

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY



# DASZKALBOLTON

accountants & advisors

March 20, 2019

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 2017 Exempt Organization return, as follows...

2017 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, 2018

<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, 2019.

Form **990**

**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

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<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>19,206,136.</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>3 41</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 41</b>
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5 61</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6 7650</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>14,895,954. 16,353,272.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>106,499. 141,629.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>292,489. 232,507.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>110,838. 136,518.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,405,780. 16,863,926.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,695,547. 11,694,758.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0. 0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,835,798. 3,453,107.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0. 0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,777,941.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,502,999. 2,021,565.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,034,344. 17,169,430.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>371,436. -305,504.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>18,690,481. 17,412,769.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>6,837,275. 5,349,586.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>11,853,206. 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 Check if self-employed <input type="checkbox"/> PTIN <b>P00178156</b>
	Firm's name ▶ <b>DASZKAL BOLTON LLP</b> Firm's address ▶ <b>2401 NW BOCA RATON BLVD</b> <b>BOCA RATON, FL 33431-6639</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? [X] Yes [ ] No

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

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

4a (Code: ) (Expenses \$ 2,186,581. including grants of \$ 2,186,581.) (Revenue \$ ) EDUCATION IMPACT AREA-

STRATEGY: SUPPORT THE EDUCATION AND DEVELOPMENT OF YOUTH SO THEY GRADUATE FROM HIGH SCHOOL AND SUCCEED IN LIFE.

INVESTMENT: \$1,019,651 IN 20 PROGRAMS HELPING APPROXIMATELY 20,120 YOUTH ACHIEVE THEIR POTENTIAL.

OUTCOME: 83% OF ALL PROGRAM OUTCOMES WERE MET OR EXCEEDED.

4b (Code: ) (Expenses \$ 1,657,715. including grants of \$ 1,657,715.) (Revenue \$ ) HEALTH IMPACT AREA-

STRATEGY: INCREASE THE ABILITY OF LOW-INCOME, UNINSURED RESIDENTS ACCESS TO HEALTH INSURANCE AND HEALTH CARE SERVICES. INCREASE THE AVAILABILITY AND USE OF HEALTH CARE SERVICES AMONG THESE RESIDENTS.

INVESTMENT: \$726,175 IN 12 PROGRAMS WITHIN PARTNER AGENCIES IMPROVING ACCESS TO HEALTHCARE FOR 13,047 INDIVIDUALS.

OUTCOME: 85% OF ALL PROGRAM OUTCOMES WERE MET OR EXCEEDED.

4c (Code: ) (Expenses \$ 1,630,473. including grants of \$ 1,630,473.) (Revenue \$ ) INCOME IMPACT AREA-

STRATEGIES: (1)ALLEVIATE HUNGER BY INCREASING THE NUMBER OF HOUSEHOLDS THAT ARE FOOD SECURE (2)END HOMELESSNESS BY INCREASING THE NUMBER OF INDIVIDUALS THAT ACHIEVE HOUSING STABILITY (3)INCREASE THE NUMBER OF HOUSEHOLDS THAT INCREASE INCOME, BUILD SAVINGS, AND GAIN AND SUSTAIN ASSETS.

INVESTMENT: \$1,162,812 IN 21 PROGRAMS INCREASING FINANCIAL STABILITY FOR 21,448 INDIVIDUALS.

OUTCOME: 89% OF ALL PROGRAM OUTCOMES WERE MET OR EXCEEDED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,809,980. including grants of \$ 6,219,989.) (Revenue \$ 278,147.)

4e Total program service expenses 14,284,749.

**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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	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> .....		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> .....		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> .....		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> .....	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> .....		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> .....		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> .....		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> .....	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> .....	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> .....		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> .....		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> .....	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> .....	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> .....	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> .....	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> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		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> .....		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> .....		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> .....		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> .....		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> .....		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> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<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> .....	X	
<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</b> <b>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</b> <b>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? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 41		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 41		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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: **TRUDY CROWETZ, EXECUTIVE VP OF FINANCE AND OPERATIONS - 561-375-6619**  
**477 S ROSEMARY AVE, STE 230, WEST PALM BEACH, FL 33401**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) ALLISON DOYLE TAYLOR BOARD MEMBER	2.00	X					0.	0.	0.	
(2) CHANDLER WILLIAMSON BOARD MEMBER	2.00	X					0.	0.	0.	
(3) CHRISTOPHER CHASE BOARD MEMBER	2.00	X					0.	0.	0.	
(4) CRAIG JENKINS BOARD MEMBER	2.00	X					0.	0.	0.	
(5) DANIEL CANE BOARD MEMBER	2.00	X					0.	0.	0.	
(6) DARRELL SEARCY BOARD MEMBER	2.00	X					0.	0.	0.	
(7) DAVID LEE HAMILTON III BOARD MEMBER	2.00	X					0.	0.	0.	
(8) DAVID WILLIAMS BOARD MEMBER	2.00	X					0.	0.	0.	
(9) DENNIS GALLON BOARD MEMBER	2.00	X					0.	0.	0.	
(10) DEPUTY MICHAEL GAUGER BOARD MEMBER	2.00	X					0.	0.	0.	
(11) FABIOLA BRUMLEY BOARD MEMBER	2.00	X					0.	0.	0.	
(12) GAIL RAY BOARD MEMBER	2.00	X					0.	0.	0.	
(13) GINA LEE SABEAN BOARD MEMBER	2.00	X					0.	0.	0.	
(14) GONZALO LA CAVA BOARD MEMBER	2.00	X					0.	0.	0.	
(15) GREG NEWARA BOARD MEMBER	2.00	X					0.	0.	0.	
(16) HEATHER NISBETH BOARD MEMBER	2.00	X					0.	0.	0.	
(17) HOWARD BREGMAN, ESQ 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) JENNIFER BRANCACCIO BOARD MEMBER	2.00	X						0.	0.	0.
(19) JOHN FISCHETTI BOARD MEMBER	2.00	X						0.	0.	0.
(20) JON LEVINSON BOARD MEMBER	2.00	X						0.	0.	0.
(21) JUAN COCUY BOARD MEMBER	2.00	X						0.	0.	0.
(22) KELLY EPPY BOARD MEMBER	2.00	X						0.	0.	0.
(23) KENTON LONGENECKER BOARD MEMBER	2.00	X						0.	0.	0.
(24) LISA WILLIAMS-TAYLOR BOARD MEMBER	2.00	X						0.	0.	0.
(25) MEREDITH ROLLO BOARD MEMBER	2.00	X						0.	0.	0.
(26) MICHAEL PUMO 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>								471,006.	0.	45,632.
<b>d Total (add lines 1b and 1c)</b>								471,006.	0.	45,632.

**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 **3**

	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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHAEL SPEARS BOARD MEMBER	2.00	X						0.	0.	0.
(28) PHILIP DAVIS JR. BOARD MEMBER	2.00	X						0.	0.	0.
(29) REVEREND PAMELA A. CAHOON BOARD MEMBER	2.00	X						0.	0.	0.
(30) ROLANDO HERNANDEZ BOARD MEMBER	2.00	X						0.	0.	0.
(31) RUTH MAGERIA BOARD MEMBER	2.00	X						0.	0.	0.
(32) GEORGE ELMORE EMERITUS DIRECTOR	2.00	X						0.	0.	0.
(33) JOHN F. FLANIGAN, ESQ EMERITUS DIRECTOR	2.00	X						0.	0.	0.
(34) ARTHUR J. MENOR, ESQ MEMBER AT LARGE	2.00	X						0.	0.	0.
(35) JOSEPH SHEAROUSE, III MEMBER AT LARGE	2.00	X						0.	0.	0.
(36) EARNIE ELLISON JR CHAIRMAN	3.00	X		X				0.	0.	0.
(37) KIM JONES CHAIRMAN-ELECT	2.00	X		X				0.	0.	0.
(38) DONALD KISELEWSKI IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(39) ADAM BREGMAN, ESQ LEGAL COUNSEL	2.00	X		X				0.	0.	0.
(40) TALLA MCGAHEE SECRETARY	2.00	X		X				0.	0.	0.
(41) FRANK COMPIANI TREASURER	2.00	X		X				0.	0.	0.
(42) LAURA GEORGE PRESIDENT & CEO	40.00			X				242,661.	0.	27,209.
(43) TRUDY CROWETZ EXECUTIVE VP OF FINANCE & OPE	40.00			X				114,309.	0.	9,704.
(44) ALEXIA SAVAGE SR. VP OF COMMUNICATIONS &	40.00				X			114,036.	0.	8,719.
Total to Part VII, Section A, line 1c								471,006.		45,632.

