

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF PALM BEACH COUNTY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
477 S ROSEMARY AVE NO 230

City or town, state or province, country, and ZIP or foreign postal code
WEST PALM BEACH, FL 33401

D Employer identification number
59-0683258

E Telephone number
(561) 375-6600

G Gross receipts \$ 19,206,136

F Name and address of principal officer
DR LAURA GEORGE
477 S ROSEMARY AVE NO 230
WEST PALM BEACH, FL 33401

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW UNITEDWAYPBC ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1962

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BE A COMMUNITY WHERE ALL INDIVIDUALS & FAMILIES ACHIEVE THEIR FULL POTENTIAL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	41
4 Number of independent voting members of the governing body (Part VI, line 1b)	41
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	61
6 Total number of volunteers (estimate if necessary)	7,650
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,895,954	16,353,272
9 Program service revenue (Part VIII, line 2g)	106,499	141,629
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	292,489	232,507
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,838	136,518
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,405,780	16,863,926
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,695,547	11,694,758
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,835,798	3,453,107
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,777,941		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,502,999	2,021,565
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,034,344	17,169,430
19 Revenue less expenses Subtract line 18 from line 12	371,436	-305,504

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	18,690,481	17,412,769
21 Total liabilities (Part X, line 26)	6,837,275	5,349,586
22 Net assets or fund balances Subtract line 21 from line 20	11,853,206	12,063,183

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2019-03-19
DR LAURA GEORGE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KEVIN E REYNOLDS	Preparer's signature KEVIN E REYNOLDS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00178156
Firm's name ▶ DASZKAL BOLTON LLP			Firm's EIN ▶ 65-0406502	
Firm's address ▶ 2401 NW BOCA RATON BLVD BOCA RATON, FL 334316639			Phone no (561) 367-1040	

Part III Statement of Program Service Accomplishments

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

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 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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 2,186,581 including grants of \$ 2,186,581) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 1,657,715 including grants of \$ 1,657,715) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,630,473 including grants of \$ 1,630,473) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 8,809,980 including grants of \$ 6,219,989) (Revenue \$ 278,147)

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

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
1 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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
7 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>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 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>		No
10 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>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
15 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>		No
16 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>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 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>		No
19 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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	Yes	
22 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>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 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>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 1 column: Question. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] 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 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401 (561) 375-6619

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, or 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 dotted 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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (with sub-columns: Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 471,006, 0, 45,632.

Section 2: Total number of individuals... Section 3: Did the organization list any former officer... Section 4: For any individual listed on line 1a... Section 5: Did any person listed on line 1a receive or accrue compensation...

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	103,033				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,053,035				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,197,204				
	g Noncash contributions included in lines 1a-1f \$ _____		31,920				
	h Total. Add lines 1a-1f			16,353,272			
Program Service Revenue			Business Code				
	2a DESIGNATION FEES		900099	141,629	141,629		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			141,629				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,907		3,907	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			228,600		228,600
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a CAMPAIGN ENGAGEMENT		900099	136,518	136,518			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			136,518				
12 Total revenue. 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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,694,758	11,694,758		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	614,788	176,063	179,624	259,101
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	2,141,142	968,551	512,539	660,052
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	132,160	48,918	35,968	47,274
9 Other employee benefits.	362,483	134,170	98,652	129,661
10 Payroll taxes.	202,534	85,948	50,625	65,961
11 Fees for services (non-employees)				
a Management.	169,206	106,644	54,210	8,352
b Legal.				
c Accounting.	18,740	11,811	6,004	925
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,127	8,273	4,206	648
12 Advertising and promotion.				
13 Office expenses.	41,572	20,626	8,890	12,056
14 Information technology.				
15 Royalties.				
16 Occupancy.	215,148	88,060	47,913	79,175
17 Travel.	32,482	12,321	13,665	6,496
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	81,902	44,275	10,038	27,589
20 Interest.				
21 Payments to affiliates.	187,170	138,413	18,332	30,425
22 Depreciation, depletion, and amortization.	89,871	37,453	21,149	31,269
23 Insurance.	32,685	13,846	7,781	11,058
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR UNCOLLECT	525,129	525,129		
b PRINTING AND PUBLICATIO	180,389	57,165	2,936	120,288
c BANK AND PROCESSING FEE	143,045		3,558	139,487
d RENTAL AND MAINTENANCE	128,230	57,280	25,536	45,414
e All other expenses	162,869	55,045	5,114	102,710
25 Total functional expenses. Add lines 1 through 24e.	17,169,430	14,284,749	1,106,740	1,777,941
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	88,228	1	3,750
	2 Savings and temporary cash investments	3,894,349	2	2,510,373
	3 Pledges and grants receivable, net	2,691,972	3	2,362,717
	4 Accounts receivable, net	39,084	4	79,992
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,181	9	40,736
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	842,249		
	b Less accumulated depreciation	237,963		
		633,740	10c	604,286
	11 Investments—publicly traded securities	10,344,836	11	10,837,396
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	956,091	15	973,519	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,690,481	16	17,412,769	
Liabilities	17 Accounts payable and accrued expenses	356,390	17	596,969
	18 Grants payable	5,561,543	18	3,816,415
	19 Deferred revenue	845,241	19	865,232
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	74,101	25	70,970
	26 Total liabilities. Add lines 17 through 25	6,837,275	26	5,349,586
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	7,814,313	27	8,706,206
	28 Temporarily restricted net assets	3,964,188	28	3,331,977
	29 Permanently restricted net assets	74,705	29	25,000
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,853,206	33	12,063,183
	34 Total liabilities and net assets/fund balances	18,690,481	34	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
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-0683258

