENGING AND FAR-REACHING PROBLEMS.

COMMUNITY IMPACT REQUIRES COLLABORATION ACROSS ALL SECTORS OF THE COMMUNITY - BUSINESS, EDUCATION, LOCAL GOVERNMENT, NONPROFITS, FAITH BASED, LABOR UNIONS AND THE MEDIA. WORKING TOGETHER, WE ACCOMPLISH THINGS THAT NO ORGANIZATION, NO INDIVIDUAL AND NO GOVERNMENT CAN ACCOMPLISH ON ITS OWN.

THROUGH INDIVIDUALS, CORPORATE WORKPLACE CAMPAIGNS, GRANTS AND LEADERSHIP GIFTS, WE RAISE MONEY TO SUPPORT LOCAL HUMAN-SERVICE PROGRAMS THAT PROVIDE SERVICES TO PALM BEACH COUNTY RESIDENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SUCCEED IN LIFE.

MENTORING: YOUTH HAVE ACCESS TO A POSITIVE, CARING RELATIONSHIP WITH A NONPARENTAL ADULT.

EMPOWERING HEALTHY LIVES BY INVESTING IN: ACCESS TO CARE: INCREASE ACCESS TO HEALTH INSURANCE AND COMPREHENSIVE SERVICES.

SPECIAL NEEDS: ENHANCING THE QUALITY OF LIFE FOR FAMILIES WITH CHILDREN WITH DISABILITIES.

TWO INITIATIVES LED BY THE UNITED WAY OF PALM BEACH COUNTY, INC.

Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
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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. PALM BEACH COUNTY HAS 200,000 FOOD INSECURE INDIVIDUALS, WITH 64,000 OF THEM BEING CHILDREN- AND OUR OVERARCHING GOAL IS TO ASSIST INDIVIDUALS AND FAMILIES TO HAVE ACCESS TO HEALTHY, NUTRITIOUS FOOD AND REDUCE THIS TROUBLING STATISTIC.

ACHIEVE PALM BEACH COUNTY:

IN 2017, UNITED WAY OF PALM BEACH COUNTY BECAME THE BACKBONE AGENCY FOR ACHIEVE PALM BEACH COUNTY, A COLLECTIVE IMPACT INITIATIVE WITH A VISION THAT EVERY PALM BEACH COUNTY HIGH SCHOOL GRADUATE COMPLETES A POST-SECONDARY CREDENTIAL WITHIN SIX YEARS OF HIGH SCHOOL GRADUATION THAT PREPARES THEM FOR A MEANINGFUL CAREER WITH A SUSTAINABLE WAGE. THE MISSION IS TO ENSURE AN INTEGRATED AND EFFECTIVE SYSTEM OF SUPPORTS FROM MIDDLE SCHOOL THROUGH POST-SECONDARY THAT EMPOWERS STUDENTS FOR CAREER SUCCESS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUOUS IMPROVEMENT INITIATIVE PROVIDES NONPROFIT AGENCIES WITH CAPACITY BUILDING SUPPORT IN THE AREAS OF OBTAINING AGENCY ACCREDITATION, IMPROVING IT INFRASTRUCTURE AND ORGANIZATIONAL DEVELOPMENT SUPPORTS.



Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM COSTS REPRESENT THE GRANTS TO PARTNER AGENCIES AS DESIGNATED BY DONORS.

EXPENSES \$ 4,716,995. INCL GRANTS OF \$ 4,134,738. REVENUE \$ 442,596.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS REVIEWED BY THE EXECUTIVE 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.

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 EXECUTIVE VP OF FINANCE OF THE ORGANIZATION. THE STAFF NOTIFIES MANAGEMENT OF ANY POSSIBLE CONFLICT THAT ARISES. 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, FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN THE ORGANIZATION'S OFFICE. THE ORGANIZATION'S CURRENT

Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
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FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE ORGANIZATION'S  
 CURRENT FORM 990 IS AVAILABLE ON ITS WEBSITE AS WELL AS THIRD PARTY  
 WEBSITES.

FORM 990, PART XII, LINE 2C:  
 NO CHANGE