**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> 103,033.					
	<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> 3,053,035.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 13,197,204.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	31,920.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	16,353,272.				
<b>Program Service Revenue</b>	<b>2 a</b> DESIGNATION FEES .....	<b>Business Code</b> 900099	141,629.	141,629.			
	<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 .....	▶	141,629.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	3,907.			3,907.	
	<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				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....	▶	228,600.			228,600.
	<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>	136,518.	136,518.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶	136,518.				
<b>12 Total revenue.</b> See instructions. .....	▶	16,863,926.	278,147.	0.	232,507.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,694,758.	11,694,758.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	614,788.	176,063.	179,624.	259,101.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,141,142.	968,551.	512,539.	660,052.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	132,160.	48,918.	35,968.	47,274.
<b>9</b> Other employee benefits	362,483.	134,170.	98,652.	129,661.
<b>10</b> Payroll taxes	202,534.	85,948.	50,625.	65,961.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	169,206.	106,644.	54,210.	8,352.
<b>b</b> Legal				
<b>c</b> Accounting	18,740.	11,811.	6,004.	925.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,127.	8,273.	4,206.	648.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	41,572.	20,626.	8,890.	12,056.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	215,148.	88,060.	47,913.	79,175.
<b>17</b> Travel	32,482.	12,321.	13,665.	6,496.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	81,902.	44,275.	10,038.	27,589.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	187,170.	138,413.	18,332.	30,425.
<b>22</b> Depreciation, depletion, and amortization	89,871.	37,453.	21,149.	31,269.
<b>23</b> Insurance	32,685.	13,846.	7,781.	11,058.
<b>24</b> 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.)				
<b>a</b> PROVISION FOR UNCOLLECT	525,129.	525,129.		
<b>b</b> PRINTING AND PUBLICATIO	180,389.	57,165.	2,936.	120,288.
<b>c</b> BANK AND PROCESSING FEE	143,045.		3,558.	139,487.
<b>d</b> RENTAL AND MAINTENANCE	128,230.	57,280.	25,536.	45,414.
<b>e</b> All other expenses	162,869.	55,045.	5,114.	102,710.
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,169,430.	14,284,749.	1,106,740.	1,777,941.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	88,228.	<b>1</b>	3,750.
	<b>2</b> Savings and temporary cash investments .....	3,894,349.	<b>2</b>	2,510,373.
	<b>3</b> Pledges and grants receivable, net .....	2,691,972.	<b>3</b>	2,362,717.
	<b>4</b> Accounts receivable, net .....	39,084.	<b>4</b>	79,992.
	<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 .....	42,181.	<b>9</b>	40,736.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 842,249.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 237,963.		
	<b>11</b> Investments - publicly traded securities .....	633,740.	<b>10c</b>	604,286.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	10,344,836.	<b>11</b>	10,837,396.
	<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 .....	956,091.	<b>14</b>	973,519.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	18,690,481.	<b>15</b>	17,412,769.	
<b>17</b> Accounts payable and accrued expenses .....	356,390.	<b>16</b>	596,969.	
<b>18</b> Grants payable .....	5,561,543.	<b>17</b>	3,816,415.	
<b>19</b> Deferred revenue .....	845,241.	<b>18</b>	865,232.	
<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 .....	74,101.	<b>24</b>	70,970.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,837,275.	<b>25</b>	5,349,586.	
<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 .....	7,814,313.	<b>27</b>	8,706,206.	
<b>28</b> Temporarily restricted net assets .....	3,964,188.	<b>28</b>	3,331,977.	
<b>29</b> Permanently restricted net assets .....	74,705.	<b>29</b>	25,000.	
<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 .....	11,853,206.	<b>33</b>	12,063,183.	
<b>34</b> Total liabilities and net assets/fund balances .....	18,690,481.	<b>34</b>	17,412,769.	

**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	16,863,926.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,169,430.
3	Revenue less expenses. Subtract line 2 from line 1	3	-305,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,853,206.
5	Net unrealized gains (losses) on investments	5	515,481.
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	12,063,183.

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14,750,112.	15,716,709.	14,599,329.	14,895,954.	16,353,272.	76,315,376.
<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 .....	14,750,112.	15,716,709.	14,599,329.	14,895,954.	16,353,272.	76,315,376.
<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) .....						4,212,245.
<b>6 Public support.</b> Subtract line 5 from line 4.						72,103,131.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	14,750,112.	15,716,709.	14,599,329.	14,895,954.	16,353,272.	76,315,376.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	116,815.	119,965.	161,938.	212,392.	3,907.	615,017.
<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						76,930,393.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,174,048.
<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 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	93.73 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	93.68 %
<b>16a 33 1/3% support test - 2017.</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 - 2016.</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 - 2017.</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 - 2016.</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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 (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 line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 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.	Yes	No
<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<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 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, 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 2017. 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 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017





**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

**2017**

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>UNITED WAY OF PALM BEACH COUNTY, INC</b>	Employer identification number <b>59-0683258</b>
---	---

**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>3,246,515.</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>1,712,650.</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>1,735,633.</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>1,304,889.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>926,143.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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>
---	---

**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>
---	---

**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

**2017**

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
1 Total number at end of year .....	2	
2 Aggregate value of contributions to (during year) .....	45,645.	
3 Aggregate value of grants from (during year) .....	70,180.	
4 Aggregate value at end of year .....	7,018.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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)? .....

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) 2017

**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	9,397,476.	5,900,483.	6,467,218.	6,372,274.	5,544,456.
b Contributions	171,797.	3,088,239.	24,513.	14,967.	286,194.
c Net investment earnings, gains, and losses	611,426.	737,801.	9,500.	101,877.	858,885.
d Grants or scholarships					
e Other expenditures for facilities and programs	372,859.	329,049.	600,748.	21,900.	317,261.
f Administrative expenses					
g End of year balance	9,807,840.	9,397,476.	5,900,483.	6,467,218.	6,372,274.

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

- a Board designated or quasi-endowment  98.00 %
- b Permanent endowment  .00 %
- c Temporarily restricted endowment  2.00 %

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		646,840.	129,368.	517,472.
d Equipment		195,409.	108,595.	86,814.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				604,286.

**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	26,222.
(2) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	947,297.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	973,519.

**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	70,970.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	70,970.

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.

1	Total revenue, gains, and other support per audited financial statements		1	12,061,658.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	515,481.	
b	Donated services and use of facilities	2b	42,655.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-5,360,404.	
e	Add lines 2a through 2d	2e		-4,802,268.
3	Subtract line 2e from line 1		3	16,863,926.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,863,926.

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

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

1	Total expenses and losses per audited financial statements		1	11,851,681.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	42,655.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		42,655.
3	Subtract line 2e from line 1		3	11,809,026.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	5,360,404.	
c	Add lines 4a and 4b	4c		5,360,404.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	17,169,430.