Name: UNITED WAY OF PALM BEACH COUNTY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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 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 4b:

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

Form 990, Part III, Line 4c:

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 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 INCOME, BUILDS SAVINGS AND PROMOTES ASSET DEVELOPMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ALLISON DOYLE TAYLOR BOARD MEMBER	2 00	X						0	0	0
CHANDLER WILLIAMSON BOARD MEMBER	2 00	X						0	0	0
CHRISTOPHER CHASE BOARD MEMBER	2 00	X						0	0	0
CRAIG JENKINS BOARD MEMBER	2 00	X						0	0	0
DANIEL CANE BOARD MEMBER	2 00	X						0	0	0
DARRELL SEARCY BOARD MEMBER	2 00	X						0	0	0
DAVID LEE HAMILTON III BOARD MEMBER	2 00	X						0	0	0
DAVID WILLIAMS BOARD MEMBER	2 00	X						0	0	0
DENNIS GALLON BOARD MEMBER	2 00	X						0	0	0
DEPUTY MICHAEL GAUGER BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
FABIOLA BRUMLEY BOARD MEMBER	2 00	X						0	0	0
GAIL RAY BOARD MEMBER	2 00	X						0	0	0
GINA LEE SABEAN BOARD MEMBER	2 00	X						0	0	0
GONZALO LA CAVA BOARD MEMBER	2 00	X						0	0	0
GREG NEWARA BOARD MEMBER	2 00	X						0	0	0
HEATHER NISBETH BOARD MEMBER	2 00	X						0	0	0
HOWARD BREGMAN ESQ BOARD MEMBER	2 00	X						0	0	0
JENNIFER BRANCACCIO BOARD MEMBER	2 00	X						0	0	0
JOHN FISCHETTI BOARD MEMBER	2 00	X						0	0	0
JON LEVINSON BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JUAN COCUY BOARD MEMBER	2 00	X						0	0	0
KELLY EPPY BOARD MEMBER	2 00	X						0	0	0
KENTON LONGENECKER BOARD MEMBER	2 00	X						0	0	0
LISA WILLIAMS-TAYLOR BOARD MEMBER	2 00	X						0	0	0
MEREDITH ROLLO BOARD MEMBER	2 00	X						0	0	0
MICHAEL PUMO BOARD MEMBER	2 00	X						0	0	0
MICHAEL SPEARS BOARD MEMBER	2 00	X						0	0	0
PHILIP DAVIS JR BOARD MEMBER	2 00	X						0	0	0
REVEREND PAMELA A CAHOON BOARD MEMBER	2 00	X						0	0	0
ROLANDO HERNANDEZ BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
RUTH MAGERIA BOARD MEMBER	2 00	X						0	0	0
GEORGE ELMORE EMERITUS DIRECTOR	2 00	X						0	0	0
JOHN F FLANIGAN ESQ EMERITUS DIRECTOR	2 00	X						0	0	0
ARTHUR J MENOR ESQ MEMBER AT LARGE	2 00	X						0	0	0
JOSEPH SHEAROUSE III MEMBER AT LARGE	2 00	X						0	0	0
EARNIE ELLISON JR CHAIRMAN	3 00	X		X				0	0	0
KIM JONES CHAIRMAN-ELECT	2 00	X		X				0	0	0
DONALD KISELEWSKI IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
ADAM BREGMAN ESQ LEGAL COUNSEL	2 00	X		X				0	0	0
TALLA MCGAHEE SECRETARY	2 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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				
FRANK COMPIANI TREASURER	2 00	X		X				0	0	0	
LAURA GEORGE PRESIDENT & CEO	40 00			X				242,661	0	27,209	
TRUDY CROWETZ EXECUTIVE VP OF FINANCE & OPE	40 00			X				114,309	0	9,704	
ALEXIA SAVAGE SR VP OF COMMUNICATIONS &	40 00					X		114,036	0	8,719	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	14,750,112	15,716,709	14,599,329	14,895,954	16,353,272	76,315,376
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,750,112	15,716,709	14,599,329	14,895,954	16,353,272	76,315,376
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,212,245
6 Public support. 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
7 Amounts from line 4	14,750,112	15,716,709	14,599,329	14,895,954	16,353,272	76,315,376
8 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
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						76,930,393
12 Gross receipts from related activities, etc (see instructions)					12	3,174,048

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	93.730 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	93.680 %

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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 on line 12 of 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
c	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? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	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? <i>If "No," describe in Part VI 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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 59-0683258

Name: UNITED WAY OF PALM BEACH COUNTY INC

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

Facts And Circumstances Test

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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? Yes 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? Yes 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 ▶ 98 000 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 2 000 %
- 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				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)		
Total. (Column (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)		
Total. (Column (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)	
Total. (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	
ANNUITY LIABILITY	70,970
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0683258

Name: UNITED WAY OF PALM BEACH COUNTY INC

Supplemental Information

Return Reference	Explanation
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 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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DESIGNATIONS TO OTHER AGENCIES -4,835,275 PROVISION FOR UNCOLLECTIBLE PLEDGES -525,129

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DESIGNATIONS TO OTHER AGENCIES 4,835,275 PROVISION FOR UNCOLLECTIBLE PLEDGES 525,129

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-0683258
Name: UNITED WAY OF PALM BEACH COUNTY INC

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

(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
1000 FRIENDS OF FLORIDA 308 N MONROE TALLAHASSEE, FL 32301	59-2761163	501(C)(3)	5,163				DESIGNATION
211 PALM BEACH TREASURE COAST PO BOX 3588 LANTANA, FL 33465	23-7153017	501(C)(3)	533,656				COMMUNITY BENEFIT

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

(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
4KIDS OF SOUTH FLORIDA INC -PALM BEACH COUNTY 352 NW 4TH ST BOCA RATON, FL 33432	61-1416525	501(C)(3)	5,085				DESIGNATION
ACHIEVEMENT CENTER FOR CHILDREN AND FAMILIES 555 NW 4TH ST DELRAY BEACH, FL 33444	59-1264435	501(C)(3)	73,589				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPT-A-FAMILY OF THE PALM BEACHES INC 1712 2ND AVENUE NORTH LAKE WORTH, FL 33460	59-2471253	501(C)(3)	327,420				COMMUNITY BENEFIT
AID TO VICTIMS OF DOMESTIC ABUSE INC PO BOX 6161 DELRAY BEACH, FL 33482	59-2486620	501(C)(3)	64,109				COMMUNITY BENEFIT

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

(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				DESIGNATION
ALZHEIMER'S COMMUNITY CARE INC 800 NORTHPOINT PKWY - STE 101B WEST PALM BEACH, FL 33407	31-1481653	501(C)(3)	45,525				COMMUNITY BENEFIT

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

(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
AMERICAN ASSOCIATION OF CAREGIVING YOUTH INC 1515 N FEDERAL HWY SUITE 218 BOCA RATON, FL 33432	65-0866677	501(C)(3)	78,340				COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY - BROWARD COUNTY 3363 W COMMERCIAL BLVD SUITE 100 FORT LAUDERDALE, FL 33309	59-0657320	501(C)(3)	6,982				DESIGNATION

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

(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
AMERICAN HUMANE ASSOCIATION 241 BRADLEY PLACE STE C PALM BEACH, FL 33480	84-0432950	501(C)(3)	8,169				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				DESIGNATION

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

(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
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				COMMUNITY BENEFIT
ARTISTS FOR A CAUSE INC 1211 SW SUNSET TRAIL PALM CITY, FL 34990	26-4279756	501(C)(3)	13,377				DESIGNATION

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

(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
ASPIRA OF FLORIDA INC 6100 BLUE LAGOON DRIVE SUITE 460 WEST PALM BEACH, FL 33405	59-2105537	501(C)(3)	75,870				COMMUNITY BENEFIT
AUDIOLOGY ASSOCIATES OF CORAL SPRINGS 5411 N UNIVERSITY DR 102 CORAL SPRINGS, FL 33067	65-0662293	501(C)(3)	5,750				DESIGNATION

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

(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 WITH A HEART 2324 S CONGRESS AVE SUITE 2 - G PALM SPRINGS, FL 33406	47-1103465	501(C)(3)	11,910				DESIGNATION
BALLET PALM BEACH INC 10357 IRONWOOD RD PALM BEACH GARDENS, FL 33410	82-0569013	501(C)(3)	43,407				DESIGNATION

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

(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
BELLA'S ANGELS INC PO BOX 1562 JUPITER, FL 33468	26-1594604	501(C)(3)	29,435				DESIGNATION
BEST FOOT FORWARD 9045 LA FONTANA BOULEVARD 111 BOCA RATON, FL 33434	30-0598378	501(C)(3)	5,118				DESIGNATION

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

(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
BETHUNE-COOKMAN UNIVERSITY PALM BEACH COUNTY CHAPTER PO BOX 2591 WEST PALM BEACH, FL 33404	59-2344490	501(C)(3)	21,324				DESIGNATION
BIG DOG RANCH RESCUE 1090 JUPITER PARK DRIVE JUPITER, FL 33458	26-3184971	501(C)(3)	43,946				DESIGNATION

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

(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
BOCA BALLET THEATRE COMPANY 7630 NORTHWEST 6TH AVENUE BOCA RATON, FL 33487	65-0238234	501(C)(3)	6,460				DESIGNATION
BOCA RATON MUSEUM OF ART 501 PLAZA REAL BOCA RATON, FL 33432	59-6019851	501(C)(3)	21,757				DESIGNATION

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

(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				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				COMMUNITY BENEFIT

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

(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
BOYS AND GIRLS CLUBS OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475	65-0253002	501(C)(3)	10,795				DESIGNATION
CANCER ALLIANCE OF HELP AND HOPE PO BOX 3292 PALM BEACH, FL 33480	90-0101236	501(C)(3)	7,160				DESIGNATION

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

(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
CARE NET PREGNANCY SERVICES - TREASURE COAST 8432 S FEDERAL HIGHWAY PORT ST LUCIE, FL 34952	65-0156575	501(C)(3)	5,366				DESIGNATION
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437	65-0149423	501(C)(3)	12,403				DESIGNATION