**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, DISCLOSURE AND TRANSITION. THERE WAS NO IMPACT ON THE ORGANIZATION'S



**Part XIII** Supplemental Information (continued)

FINANCIAL STATEMENTS AS A RESULT OF THE IMPLEMENTATION OF ASC 740. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES	-4,835,275.
PROVISION FOR UNCOLLECTIBLE PLEDGES	-525,129.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-5,360,404.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES	4,835,275.
PROVISION FOR UNCOLLECTIBLE PLEDGES	525,129.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	5,360,404.

**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

**2017**

**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
1000 FRIENDS OF FLORIDA 308 N. MONROE TALLAHASSEE, FL 32301	59-2761163	501( C )( 3 )	5,163.	0.			DESIGNATION
211 PALM BEACH TREASURE COAST PO BOX 3588 LANTANA, FL 33465	23-7153017	501( C )( 3 )	533,656.	0.			COMMUNITY BENEFIT
4KIDS OF SOUTH FLORIDA INC. -PALM BEACH COUNTY - 352 NW 4TH ST. - BOCA RATON, FL 33432	61-1416525	501( C )( 3 )	5,085.	0.			DESIGNATION
ACHIEVEMENT CENTER FOR CHILDREN AND FAMILIES - 555 NW 4TH ST - DELRAY BEACH, FL 33444	59-1264435	501( C )( 3 )	73,589.	0.			COMMUNITY BENEFIT
ADOPT-A-FAMILY OF THE PALM BEACHES INC. - 1712 2ND AVENUE, NORTH - LAKE WORTH, FL 33460	59-2471253	501( C )( 3 )	327,420.	0.			COMMUNITY BENEFIT
AID TO VICTIMS OF DOMESTIC ABUSE INC. - PO BOX 6161 - DELRAY BEACH, FL 33482	59-2486620	501( C )( 3 )	64,109.	0.			COMMUNITY BENEFIT

- 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) (2017)

**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
ALLIANCE FOR EATING DISORDERS AWARENESS INC - 1649 FORUM PLACE #2 - WEST PALM BEACH, FL 33401	65-1080905	501( C )( 3 )	18,940.	0.			DESIGNATION
ALZHEIMER'S COMMUNITY CARE INC. 800 NORTHPOINT PKWY - STE 101B WEST PALM BEACH, FL 33407	31-1481653	501( C )( 3 )	45,525.	0.			COMMUNITY BENEFIT
AMERICAN ASSOCIATION OF CAREGIVING YOUTH INC - 1515 N FEDERAL HWY SUITE 218 - BOCA RATON, FL 33432	65-0866677	501( C )( 3 )	78,340.	0.			COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY - BROWARD COUNTY - 3363 W COMMERCIAL BLVD., SUITE 100 - FORT LAUDERDALE, FL 33309	59-0657320	501( C )( 3 )	6,982.	0.			DESIGNATION
AMERICAN HUMANE ASSOCIATION 241 BRADLEY PLACE, STE C PALM BEACH, FL 33480	84-0432950	501( C )( 3 )	8,169.	0.			DESIGNATION
ANIMAL RESCUE LEAGUE OF THE PALM BEACHES PEGGY ADAMS - 3200 N MILITARY TRAIL - WEST PALM BEACH, FL 33409	59-0637811	501( C )( 3 )	22,242.	0.			DESIGNATION
AREA AGENCY ON AGING OF PALM BEACH TREASURE COAST INC. - 4400 N. CONGRESS AVENUE - WEST PALM BEACH, FL 33407	65-0087858	501( C )( 3 )	353,199.	0.			COMMUNITY BENEFIT
ARTISTS FOR A CAUSE INC. 1211 SW SUNSET TRAIL PALM CITY, FL 34990	26-4279756	501( C )( 3 )	13,377.	0.			DESIGNATION
ASPIRA OF FLORIDA INC. 6100 BLUE LAGOON DRIVE, SUITE 460 WEST PALM BEACH, FL 33405	59-2105537	501( C )( 3 )	75,870.	0.			COMMUNITY BENEFIT

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
AUDIOLOGY ASSOCIATES OF CORAL SPRINGS - 5411 N UNIVERSITY DR # 102 - CORAL SPRINGS, FL 33067	65-0662293	501( C )( 3 )	5,750.	0.			DESIGNATION
AUDIOLOGY WITH A HEART 2324 S. CONGRESS AVE. SUITE 2 - G PALM SPRINGS, FL 33406	47-1103465	501( C )( 3 )	11,910.	0.			DESIGNATION
BALLET PALM BEACH INC. 10357 IRONWOOD RD. PALM BEACH GARDENS, FL 33410	82-0569013	501( C )( 3 )	43,407.	0.			DESIGNATION
BELLA'S ANGELS INC. PO BOX 1562 JUPITER, FL 33468	26-1594604	501( C )( 3 )	29,435.	0.			DESIGNATION
BEST FOOT FORWARD 9045 LA FONTANA BOULEVARD #111 BOCA RATON, FL 33434	30-0598378	501( C )( 3 )	5,118.	0.			DESIGNATION
BETHUNE-COOKMAN UNIVERSITY PALM BEACH COUNTY CHAPTER - PO BOX 2591 - WEST PALM BEACH, FL 33404	59-2344490	501( C )( 3 )	21,324.	0.			DESIGNATION
BIG DOG RANCH RESCUE 1090 JUPITER PARK DRIVE JUPITER, FL 33458	26-3184971	501( C )( 3 )	43,946.	0.			DESIGNATION
BOCA BALLET THEATRE COMPANY 7630 NORTHWEST 6TH AVENUE BOCA RATON, FL 33487	65-0238234	501( C )( 3 )	6,460.	0.			DESIGNATION
BOCA RATON MUSEUM OF ART 501 PLAZA REAL BOCA RATON, FL 33432	59-6019851	501( C )( 3 )	21,757.	0.			DESIGNATION

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 N MILITARY TRAIL - PALM BEACH GDNS, FL 33410	59-0624407	501( C )( 3 )	31,170.	0.			DESIGNATION
BOYS AND GIRLS CLUB OF PALM BEACH COUNTY INC. - 800 NORTHPOINT PARKWAY - STE 204 - WEST PALM BEACH, FL 33407	23-7060561	501( C )( 3 )	172,918.	0.			COMMUNITY BENEFIT
BOYS AND GIRLS CLUBS OF MARTIN COUNTY - PO BOX 910 - HOBE SOUND, FL 33475	65-0253002	501( C )( 3 )	10,795.	0.			DESIGNATION
CANCER ALLIANCE OF HELP AND HOPE P.O. BOX 3292 PALM BEACH, FL 33480	90-0101236	501( C )( 3 )	7,160.	0.			DESIGNATION
CARE NET PREGNANCY SERVICES - TREASURE COAST - 8432 S FEDERAL HIGHWAY - PORT ST LUCIE, FL 34952	65-0156575	501( C )( 3 )	5,366.	0.			DESIGNATION
CARIDAD CENTER INC. 8645 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437	65-0149423	501( C )( 3 )	12,403.	0.			DESIGNATION
CARING FIELDS FELINES 6807 SW WEDELIA TER. PALM CITY, FL 34990	65-1015367	501( C )( 3 )	15,704.	0.			DESIGNATION
CARITAS PUERTO RICO POST OFFICE BOX 8812 - SAN JUAN, PUERTO RICO, PUERTO RICO 00910-0812	66-0287035	501( C )( 3 )	16,151.	0.			DESIGNATION
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH INC. - 9995 N. MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-2470479	501( C )( 3 )	130,790.	0.			DESIGNATION