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

(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
CARING FIELDS FELINES 6807 SW WEDELIA TER PALM CITY, FL 34990	65-1015367	501(C)(3)	15,704				DESIGNATION
CARITAS PUERTO RICO POST OFFICE BOX 8812 SAN JUAN 00910-0812 RQ	66-0287035	501(C)(3)	16,151				DESIGNATION

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

(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
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				DESIGNATION
CENTER FOR CHILD COUNSELING INC 7731 N MILITARY TRAIL SUITE 4 PALM BEACH GARDENS, FL 33410	65-0932032	501(C)(3)	36,776				DESIGNATION

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

(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
CHARLOTTE HANS FOUNDATION 10130 NORTHLAKE BLVD SUITE 212 WEST PALM BEACH, FL 33412	47-3497796	501(C)(3)	48,341				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				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIANS REACHING OUT TO SOCIETY INC 301 1ST AVENUE SOUTH LAKE WORTH, FL 33460	59-1802917	501(C)(3)	167,546				COMMUNITY BENEFIT
CLINICS CAN HELP INC 1550 LATHAM RD SUITE 10 WEST PALM BEACH, FL 33409	20-2778895	501(C)(3)	121,879				COMMUNITY BENEFIT

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

(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
COALITION FOR INDEPENDENT LIVING OPTIONS INC 6800 FOREST HILL BLVD WEST PALM BEACH, FL 33413	65-0174695	501(C)(3)	41,756				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				COMMUNITY BENEFIT

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

(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
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				COMMUNITY BENEFIT
COMPASS INC 201 N DIXIE HWY LAKE WORTH, FL 33460	65-0052657	501(C)(3)	25,971				COMMUNITY BENEFIT

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

(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				DESIGNATION
DIGITAL VIBEZ INC 5199 10TH AVE NORTH STE 200 GREENACRES, FL 33463	46-5032425	501(C)(3)	5,835				DESIGNATION

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

(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
DOMINO'S CAT RESCUE LEAGUE INC 4546 SW HONEY TER PALM CITY, FL 34990	81-0582632	501(C)(3)	25,188				DESIGNATION
DRESS FOR SUCCESS - PALM BEACH COUNTY 118 E OCEAN AVE LANTANA, FL 33462	27-0579164	501(C)(3)	6,069				DESIGNATION

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

(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
EDUCATION FOUNDATION OF MARTIN COUNTY PO BOX 291 STUART, FL 34995	65-0304639	501(C)(3)	10,735				DESIGNATION
EDUCATION FOUNDATION OF PALM BEACH COUNTY INC 3300 FOREST HILL BLVD WEST PALM BEACH, FL 33406	59-2420369	501(C)(3)	10,509				DESIGNATION

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

(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
EL SOL JUPITER'S NEIGHBORHOOD RESOURCE CENTER 106 MILITARY TRAIL JUPITER, FL 33458	01-0870672	501(C)(3)	67,041				COMMUNITY BENEFIT
EPILEPSY FOUNDATION OF FL 1200 NW 78TH AVENUE SUITE 400 MIAMI, FL 33126	59-2164525	501(C)(3)	20,000				COMMUNITY BENEFIT

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

(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
EPISCOPAL CHARITIES OF SOUTHEAST FLORIDA 1750 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334	65-0934414	501(C)(3)	17,316				DESIGNATION
EQUINE RESCUE ADOPTION FOUNDATION 6400 SW MARTIN HWY PALM CITY, FL 34990	65-1037400	501(C)(3)	5,433				DESIGNATION

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

(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
EXTENDED HANDS COMMUNITY OUTREACH INC 528 CHEERFUL STREET WEST PALM BEACH, FL 33407	03-0484951	501(C)(3)	7,522				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				COMMUNITY BENEFIT

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

(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
FAMILY PROMISE OF SOUTH PALM BEACH COUNTY 840 GEORGE BUSH BLVD BLD D DELRAY BEACH, FL 33483	56-2656166	501(C)(3)	5,061				DESIGNATION
FARMWORKERS COORDINATING COUNCIL OF PBC INC 1313 CENTRAL TERRACE LAKE WORTH, FL 33460	59-1830267	501(C)(3)	114,343				COMMUNITY BENEFIT

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

(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
FEEDING THE HUNGRY 8306 155TH PLACE NORTH PALM BEACH GARDENS, FL 33418	82-3760456	501(C)(3)	28,100				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				COMMUNITY BENEFIT

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

(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
FEELING FINE CANINE RESCUE 14883 60TH ST N LOXAHATCHEE, FL 33470	46-2076725	501(C)(3)	6,342				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				COMMUNITY BENEFIT

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

(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				DESIGNATION
FLORENCE FULLER CHILD DEVELOPMENT CENTER INC 200 NE 14TH ST BOCA RATON, FL 33432	59-1312245	501(C)(3)	22,049				DESIGNATION

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

(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
FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES RD BOCA RATON, FL 33431	59-0917284	501(C)(3)	57,540				COMMUNITY BENEFIT
FLORIDA FISHING ACADEMY 7067 PENINSULA COURT LAKE WORTH, FL 33467	16-1775538	501(C)(3)	45,348				COMMUNITY BENEFIT

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

(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
FLORIDA OCEANOGRAPHIC SOCIETY 890 NE OCEAN BLVD STUART, FL 34996	59-1114306	501(C)(3)	11,933				DESIGNATION
FOR THE CHILDREN INC 1718 DOUGLAS STREET LAKE WORTH, FL 33460	65-0950530	501(C)(3)	77,099				COMMUNITY BENEFIT

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

(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
FRIENDS OF FOSTER CHILDREN 4100 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	59-2487590	501(C)(3)	6,883				DESIGNATION
GOD'S ARMY RAISING YOUTH 5139 WOODSTONE CIRCLE EAST LAKE WORTH, FL 33463	80-0139607	501(C)(3)	6,500				DESIGNATION

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

(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
GODS RESOURCES INC PO BOX 624 PALM CITY, FL 34991	45-2044002	501(C)(3)	5,151				DESIGNATION
GRANDMA'S PLACE 184 SPARROW DRIVE ROYAL PALM BEACH, FL 33411	65-0821321	501(C)(3)	10,060				DESIGNATION

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

(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
GUARDIANS OF MARTIN COUNTY INC PO BOX 1489 HOBE SOUND, FL 33475	27-0302991	501(C)(3)	6,330				DESIGNATION
HABITAT FOR HUMANITY OF MARTIN COUNTY 2090 NW FEDERAL HWY STUART, FL 34994	59-2816698	501(C)(3)	13,398				DESIGNATION

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

(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
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				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				COMMUNITY BENEFIT

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

(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
HELPING PEOPLE SUCCEED 1100 SE FEDERAL HIGHWAY STUART, FL 34994	59-1051699	501(C)(3)	33,149				DESIGNATION
HISTORICAL SOCIETY OF MARTIN COUNTY 825 NE OCEAN BLVD STUART, FL 34996	59-0913326	501(C)(3)	7,180				DESIGNATION

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

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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				DESIGNATION
HOMELESS COALITION OF PALM BEACH COUNTY 810 DATURA STREET BASEMENT WEST PALM BEACH, FL 33401	65-0125852	501(C)(3)	28,231				DESIGNATION

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

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HOSPICE OF PALM BEACH COUNTY FOUNDATION 5300 EAST AVE WEST PALM BEACH, FL 33407	20-3974070	501(C)(3)	21,291				DESIGNATION
HOSPICE OF THE TREASURE COAST INC 1201 SE INDIAN ST STUART, FL 34997	59-2199023	501(C)(3)	7,380				DESIGNATION

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

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HOUSEHOLD OF FAITH SERVANTS OF THE GREAT I AM 3822 COCONUT RD PALM SPRINGS, FL 33461	65-0781547	501(C)(3)	6,577				DESIGNATION
HOUSING COMMUNITY PARTNERSHIP INC 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	59-2704597	501(C)(3)	355,672				COMMUNITY BENEFIT

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

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HUMANE SOCIETY OF THE TREASURE COAST INC 4100 SW LEIGHTON FARM AVENUE PALM CITY, FL 34990	59-0774235	501(C)(3)	27,098				DESIGNATION
INWATER RESEARCH GROUP INC 4160 NE HYLINE DRIVE JENSEN BEACH, FL 34957	65-1090322	501(C)(3)	5,681				DESIGNATION

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

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JEFF INDUSTRIES INC 115 EAST COAST AVENUE LANTANA, FL 33462	59-2516157	501(C)(3)	99,471				COMMUNITY BENEFIT
JESUS HOUSE OF HOPE INC 2484 SE BONITA ST STUART, FL 34997	59-2422998	501(C)(3)	5,954				DESIGNATION

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

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JEWISH FEDERATION OF NASHVILLE AND MIDDLE TENNESSEE 801 PERCY WARNER BLVDSUITE 102 BLVD BLVD NASHVILLE, TN 37205	62-6077703	501(C)(3)	50,000				DESIGNATION
JEWISH FEDERATION OF PALM BEACH COUNTY 4601 COMMUNITY DR WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	5,000				DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF THE PALM BEACHES AND TREASURE COAST INC 6903 VISTA PARKWAY NORTH SUITE 10 WEST PALM BEACH, FL 33411	59-2333738	501(C)(3)	25,013				COMMUNITY BENEFIT
JUNIOR LEAGUE OF THE PALM BEACHES INC 470 COLUMBIA DRIVE WEST PALM BEACH, FL 33409	59-6138209	501(C)(3)	12,996				DESIGNATION

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

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JUPITER FIRST CHURCH 1475 INDIAN CREEK PKWY JUPITER, FL 33458	59-2500182	501(C)(3)	7,290				DESIGNATION
KIBBLEZ OF LOVE INC 8100 BELVEDERE RD SUITE 13 WEST PALM BEACH, FL 33411	45-2317006	501(C)(3)	23,539				DESIGNATION

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

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KIDS CHANCE OF FLORIDA PO BOX 1648 SARASOTA, FL 342301648	81-0724553	501(C)(3)	5,757				DESIGNATION
KIDS IN DISTRESS - BROWARD 819 NE 26TH ST BLDG A WILTON MANORS, FL 33305	59-1927289	501(C)(3)	5,829				DESIGNATION

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

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KIDSAFE FOUNDATION 2083 STATE ROAD 7 SUITE 300 BOCA RATON, FL 33498	27-1067698	501(C)(3)	17,728				DESIGNATION
LAKE WORTH WEST RESIDENT PLANNING GROUP 4730 MAINE STREET LAKE WORTH, FL 33461	65-0838753	501(C)(3)	40,612				COMMUNITY BENEFIT