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 )	36,776.	0.			DESIGNATION
CHARLOTTE HANS FOUNDATION 10130 NORTHLAKE BLVD., SUITE 212 WEST PALM BEACH, FL 33412	47-3497796	501( C )( 3 )	48,341.	0.			DESIGNATION
CHILDREN'S HOME SOCIETY OF FLORIDA SOUTH COASTAL DIVISION - 3333 FOREST HILL BLVD - WEST PALM BEACH, FL 33406	59-0192430	501( C )( 3 )	160,564.	0.			COMMUNITY BENEFIT
CHRISTIANS REACHING OUT TO SOCIETY INC. - 301 1ST AVENUE SOUTH - LAKE WORTH, FL 33460	59-1802917	501( C )( 3 )	167,546.	0.			COMMUNITY BENEFIT
CLINICS CAN HELP INC 1550 LATHAM RD SUITE 10 WEST PALM BEACH, FL 33409	20-2778895	501( C )( 3 )	121,879.	0.			COMMUNITY BENEFIT
COALITION FOR INDEPENDENT LIVING OPTIONS INC - 6800 FOREST HILL BLVD. - WEST PALM BEACH, FL 33413	65-0174695	501( C )( 3 )	41,756.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY INC. - 1660 SOUTHERN BLVD SUITE N - WEST PALM BEACH, FL 33406	59-2516164	501( C )( 3 )	85,616.	0.			COMMUNITY BENEFIT
COMMUNITY HEALTH CENTER OF WPB INC 2100 W. 45TH STREET, SUITE A8/9 WEST PALM BEACH, FL 33407	26-3611337	501( C )( 3 )	25,531.	0.			COMMUNITY BENEFIT
COMPASS INC. 201 N DIXIE HWY LAKE WORTH, FL 33460	65-0052657	501( C )( 3 )	25,971.	0.			COMMUNITY BENEFIT

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
CROQUET FOUNDATION OF AMERICA 700 FLORIDA MANGO RD. WEST PALM BEACH, FL 33406	13-3008386	501( C )( 3 )	24,557.	0.			DESIGNATION
DIGITAL VIBEZ INC. 5199 10TH AVE NORTH, STE 200 GREENACRES, FL 33463	46-5032425	501( C )( 3 )	5,835.	0.			DESIGNATION
DOMINO'S CAT RESCUE LEAGUE INC. 4546 SW HONEY TER. PALM CITY, FL 34990	81-0582632	501( C )( 3 )	25,188.	0.			DESIGNATION
DRESS FOR SUCCESS - PALM BEACH COUNTY - 118 E OCEAN AVE - LANTANA, FL 33462	27-0579164	501( C )( 3 )	6,069.	0.			DESIGNATION
EDUCATION FOUNDATION OF MARTIN COUNTY - PO BOX 291 - STUART, FL 34995	65-0304639	501( C )( 3 )	10,735.	0.			DESIGNATION
EDUCATION FOUNDATION OF PALM BEACH COUNTY INC. - 3300 FOREST HILL BLVD - WEST PALM BEACH, FL 33406	59-2420369	501( C )( 3 )	10,509.	0.			DESIGNATION
EL SOL JUPITER'S NEIGHBORHOOD RESOURCE CENTER - 106 MILITARY TRAIL - JUPITER, FL 33458	01-0870672	501( C )( 3 )	67,041.	0.			COMMUNITY BENEFIT
EPILEPSY FOUNDATION OF FL 1200 NW 78TH AVENUE, SUITE 400 MIAMI, FL 33126	59-2164525	501( C )( 3 )	20,000.	0.			COMMUNITY BENEFIT
EPISCOPAL CHARITIES OF SOUTHEAST FLORIDA - 1750 EAST OAKLAND PARK BLVD. - FORT LAUDERDALE, FL 33334	65-0934414	501( C )( 3 )	17,316.	0.			DESIGNATION

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
EQUINE RESCUE ADOPTION FOUNDATION 6400 SW MARTIN HWY PALM CITY, FL 34990	65-1037400	501( C )( 3 )	5,433.	0.			DESIGNATION
EXTENDED HANDS COMMUNITY OUTREACH INC. - 528 CHEERFUL STREET - WEST PALM BEACH, FL 33407	03-0484951	501( C )( 3 )	7,522.	0.			DESIGNATION
FAMILIES FIRST OF PALM BEACH COUNTY INC. - 3333 FOREST HILL BLVD. 2ND FLOOR - WEST PALM BEACH, FL 33406	45-5184288	501( C )( 3 )	142,216.	0.			COMMUNITY BENEFIT
FAMILY PROMISE OF SOUTH PALM BEACH COUNTY - 840 GEORGE BUSH BLVD. BLD D. - DELRAY BEACH, FL 33483	56-2656166	501( C )( 3 )	5,061.	0.			DESIGNATION
FARMWORKERS COORDINATING COUNCIL OF PBC INC - 1313 CENTRAL TERRACE - LAKE WORTH, FL 33460	59-1830267	501( C )( 3 )	114,343.	0.			COMMUNITY BENEFIT
FEEDING THE HUNGRY 8306 155TH PLACE NORTH PALM BEACH GARDENS, FL 33418	82-3760456	501( C )( 3 )	28,100.	0.			COMMUNITY BENEFIT
FEEDING THE HUNGRY PANTRY AT VILLAGE BAPTIST CHURCH - 3600 VILLAGE BLVD. - WEST PALM BEACH, FL 33407	59-0766989	501( C )( 3 )	94,587.	0.			COMMUNITY BENEFIT
FEELING FINE CANINE RESCUE 14883 60TH ST N LOXAHATCHEE, FL 33470	46-2076725	501( C )( 3 )	6,342.	0.			DESIGNATION
FERD & GLADYS ALPERT JEWISH FAMILY & CHILDREN'S SERVICE OF - PO BOX 220627 - WEST PALM BEACH, FL 33422	59-1520581	501( C )( 3 )	101,329.	0.			COMMUNITY BENEFIT

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
FLAMINGO CLAY STUDIO 216 SOUTH F STREET LAKE WORTH, FL 33460	20-2847213	501( C )( 3 )	5,143.	0.			DESIGNATION
FLORENCE FULLER CHILD DEVELOPMENT CENTER INC. - 200 NE 14TH ST - BOCA RATON, FL 33432	59-1312245	501( C )( 3 )	22,049.	0.			DESIGNATION
FLORIDA ATLANTIC UNIVERSITY FOUNDATION - 777 GLADES RD - BOCA RATON, FL 33431	59-0917284	501( C )( 3 )	57,540.	0.			COMMUNITY BENEFIT
FLORIDA FISHING ACADEMY 7067 PENINSULA COURT LAKE WORTH, FL 33467	16-1775538	501( C )( 3 )	45,348.	0.			COMMUNITY BENEFIT
FLORIDA OCEANOGRAPHIC SOCIETY 890 N.E. OCEAN BLVD. STUART, FL 34996	59-1114306	501( C )( 3 )	11,933.	0.			DESIGNATION
FOR THE CHILDREN INC. 1718 DOUGLAS STREET LAKE WORTH, FL 33460	65-0950530	501( C )( 3 )	77,099.	0.			COMMUNITY BENEFIT
FRIENDS OF FOSTER CHILDREN 4100 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33409	59-2487590	501( C )( 3 )	6,883.	0.			DESIGNATION
GOD'S ARMY RAISING YOUTH 5139 WOODSTONE CIRCLE EAST LAKE WORTH, FL 33463	80-0139607	501( C )( 3 )	6,500.	0.			DESIGNATION
GODS RESOURCES INC. PO BOX 624 PALM CITY, FL 34991	45-2044002	501( C )( 3 )	5,151.	0.			DESIGNATION