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

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LEADERSHIP PALM BEACH COUNTY INC 2751 SOUTH DIXIE HWY SUITE 1A WEST PALM BEACH, FL 33405	59-2569079	501(C)(3)	6,242				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				COMMUNITY BENEFIT

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

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LIGHTHOUSE CAFE MINISTRIES OF THE GLADES PO BOX 220 PAHOKEE, FL 33476	65-0980934	501(C)(3)	7,500				DESIGNATION
LOGGERHEAD MARINELIFE CENTER 14200 US HIGHWAY ONE JUNO BEACH, FL 33418	59-2445926	501(C)(3)	8,940				DESIGNATION

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

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LUPUS FOUNDATION OF AMERICA SE FLORIDA CHAPTER INC 2300 HIGH RIDGE RD STE 375 BOYNTON BEACH, FL 334268796	59-1752601	501(C)(3)	10,951				DESIGNATION
MAASAI WILDERNESS CONSERVATION TRUST PO BOX 1413 SANTA BARBARA, CA 93102	66-0627488	501(C)(3)	19,000				DESIGNATION

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

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MARY'S SHELTER OF THE TREASURE COAST 1033 SE 14TH STREET STUART, FL 34996	26-3714519	501(C)(3)	12,637				DESIGNATION
MEALS ON WHEELS OF THE PALM BEACHES INC PO BOX 247 WEST PALM BEACH, FL 33402	27-2891297	501(C)(3)	8,869				DESIGNATION

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MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY INC 909 FERN ST WEST PALM BEACH, FL 33401	59-0760220	501(C)(3)	25,467				DESIGNATION
MILAGRO FOUNDATION INC 695 AUBURN AVE DELRAY BEACH, FL 334444416	65-0804625	501(C)(3)	93,909				COMMUNITY BENEFIT

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MOLLY'S HOUSE 430 SE OSCEOLA ST STUART, FL 34994	65-0407242	501(C)(3)	5,635				DESIGNATION
MOTHERS AGAINST MURDERERS ASSOCIATION 5840 CORPORATE WAY STE 112 WEST PALM BEACH, FL 33407	13-4257073	501(C)(3)	5,414				DESIGNATION

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

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NALA'S NEW LIFE RESCUE INC 2740 SW MARTIN DOWNS BLVD UNIT 402 PALM CITY, FL 34990	26-2312990	501(C)(3)	8,739				DESIGNATION
NAMI OF PALM BEACH COUNTY 5205 GREENWOOD AVENUE SUITE 110 WEST PALM BEACH, FL 33407	59-2301320	501(C)(3)	44,103				DESIGNATION

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

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NEIGHBORHOOD RENAISSANCE INC 510 24TH STREET SUITE A WEST PALM BEACH, FL 33407	65-0352279	501(C)(3)	5,062				DESIGNATION
NONPROFITS FIRST 2300 HIGH RIDGE ROAD SUITE 132 BOYNTON BEACH, FL 33426	26-3189428	501(C)(3)	55,598				COMMUNITY BENEFIT

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

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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				DESIGNATION
OPPORTUNITY OF PALM BEACH COUNTY INC 1713 QUAIL DRIVE WEST PALM BEACH, FL 33409	59-0624429	501(C)(3)	9,423				DESIGNATION

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

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OUR SISTER'S PLACE INC 525 GATOR DRIVE LANTANA, FL 33462	20-0932817	501(C)(3)	10,316				DESIGNATION
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462	90-0788707	501(C)(3)	325,124				COMMUNITY BENEFIT

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

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PALM BEACH COUNTY LITERACY COALITION 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	65-0169781	501(C)(3)	154,437				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				COMMUNITY BENEFIT

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

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PALM BEACH COUNTY PAL INC 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	65-0461384	501(C)(3)	7,581				DESIGNATION
PALM BEACH COUNTY SHERIFF FOUNDATION INC 335 FLAGLER BLVD LAKE PARK, FL 33403	27-2615023	501(C)(3)	10,087				DESIGNATION

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

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PALM BEACH GARDENS POLICE FOUNDATION 10500 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410	42-1748215	501(C)(3)	14,487				DESIGNATION
PALM BEACH HABILITATION CENTER 4522 S CONGRESS AVE LAKE WORTH, FL 33461	59-6213381	501(C)(3)	128,587				COMMUNITY BENEFIT

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

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PALM BEACH SYMPHONY 44 COCOANUT ROW M207B PALM BEACH, FL 33480	59-1542539	501(C)(3)	26,010				DESIGNATION
PALM HEALTHCARE FOUNDATION 700 S DIXIE HIGHWAY SUITE 205 WEST PALM BEACH, FL 33401	59-2391119	501(C)(3)	10,000				DESIGNATION

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

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PAN-FLORIDA CHALLENGE 1400 GULF SHORE BLVD N STE 106 NAPLES, FL 34108	47-2993766	501(C)(3)	212,736				COMMUNITY BENEFIT
PARENT-CHILD CENTER INC 2001 W BLUE HERON BOULEVARD RIVIERA BEACH, FL 334045003	59-1964034	501(C)(3)	34,731				COMMUNITY BENEFIT