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
GRANDMA'S PLACE 184 SPARROW DRIVE ROYAL PALM BEACH, FL 33411	65-0821321	501( C )( 3 )	10,060.	0.			DESIGNATION
GUARDIANS OF MARTIN COUNTY INC. PO BOX 1489 HOBE SOUND, FL 33475	27-0302991	501( C )( 3 )	6,330.	0.			DESIGNATION
HABITAT FOR HUMANITY OF MARTIN COUNTY - 2090 NW FEDERAL HWY - STUART, FL 34994	59-2816698	501( C )( 3 )	13,398.	0.			DESIGNATION
HABITAT FOR HUMANITY OF PALM BEACH COUNTY - 6758 N. MILITARY TRAIL, SUITE. 301 - WEST PALM BEACH, FL 33407	59-3525576	501( C )( 3 )	18,776.	0.			DESIGNATION
HEALTHY MOTHERS HEALTHY BABIES COALITION OF PBC. INC. - 901 NORTHPOINT PARKWAY, SUITE 403 - WEST PALM BEACH, FL 33407	59-2657051	501( C )( 3 )	144,351.	0.			COMMUNITY BENEFIT
HELPING PEOPLE SUCCEED 1100 SE FEDERAL HIGHWAY STUART, FL 34994	59-1051699	501( C )( 3 )	33,149.	0.			DESIGNATION
HISTORICAL SOCIETY OF MARTIN COUNTY - 825 NE OCEAN BLVD. - STUART, FL 34996	59-0913326	501( C )( 3 )	7,180.	0.			DESIGNATION
HISTORICAL SOCIETY OF PALM BEACH COUNTY - 300 N DIXIE HIGHWAY 4TH FLOOR N - WEST PALM BEACH, FL 33401	59-6158821	501( C )( 3 )	42,328.	0.			DESIGNATION
HOMELESS COALITION OF PALM BEACH COUNTY - 810 DATURA STREET BASEMENT - WEST PALM BEACH, FL 33401	65-0125852	501( C )( 3 )	28,231.	0.			DESIGNATION

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
HOSPICE OF PALM BEACH COUNTY FOUNDATION - 5300 EAST AVE - WEST PALM BEACH, FL 33407	20-3974070	501( C )( 3 )	21,291.	0.			DESIGNATION
HOSPICE OF THE TREASURE COAST INC 1201 SE INDIAN ST STUART, FL 34997	59-2199023	501( C )( 3 )	7,380.	0.			DESIGNATION
HOUSEHOLD OF FAITH SERVANTS OF THE GREAT I AM - 3822 COCONUT RD. - PALM SPRINGS, FL 33461	65-0781547	501( C )( 3 )	6,577.	0.			DESIGNATION
HOUSING COMMUNITY PARTNERSHIP INC. 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	59-2704597	501( C )( 3 )	355,672.	0.			COMMUNITY BENEFIT
HUMANE SOCIETY OF THE TREASURE COAST INC. - 4100 S.W. LEIGHTON FARM AVENUE - PALM CITY, FL 34990	59-0774235	501( C )( 3 )	27,098.	0.			DESIGNATION
INWATER RESEARCH GROUP INC. 4160 NE HYLINE DRIVE JENSEN BEACH, FL 34957	65-1090322	501( C )( 3 )	5,681.	0.			DESIGNATION
JEFF INDUSTRIES INC. 115 EAST COAST AVENUE LANTANA, FL 33462	59-2516157	501( C )( 3 )	99,471.	0.			COMMUNITY BENEFIT
JESUS HOUSE OF HOPE INC 2484 SE BONITA ST. STUART, FL 34997	59-2422998	501( C )( 3 )	5,954.	0.			DESIGNATION
JEWISH FEDERATION OF NASHVILLE AND MIDDLE TENNESSEE - 801 PERCY WARNER BLVD.SUITE 102 BLVD. - NASHVILLE, TN 37205	62-6077703	501( C )( 3 )	50,000.	0.			DESIGNATION

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
JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DR. - WEST PALM BEACH, FL 33417	59-0948696	501( C )( 3 )	5,000.	0.			DESIGNATION
JUNIOR ACHIEVEMENT OF THE PALM BEACHES AND TREASURE COAST INC - 6903 VISTA PARKWAY NORTH, SUITE 10 - WEST PALM BEACH, FL 33411	59-2333738	501( C )( 3 )	25,013.	0.			COMMUNITY BENEFIT
JUNIOR LEAGUE OF THE PALM BEACHES INC. - 470 COLUMBIA DRIVE - WEST PALM BEACH, FL 33409	59-6138209	501( C )( 3 )	12,996.	0.			DESIGNATION
JUPITER FIRST CHURCH 1475 INDIAN CREEK PKWY JUPITER, FL 33458	59-2500182	501( C )( 3 )	7,290.	0.			DESIGNATION
KIBBLEZ OF LOVE INC 8100 BELVEDERE RD. SUITE 13 WEST PALM BEACH, FL 33411	45-2317006	501( C )( 3 )	23,539.	0.			DESIGNATION
KIDS CHANCE OF FLORIDA PO BOX 1648 SARASOTA, FL 34230-1648	81-0724553	501( C )( 3 )	5,757.	0.			DESIGNATION
KIDS IN DISTRESS - BROWARD 819 NE 26TH ST BLDG A WILTON MANORS, FL 33305	59-1927289	501( C )( 3 )	5,829.	0.			DESIGNATION
KIDSAFE FOUNDATION 2083 STATE ROAD 7, SUITE 300 BOCA RATON, FL 33498	27-1067698	501( C )( 3 )	17,728.	0.			DESIGNATION
LAKE WORTH WEST RESIDENT PLANNING GROUP - 4730 MAINE STREET - LAKE WORTH, FL 33461	65-0838753	501( C )( 3 )	40,612.	0.			COMMUNITY BENEFIT

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
LEADERSHIP PALM BEACH COUNTY INC 2751 SOUTH DIXIE HWY, SUITE 1A WEST PALM BEACH, FL 33405	59-2569079	501( C )( 3 )	6,242.	0.			DESIGNATION
LEGAL AID SOCIETY OF PALM BEACH COUNTY INC. - 423 FERN ST, STE 200 - WEST PALM BEACH, FL 33401	59-6046994	501( C )( 3 )	205,035.	0.			COMMUNITY BENEFIT
LIGHTHOUSE CAFE MINISTRIES OF THE GLADES - P.O. BOX 220 - PAHOKEE, FL 33476	65-0980934	501( C )( 3 )	7,500.	0.			DESIGNATION
LOGGERHEAD MARINELIFE CENTER 14200 US HIGHWAY ONE JUNO BEACH, FL 33418	59-2445926	501( C )( 3 )	8,940.	0.			DESIGNATION
LUPUS FOUNDATION OF AMERICA SE FLORIDA CHAPTER INC. - 2300 HIGH RIDGE RD STE 375 - BOYNTON BEACH, FL 33426-8796	59-1752601	501( C )( 3 )	10,951.	0.			DESIGNATION
MAASAI WILDERNESS CONSERVATION TRUST - PO BOX 1413 - SANTA BARBARA, CA 93102	66-0627488	501( C )( 3 )	19,000.	0.			DESIGNATION
MARY'S SHELTER OF THE TREASURE COAST - 1033 SE 14TH STREET - STUART, FL 34996	26-3714519	501( C )( 3 )	12,637.	0.			DESIGNATION
MEALS ON WHEELS OF THE PALM BEACHES INC - PO BOX 247 - WEST PALM BEACH, FL 33402	27-2891297	501( C )( 3 )	8,869.	0.			DESIGNATION
MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY INC. - 909 FERN ST - WEST PALM BEACH, FL 33401	59-0760220	501( C )( 3 )	25,467.	0.			DESIGNATION