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

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PATH TO COLLEGE INC PO BOX 487 LAKE WORTH, FL 33460	81-5228014	501(C)(3)	7,970				DESIGNATION
PATHWAYS TO PROSPERITY INC 970 N SEACREST BLVD BOYNTON BEACH, FL 33435	27-3550271	501(C)(3)	20,692				DESIGNATION

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

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PLACE OF HOPE INC 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	65-0841384	501(C)(3)	10,474				DESIGNATION
PROPEL 2500 NW 5TH AVE BOCA RATON, FL 33431	01-0793986	501(C)(3)	24,607				COMMUNITY BENEFIT

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

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QUANTUM HOUSE INC 987 45TH STREET WEST PALM BEACH, FL 33407	65-0898326	501(C)(3)	32,517				DESIGNATION
REST 1S450 WYATT DRIVE GENEVA, IL 60134	36-2652532	501(C)(3)	31,637				DESIGNATION

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

(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				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				COMMUNITY BENEFIT

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

(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
SAFESPACE INC 612 SE DIXIE HIGHWAY STUART, FL 34994	59-1983994	501(C)(3)	8,900				DESIGNATION
SALVATION ARMY OF PALM BEACH COUNTY 2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	58-0660607	501(C)(3)	57,245				COMMUNITY BENEFIT

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

(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
SANDOWAY HOUSE NATURE CENTER 142 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483	65-0603775	501(C)(3)	7,700				DESIGNATION
SARI ASHER CENTER FOR INTEGRATIVE CANCER 3401 PGA BLVD SUITE 200 PALM BEACH GARDENS, FL 33410	59-2541781	501(C)(3)	20,799				DESIGNATION

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

(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
SCHOOL OF THE ARTS FOUNDATION INC PO BOX 552 WEST PALM BEACH, FL 33402	65-0395865	501(C)(3)	15,743				DESIGNATION
SEA STAR SCHOOL 2450 NW 5TH AVE BOCA RATON, FL 33431	20-8071656	501(C)(3)	6,392				DESIGNATION

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

(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
SEAGULL INDUSTRIES FOR THE DISABLED INC 3879 BYRON DRIVE WEST PALM BEACH, FL 33404	59-1879968	501(C)(3)	40,600				COMMUNITY BENEFIT
SOCIETY OF ST VINCENT DEPAUL 3757 S MILITARY TRAIL GREENACRES, FL 33463	59-1058446	501(C)(3)	6,062				DESIGNATION

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

(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
SOL CHILDREN THEATRE INC 3333 N FEDERAL HIGHWAY BOCA RATON, FL 33431	46-2197258	501(C)(3)	25,876				DESIGNATION
SOUTH FLORIDA SANCTUARY 3732 LAKE OSBORNE DRIVE LAKE WORTH, FL 33461	46-3556645	501(C)(3)	7,201				DESIGNATION

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

(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
ST JUDES CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,543				DESIGNATION
ST GEORGE'S EPISCOPAL CHURCH 21 W 22ND ST RIVIERA BEACH, FL 33404	59-1318856	501(C)(3)	7,008				DESIGNATION

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

(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
STARSTRUCK THEATRE INC 2101 S KANNER HWY STUART, FL 34994	46-2677784	501(C)(3)	27,041				DESIGNATION
STREET BEAT INC 205 SE 3RD AVE SUITE C SOUTH BAY, FL 33493	65-0646408	501(C)(3)	30,613				COMMUNITY BENEFIT

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

(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
SUNFLOWER CREATIVE ARTS 227 N DIXIE BLVD DELRAY BEACH, FL 33444	16-1656606	501(C)(3)	12,215				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				DESIGNATION

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

(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 103 WEST PALM BEACH, FL 33409	20-8077416	501(C)(3)	90,470				COMMUNITY BENEFIT
THE ARC OF MARTIN COUNTY 2001 SOUTH KANNER HWY STUART, FL 34994	59-6153484	501(C)(3)	19,151				DESIGNATION

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

(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 ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	59-0883386	501(C)(3)	635,158				COMMUNITY BENEFIT
THE ARC OF THE GLADES 4250 NW 16TH STREET BELLE GLADE, FL 33430	59-1760374	501(C)(3)	90,826				COMMUNITY BENEFIT

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

(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 ARTS COUNCIL INC 80 EAST OCEAN BOULEVARD STUART, FL 34994	59-2015691	501(C)(3)	24,687				DESIGNATION
THE BOBBY RESCINITI HEALING HEARTS FOUNDATION 351 N CONGRESS AVE 281 BOYNTON BEACH, FL 33426	26-0146851	501(C)(3)	28,227				DESIGNATION

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

(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 CHILDREN'S PLACE AT HOME SAFE INC 2840 6TH AVE SOUTH LAKE WORTH, FL 33461	59-1935485	501(C)(3)	125,185				COMMUNITY BENEFIT
THE COUNCIL ON AGING OF MARTIN COUNTY INC 900 SE SALERNO ROAD STUART, FL 34997	52-1007762	501(C)(3)	7,716				DESIGNATION

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

(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 EAGLES WINGS FOUNDATION INC 375 POSSUM PASS WEST PALM BEACH, FL 33413	65-1089571	501(C)(3)	8,666				DESIGNATION
THE EPSILON LAMBDA BOULE FOUNDATION 310 VIZCAYA DR PALM BEACH GARDENS, FL 33418	46-2611995	501(C)(3)	5,898				DESIGNATION