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
MILAGRO FOUNDATION INC. 695 AUBURN AVE DELRAY BEACH, FL 33444-4416	65-0804625	501( C )( 3 )	93,909.	0.			COMMUNITY BENEFIT
MOLLY'S HOUSE 430 SE OSCEOLA ST. STUART, FL 34994	65-0407242	501( C )( 3 )	5,635.	0.			DESIGNATION
MOTHERS AGAINST MURDERERS ASSOCIATION - 5840 CORPORATE WAY STE 112 - WEST PALM BEACH, FL 33407	13-4257073	501( C )( 3 )	5,414.	0.			DESIGNATION
NALA'S NEW LIFE RESCUE INC. 2740 SW MARTIN DOWNS BLVD. UNIT 402 PALM CITY, FL 34990	26-2312990	501( C )( 3 )	8,739.	0.			DESIGNATION
NAMI OF PALM BEACH COUNTY 5205 GREENWOOD AVENUE SUITE 110 WEST PALM BEACH, FL 33407	59-2301320	501( C )( 3 )	44,103.	0.			DESIGNATION
NEIGHBORHOOD RENAISSANCE INC. 510 24TH STREET, SUITE A WEST PALM BEACH, FL 33407	65-0352279	501( C )( 3 )	5,062.	0.			DESIGNATION
NONPROFITS FIRST 2300 HIGH RIDGE ROAD, SUITE 132 BOYNTON BEACH, FL 33426	26-3189428	501( C )( 3 )	55,598.	0.			COMMUNITY BENEFIT
NORTH CNTY HUMANE SOCIETY/THE HUMANE SOCIETY OF GTR JUPITER - 1713 QUAIL DRIVE - WEST PALM BEACH, FL 33409	59-2111273	501( C )( 3 )	5,194.	0.			DESIGNATION
OPPORTUNITY OF PALM BEACH COUNTY INC - 1713 QUAIL DRIVE - WEST PALM BEACH, FL 33409	59-0624429	501( C )( 3 )	9,423.	0.			DESIGNATION

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
OUR SISTER'S PLACE, INC. 525 GATOR DRIVE LANTANA, FL 33462	20-0932817	501( C )( 3 )	10,316.	0.			DESIGNATION
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462	90-0788707	501( C )( 3 )	325,124.	0.			COMMUNITY BENEFIT
PALM BEACH COUNTY LITERACY COALITION - 3651 QUANTUM BLVD - BOYNTON BEACH, FL 33426	65-0169781	501( C )( 3 )	154,437.	0.			COMMUNITY BENEFIT
PALM BEACH COUNTY MEDICAL SOCIETY SERVICES INC. - 3540 FOREST HILL BLVD #101 - WEST PALM BEACH, FL 33406	65-1048299	501( C )( 3 )	113,286.	0.			COMMUNITY BENEFIT
PALM BEACH COUNTY PAL INC. 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	65-0461384	501( C )( 3 )	7,581.	0.			DESIGNATION
PALM BEACH COUNTY SHERIFF FOUNDATION INC. - 335 FLAGLER BLVD. - LAKE PARK, FL 33403	27-2615023	501( C )( 3 )	10,087.	0.			DESIGNATION
PALM BEACH GARDENS POLICE FOUNDATION - 10500 N MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	42-1748215	501( C )( 3 )	14,487.	0.			DESIGNATION
PALM BEACH HABILITATION CENTER 4522 S CONGRESS AVE LAKE WORTH, FL 33461	59-6213381	501( C )( 3 )	128,587.	0.			COMMUNITY BENEFIT
PALM BEACH SYMPHONY 44 COCOANUT ROW, M207B PALM BEACH, FL 33480	59-1542539	501( C )( 3 )	26,010.	0.			DESIGNATION

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
PALM HEALTHCARE FOUNDATION 700 S. DIXIE HIGHWAY, SUITE 205 WEST PALM BEACH, FL 33401	59-2391119	501( C )( 3 )	10,000.	0.			DESIGNATION
PAN-FLORIDA CHALLENGE 1400 GULF SHORE BLVD N STE 106 NAPLES, FL 34108	47-2993766	501( C )( 3 )	212,736.	0.			COMMUNITY BENEFIT
PARENT-CHILD CENTER INC. 2001 W. BLUE HERON BOULEVARD RIVIERA BEACH, FL 33404-5003	59-1964034	501( C )( 3 )	34,731.	0.			COMMUNITY BENEFIT
PATH TO COLLEGE INC PO BOX 487 LAKE WORTH, FL 33460	81-5228014	501( C )( 3 )	7,970.	0.			DESIGNATION
PATHWAYS TO PROSPERITY INC. 970 N. SEACREST BLVD. BOYNTON BEACH, FL 33435	27-3550271	501( C )( 3 )	20,692.	0.			DESIGNATION
PLACE OF HOPE INC. 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	65-0841384	501( C )( 3 )	10,474.	0.			DESIGNATION
PROPEL 2500 NW 5TH AVE BOCA RATON, FL 33431	01-0793986	501( C )( 3 )	24,607.	0.			COMMUNITY BENEFIT
QUANTUM HOUSE INC. 987 45TH STREET WEST PALM BEACH, FL 33407	65-0898326	501( C )( 3 )	32,517.	0.			DESIGNATION
REST 1S450 WYATT DRIVE GENEVA, IL 60134	36-2652532	501( C )( 3 )	31,637.	0.			DESIGNATION



**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
RESTORATION BRIDGE INTERNATIONAL 7255 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463	55-0808840	501( C )( 3 )	5,000.	0.			DESIGNATION
RUTH RALES JEWISH FAMILY SERVICE OF SOUTH PALM BEACH COUNTY - 21300 RUTH AND BARON COLEMAN BLVD - BOCA RATON, FL 33428	59-1945109	501( C )( 3 )	94,049.	0.			COMMUNITY BENEFIT
SAFESPACE INC. 612 SE DIXIE HIGHWAY STUART, FL 34994	59-1983994	501( C )( 3 )	8,900.	0.			DESIGNATION
SALVATION ARMY OF PALM BEACH COUNTY - 2100 PALM BEACH LAKES BLVD - WEST PALM BEACH, FL 33409	58-0660607	501( C )( 3 )	57,245.	0.			COMMUNITY BENEFIT
SANDOWAY HOUSE NATURE CENTER 142 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483	65-0603775	501( C )( 3 )	7,700.	0.			DESIGNATION
SARI ASHER CENTER FOR INTEGRATIVE CANCER - 3401 PGA BLVD., SUITE 200 - PALM BEACH GARDENS, FL 33410	59-2541781	501( C )( 3 )	20,799.	0.			DESIGNATION
SCHOOL OF THE ARTS FOUNDATION INC. PO BOX 552 WEST PALM BEACH, FL 33402	65-0395865	501( C )( 3 )	15,743.	0.			DESIGNATION
SEA STAR SCHOOL 2450 NW 5TH AVE. BOCA RATON, FL 33431	20-8071656	501( C )( 3 )	6,392.	0.			DESIGNATION
SEAGULL INDUSTRIES FOR THE DISABLED INC. - 3879 BYRON DRIVE - WEST PALM BEACH, FL 33404	59-1879968	501( C )( 3 )	40,600.	0.			COMMUNITY BENEFIT