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

(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 GATHERING PALM BEACH 717 PROSPERITY FARMS ROAD NORTH PALM BEACH, FL 33408	59-2810392	501(C)(3)	8,864				DESIGNATION
THE GLADES INITIATIVE 141 SE AVE C BELLE GLADE, FL 33430	01-0733180	501(C)(3)	96,577				COMMUNITY BENEFIT

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

(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 GUATEMALAN MAYA CENTER INC 430 N G ST LAKE WORTH, FL 33460	65-0355018	501(C)(3)	29,966				DESIGNATION
THE HARID CONSERVATORY 2285 POTOMAC RD BOCA RATON, FL 33431	59-2767172	501(C)(3)	8,010				DESIGNATION

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

(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 HONDA CLASSIC 3300 PGA BOULEVARD SUITE 800 PALM BEACH GARDENS, FL 33410	20-4394654	501(C)(3)	15,000				DESIGNATION
THE LORD'S PLACE INC 2808 NORTH AUSTRALIA AVENUE WEST PALM BEACH, FL 33407	59-2240502	501(C)(3)	303,763				COMMUNITY BENEFIT

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

(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 OPEN DOOR FOR TEEN MOTHERS 3395 BURNS ROAD PALM BEACH GARDENS, FL 33410	45-2279887	501(C)(3)	5,000				DESIGNATION
THE PINE SCHOOL INC 12350 SE FEDERAL HWY HOBE SOUND, FL 33455	59-1276282	501(C)(3)	91,398				DESIGNATION

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

(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				DESIGNATION
THE VOLEN CENTER 1515 W PALMETTO PARK RD BOCA RATON, FL 33486	59-2695062	501(C)(3)	102,273				COMMUNITY BENEFIT

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

(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 WANDA AND JANICE WILSON FOUNDATION 703 VISTA VIEW CIRCLE PORT ORANGE, FL 32127	94-3443954	501(C)(3)	10,142				DESIGNATION
TREASURE COAST COMMUNITY SINGERS 631 SE CALMOSO DR PORT ST LUCIE, FL 34983	11-3698020	501(C)(3)	5,302				DESIGNATION

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

(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
TREASURE COAST FOOD BANK INC 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501(C)(3)	9,422				DESIGNATION
TRI COUNTY HUMANE SOCIETY 21287 BOCA RIO ROAD BOCA RATON, FL 33433	65-0719233	501(C)(3)	15,216				DESIGNATION

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

(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 CEREBRAL PALSY OF BROWARD PB AND MID COAST COUNTIES DBA 2700 W 81ST STREET HIALEAH, FL 33016	59-0174817	501(C)(3)	63,623				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				COMMUNITY BENEFIT

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

(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 COMMUNITY OPTIONS OF BROWARD PALM BEACH AND MID-COAS 3595 2ND AVENUE NORTH LAKE WORTH, FL 33461	61-1698381	501(C)(3)	195,286				COMMUNITY BENEFIT
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	20,975				DESIGNATION

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

(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 GREATER WATERBURY 100 N ELM ST 2ND FLOOR WATERBURY, CT 06702	06-0646634	501(C)(3)	9,000				DESIGNATION
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL BLVD STUART, FL 34994	23-7273540	501(C)(3)	5,161				DESIGNATION

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

(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 NORTHEAST FLORIDA 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	10,000				DESIGNATION
URBAN LEAGUE OF PALM BEACH COUNTY INC 1700 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	59-1533710	501(C)(3)	36,572				COMMUNITY BENEFIT

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

(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
URBAN YOUTH IMPACT 2823 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	91-1901103	501(C)(3)	60,690				COMMUNITY BENEFIT
VILLAGE ACADEMY ELEMENTARY SCHOOL 400 SW 12 AVENUE DELRAY BEACH, FL 33444	65-1060527	501(C)(3)	51,440				COMMUNITY BENEFIT

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

(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
WEST PALM BEACH LIBRARY FOUNDATION 411 CLEMATIS STREET 3RD FLOOR WEST PALM BEACH, FL 33401	65-1068311	501(C)(3)	6,425				DESIGNATION
WILD DOLPHIN PROJECT PO BOX 8436 JUPITER, FL 33468	65-0264660	501(C)(3)	7,096				DESIGNATION

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

(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				DESIGNATION
YWCA PALM BEACH COUNTY 1016 N DIXIE HIGHWAY WEST PALM BEACH, FL 33401	59-0624470	501(C)(3)	51,193				COMMUNITY BENEFIT

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

(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
YOUNG SINGERS OF THE PALM BEACHES 701 OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33401	30-0193514	501(C)(3)	10,567				DESIGNATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

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

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF PALM BEACH COUNTY INC

Employer identification number

59-0683258

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 is not required to be used for exempt purposes for the entire holding period?		No
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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF PALM BEACH COUNTY INC

Employer identification number

59-0683258

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	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 THROUGHTOUT THE YEAR AND HAS ADDED THIS AS A PILOT PROGRAM FOR 18 MONTHS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	OUR COMMUNITY IMPACT WORK ALSO INVOLVES FUNDING PROGRAMS AND PARTNERING 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