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
SOCIETY OF ST VINCENT DEPAUL 3757 S. MILITARY TRAIL GREENACRES, FL 33463	59-1058446	501( C )( 3 )	6,062.	0.			DESIGNATION
SOL CHILDREN THEATRE INC. 3333 N FEDERAL HIGHWAY BOCA RATON, FL 33431	46-2197258	501( C )( 3 )	25,876.	0.			DESIGNATION
SOUTH FLORIDA SANCTUARY 3732 LAKE OSBORNE DRIVE LAKE WORTH, FL 33461	46-3556645	501( C )( 3 )	7,201.	0.			DESIGNATION
ST JUDES CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501( C )( 3 )	6,543.	0.			DESIGNATION
ST. GEORGE'S EPISCOPAL CHURCH 21 W 22ND ST. RIVIERA BEACH, FL 33404	59-1318856	501( C )( 3 )	7,008.	0.			DESIGNATION
STARSTRUCK THEATRE INC. 2101 S KANNER HWY STUART, FL 34994	46-2677784	501( C )( 3 )	27,041.	0.			DESIGNATION
STREET BEAT INC. 205 SE 3RD AVE., SUITE C SOUTH BAY, FL 33493	65-0646408	501( C )( 3 )	30,613.	0.			COMMUNITY BENEFIT
SUNFLOWER CREATIVE ARTS 227 N DIXIE BLVD DELRAY BEACH, FL 33444	16-1656606	501( C )( 3 )	12,215.	0.			DESIGNATION
T. LEROY JEFFERSON MEDICAL SOCIETY 3300 S DIXIE HWY, SUITE 1-706 WEST PALM BEACH, FL 33405	33-1007795	501( C )( 3 )	6,218.	0.			DESIGNATION

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
TAKE STOCK IN CHILDREN 1896 PALM BEACH LAKES BLVD, SUITE 1 WEST PALM BEACH, FL 33409	20-8077416	501( C )( 3 )	90,470.	0.			COMMUNITY BENEFIT
THE ARC OF MARTIN COUNTY 2001 SOUTH KANNER HWY STUART, FL 34994	59-6153484	501( C )( 3 )	19,151.	0.			DESIGNATION
THE ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	59-0883386	501( C )( 3 )	635,158.	0.			COMMUNITY BENEFIT
THE ARC OF THE GLADES 4250 NW 16TH STREET BELLE GLADE, FL 33430	59-1760374	501( C )( 3 )	90,826.	0.			COMMUNITY BENEFIT
THE ARTS COUNCIL INC. 80 EAST OCEAN BOULEVARD STUART, FL 34994	59-2015691	501( C )( 3 )	24,687.	0.			DESIGNATION
THE BOBBY RESCINITI HEALING HEARTS FOUNDATION - 351 N CONGRESS AVE. #281 - BOYNTON BEACH, FL 33426	26-0146851	501( C )( 3 )	28,227.	0.			DESIGNATION
THE CHILDREN'S PLACE AT HOME SAFE INC. - 2840 6TH AVE SOUTH - LAKE WORTH, FL 33461	59-1935485	501( C )( 3 )	125,185.	0.			COMMUNITY BENEFIT
THE COUNCIL ON AGING OF MARTIN COUNTY INC. - 900 SE SALERNO ROAD - STUART, FL 34997	52-1007762	501( C )( 3 )	7,716.	0.			DESIGNATION
THE EAGLES WINGS FOUNDATION INC. 375 POSSUM PASS WEST PALM BEACH, FL 33413	65-1089571	501( C )( 3 )	8,666.	0.			DESIGNATION

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
THE EPSILON LAMBDA BOULE FOUNDATION - 310 VIZCAYA DR - PALM BEACH GARDENS, FL 33418	46-2611995	501( C )( 3 )	5,898.	0.			DESIGNATION
THE GATHERING PALM BEACH 717 PROSPERITY FARMS ROAD NORTH PALM BEACH, FL 33408	59-2810392	501( C )( 3 )	8,864.	0.			DESIGNATION
THE GLADES INITIATIVE 141 SE AVE C BELLE GLADE, FL 33430	01-0733180	501( C )( 3 )	96,577.	0.			COMMUNITY BENEFIT
THE GUATEMALAN MAYA CENTER INC. 430 N G ST. LAKE WORTH, FL 33460	65-0355018	501( C )( 3 )	29,966.	0.			DESIGNATION
THE HARID CONSERVATORY 2285 POTOMAC RD. BOCA RATON, FL 33431	59-2767172	501( C )( 3 )	8,010.	0.			DESIGNATION
THE HONDA CLASSIC 3300 PGA BOULEVARD, SUITE 800 PALM BEACH GARDENS, FL 33410	20-4394654	501( C )( 3 )	15,000.	0.			DESIGNATION
THE LORD'S PLACE INC. 2808 NORTH AUSTRALIA AVENUE WEST PALM BEACH, FL 33407	59-2240502	501( C )( 3 )	303,763.	0.			COMMUNITY BENEFIT
THE OPEN DOOR FOR TEEN MOTHERS 3395 BURNS ROAD PALM BEACH GARDENS, FL 33410	45-2279887	501( C )( 3 )	5,000.	0.			DESIGNATION
THE PINE SCHOOL INC. 12350 SE FEDERAL HWY HOBE SOUND, FL 33455	59-1276282	501( C )( 3 )	91,398.	0.			DESIGNATION

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
THE TALENTED TEEN CLUB 305 SWAIN BLVD. GREENACRES, FL 33463	27-1011735	501( C )( 3 )	10,169.	0.			DESIGNATION
THE VOLEN CENTER 1515 W PALMETTO PARK RD BOCA RATON, FL 33486	59-2695062	501( C )( 3 )	102,273.	0.			COMMUNITY BENEFIT
THE WANDA AND JANICE WILSON FOUNDATION - 703 VISTA VIEW CIRCLE - PORT ORANGE, FL 32127	94-3443954	501( C )( 3 )	10,142.	0.			DESIGNATION
TREASURE COAST COMMUNITY SINGERS 631 SE CALMOSO DR. PORT ST LUCIE, FL 34983	11-3698020	501( C )( 3 )	5,302.	0.			DESIGNATION
TREASURE COAST FOOD BANK INC 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501( C )( 3 )	9,422.	0.			DESIGNATION
TRI COUNTY HUMANE SOCIETY 21287 BOCA RIO ROAD BOCA RATON, FL 33433	65-0719233	501( C )( 3 )	15,216.	0.			DESIGNATION
UNITED CEREBRAL PALSY OF BROWARD PB AND MID COAST COUNTIES DBA - 2700 W 81ST STREET - HIALEAH, FL 33016	59-0174817	501( C )( 3 )	63,623.	0.			COMMUNITY BENEFIT
UNITED COMMUNITY OPTIONS OF BROWARD PALM BEACH AND MID-COAS - 2700 WEST 81ST STREET - HIALEAH, FL 33016	61-1698381	501( C )( 3 )	5,000.	0.			COMMUNITY BENEFIT
UNITED COMMUNITY OPTIONS OF BROWARD, PALM BEACH AND MID-COAS - 3595 2ND AVENUE, NORTH - LAKE WORTH, FL 33461	61-1698381	501( C )( 3 )	195,286.	0.			COMMUNITY BENEFIT

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
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501( C )( 3 )	20,975.	0.			DESIGNATION
UNITED WAY OF GREATER WATERBURY 100 N ELM ST. 2ND FLOOR WATERBURY, CT 06702	06-0646634	501( C )( 3 )	9,000.	0.			DESIGNATION
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL BLVD STUART, FL 34994	23-7273540	501( C )( 3 )	5,161.	0.			DESIGNATION
UNITED WAY OF NORTHEAST FLORIDA 40 EAST ADAMS STREET, SUITE 200 JACKSONVILLE, FL 32202	59-0637825	501( C )( 3 )	10,000.	0.			DESIGNATION
URBAN LEAGUE OF PALM BEACH COUNTY INC. - 1700 N AUSTRALIAN AVE - WEST PALM BEACH, FL 33407	59-1533710	501( C )( 3 )	36,572.	0.			COMMUNITY BENEFIT
URBAN YOUTH IMPACT 2823 N. AUSTRALIAN AVE WEST PALM BEACH, FL 33407	91-1901103	501( C )( 3 )	60,690.	0.			COMMUNITY BENEFIT
VILLAGE ACADEMY ELEMENTARY SCHOOL 400 SW 12 AVENUE DELRAY BEACH, FL 33444	65-1060527	501( C )( 3 )	51,440.	0.			COMMUNITY BENEFIT
WEST PALM BEACH LIBRARY FOUNDATION 411 CLEMATIS STREET, 3RD FLOOR WEST PALM BEACH, FL 33401	65-1068311	501( C )( 3 )	6,425.	0.			DESIGNATION
WILD DOLPHIN PROJECT PO BOX 8436 JUPITER, FL 33468	65-0264660	501( C )( 3 )	7,096.	0.			DESIGNATION

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
WOMEN MAKING WAVES 725 N A1A, SUITE D104 JUPITER, FL 33477	47-1606139	501( C )( 3 )	6,948.	0.			DESIGNATION
YWCA PALM BEACH COUNTY 1016 N DIXIE HIGHWAY WEST PALM BEACH, FL 33401	59-0624470	501( C )( 3 )	51,193.	0.			COMMUNITY BENEFIT
YOUNG SINGERS OF THE PALM BEACHES 701 OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33401	30-0193514	501( C )( 3 )	10,567.	0.			DESIGNATION

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

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

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

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

**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) LAURA GEORGE PRESIDENT & CEO	(i)	213,273.	25,000.	4,388.	19,372.	7,837.	269,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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 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				
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 ▶ ( FURNITURE )	X	1	31,920.FMV	
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) 2017

**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

**2017**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF PALM BEACH COUNTY, INC

Employer identification number

59-0683258

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

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 2, NEW PROGRAM SERVICES:

UNITED WAY OF PALM BEACH COUNTY PROVIDED DISASTER RELIEF TO INDIVIDUALS

AND NONPROFIT AGENCIES TO OUR COMMUNITY AND OTHER AREAS IMPACTED BY

RECENT HURRICANES TO HELP WITH IMMEDIATE NEEDS AND LONG-TERM RECOVERY

EFFORTS. OUR ORGANIZATION BECAME THE LEAD AGENCY FOR LONG-TERM

DISASTER RECOVERY FOR PALM BEACH COUNTY DUE TO THE OUTSTANDING WORK

THAT WAS DONE THROUGHOUT THE YEAR AND HAS ADDED THIS AS A PILOT PROGRAM

FOR 18 MONTHS.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
--	--

RECEIVING A QUALITY EDUCATION IS NOT ONLY A SIGNIFICANT PREDICTOR OF WHETHER OR NOT YOUTH WILL ACHIEVE THEIR FULL POTENTIAL, BUT ALSO CLOSELY RELATES TO THEIR ABILITY TO BE SELF-SUFFICIENT AS ADULTS. WHILE WE HAVE MADE STRIDES IN IMPROVING THE ABILITY OF PALM BEACH COUNTY'S CHILDREN TO SUCCEED AT CRITICAL POINTS IN THEIR LIVES, THERE IS STILL MUCH WORK TO BE DONE. THAT IS WHY UNITED WAY IS SUPPORTING PROGRAMS THAT HELP OUR YOUTH TO GRADUATE ON TIME AND SUCCESSFULLY TRANSITION TO WORK OR COLLEGE.

GOALS:

- INCREASE THE NUMBER OF YOUTH READING ON GRADE LEVEL
- INCREASE THE NUMBER OF YOUTH WHO GRADUATE ON TIME
- INCREASE THE NUMBER OF 18 - 24 YEAR OLD YOUTH EMPLOYED OR IN POST-SECONDARY EDUCATION AFTER HIGH SCHOOL GRADUATION

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

ECONOMIC SUCCESS MEANS BEING SELF-SUFFICIENT AND ABLE TO MEET BASIC NEEDS FOR THINGS SUCH AS FOOD AND SHELTER. IN LARGE PART DUE TO THE ECONOMIC DOWNTURN MANY PEOPLE, NOW MORE THAN EVER, ARE OVERWHELMED BY THE COSTS OF EVERYDAY LIVING SUCH AS FOOD, HOUSING, HEALTH CARE, CHILD CARE, TRANSPORTATION, AND INSURANCE.

GOALS:

- INCREASE ACCESS TO BASIC NEEDS SERVICES FOR LOW-INCOME INDIVIDUALS AND FAMILIES IN CRISIS(RENT/MORTGAGE, UTILITY, FOOD ASSISTANCE)
- REDUCE THE NUMBER OF INDIVIDUALS AND FAMILIES THAT ARE LOW-INCOME BY SUPPORTING LONG-TERM FINANCIAL STABILITY PROGRAMMING THAT INCREASES

Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
--	--

INCOME, BUILDS SAVINGS AND PROMOTES ASSET DEVELOPMENT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UWPBC IS USING A COLLECTIVE IMPACT APPROACH TO ALLEVIATING HUNGER, USING A HUNGER RELIEF PLAN FOR PALM BEACH COUNTY AS A FRAMEWORK FOR TRANSFORMATIVE COMMUNITY CHANGE. VOLUNTEERS, FUNDERS, AND KEY STAKEHOLDERS ARE WORKING TO BUILD STRONG RELATIONSHIPS AMONG HUNGER RELIEF PROVIDERS AND THE COMMUNITY TO IMPLEMENT THE HUNGER RELIEF PLAN.

GOALS:

- CONVENE HUNGER RELIEF PROVIDERS TO IMPLEMENT HUNGER RELIEF PLAN
- ALLEVIATE HUNGER IN 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 POSTSECONDARY 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.

EXPENSES \$ 8,809,980. INCL GRANTS OF \$ 6,219,989. REVENUE \$ 278,147.

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

A DRAFT OF FORM 990 IS REVIEWED BY THE EXECUTIVE VICE PRESIDENT OF FINANCE AND OPERATIONS. THE DRAFT FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. A FINAL VERSION OF FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.



Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
--	--

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 & OPERATIONS 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 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 CHANGES

FORM 990, PART III, LINE 1

OUR COMMUNITY IMPACT WORK ALSO INVOLVES FUNDING PROGRAMS AND PARTNERING

Name of the organization UNITED WAY OF PALM BEACH COUNTY, INC	Employer identification number 59-0683258
--	--

IN LOCAL COLLABORATIVES AND INITIATIVES. UNITED WAY OF PALM BEACH COUNTY HOLDS ITSELF AND ITS PARTNERS ACCOUNTABLE NOT JUST FOR ACTION, BUT FOR MEASURABLE RESULTS. IN SUPPORT OF ITS MISSION, UNITED WAY CAREFULLY IDENTIFIED THE COMMUNITY'S NEEDS AND ISSUES AFFECTING PALM BEACH COUNTY RESIDENTS AND INVESTED IN PROGRAMS AND SPECIAL PROJECTS THAT STRATEGICALLY ADDRESSED THOSE NEEDS. THESE INVESTMENTS HELPED IMPROVE THE LIVES OF OUR RESIDENTS AND ADVANCE THE COMMON GOOD. THESE PROGRAMS AND SPECIAL PROJECTS FELL UNDER THE FOLLOWING AREAS OF FOCUS:

- EDUCATION: HELPED CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
- INCOME: PROMOTED FINANCIAL STABILITY AND INDEPENDENCE
- HEALTH: IMPROVED ACCESS TO HEALTH CARE AND PROMOTED HEALTHY BEHAVIORS

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF PALM BEACH COUNTY, INC</b>	Employer identification number (EIN) or <b>59-0683258</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>477 S ROSEMARY AVE, NO. 230</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WEST PALM BEACH, FL 33401</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TRUDY CROWETZ, EXECUTIVE VP OF FINANCE AND OPERATIONS**

• The books are in the care of ▶ **477 S ROSEMARY AVE, STE 230 - WEST PALM BEACH, FL 33401**  
Telephone No. ▶ **561-375-6619** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

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

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

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

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**