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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2023 calendar year, or tax year beginning UL 1, 2023 and ending	g Jī	JN 30, 202	4
В	Check if applicable	C Name of organization		D Employer ident	fication number
	Addres	S Town of Palm Reach United Way Inc			
	change Name change			59-0637	885
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone numb	per
	Final return/	44 Cocoanut Row M-201		(561) 6	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,088,946.
	Amend return			H(a) Is this a group	return
	Application	F Name and address of principal officer: Elizabeth walton		for subordinate	es? Yes X No
	pendin	same as C above		H(b) Are all subordinates	s included? Yes No
<u>1</u>	Tax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See instructions
_	Websit			H(c) Group exempt	
			Year o	f formation: 1945	M State of legal domicile; ${f FL}$
P		Summary			
a)	1 1	Briefly describe the organization's mission or most significant activities: The Town	n of	Palm Bead	<u>ch United</u>
ů] !	Way, Inc. is committed to building a healthy			
Activities & Governance	2 (Check this box if the organization discontinued its operations or disposed of	more t	1	I
Š	3	Number of voting members of the governing body (Part VI, line 1a)			
e e	4	Number of independent voting members of the governing body (Part VI, line 1b)			
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
Ξ	6	Total number of volunteers (estimate if necessary)			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7 Prior Year	Current Year
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
e	8	Contributions and grants (Part VIII, line 1h)		7,510,659	
Revenue	9	Program service revenue (Part VIII, line 2g)		164,475	
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		104,475	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,675,134	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,301,521	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,301,321	
	1= 0	Benefits paid to or for members (Part IX, column (A), line 4)		512,223	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0	
Expenses	loa i	Fotal fundraising expenses (Part IX, column (D), line 25) 397,532.			•
ă	17 /	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,108,881	644,817.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,922,625	
		Revenue less expenses. Subtract line 18 from line 12		752,509	865,702.
		tovoride 1999 experieded. Outstract filled 16 from filled 12	Beg	inning of Current Yea	
ets (20	Fotal assets (Part X, line 16)		18,517,140	
Ass	21	Fotal liabilities (Part X, line 26)		3,943,600	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		14,573,540	
	art II	Signature Block		-	
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemer	nts, and to the best of r	ny knowledge and belief, it is
true	e, correct	and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	as any knowledge.	
Sig		Signature of officer		Date	
He	re	Elizabeth Walton, President & CEO			
		Type or print name and title	1 -	-1 I	
		Print/Type preparer's name Preparer's signature		ate Check if	PTIN
Pai	1	Scott Y. Haynes	11	1-8-2024 self-emp	
	parer	Firm's name Holyfield & Thomas, LLC		Firm's EIN	65-1083521
Use	Only	Firm's address 125 Butler Street			EC1\ COO COOO
_		West Palm Beach, FL 33407		Phone no. (561) 689-6000 X Yes No
wa	v tne iH	S discuss this return with the preparer shown above? See instructions			🔼 Yes No

Pa	t 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:
	The Town of Palm Beach United Way, Inc. is committed to building a
	healthy community by helping people care for one another, and
	investing in programs that build a better life for all by focusing on
	improving education, income, and health.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,683,508. including grants of \$1,538,068.) (Revenue \$)
	BUILD HEALTHIER COMMUNITIES FOR ALL: Investments in health benefit the
	entire community because residents who have access to quality
	healthcare are more productive and require fewer government services
	and costly long-term care. Healthy kids are more likely to succeed in
	school and healthy adults are more likely to maintain or gain employment. The Town of Palm Beach United Way invested \$1,538,068 into
	29 programs at 19 agencies in Palm Beach County.
	29 programs at 19 agencies in raim beach country:
	Medical and Dental: Many individuals do not have access to health
	insurance or do not have the funds to pay for co-pays or prescriptions.
	As a result, they are unable to maintain or improve their health status
	and are at-risk for long-term, serious health issues. Poor health
4b	(Code:) (Expenses \$1, 360, 976 • including grants of \$1, 243, 400 •) (Revenue \$)
	HELPING ADULTS ACHIEVE FINANCIAL STABILITY AND STRENGHTHEN THE SAFETY
	NET: Investments in financial stability lift people out of poverty
	because income-based programs allow adults to find and maintain jobs,
	secure housing, pay down debt and save for the future. Adults who are
	financially stable are less likely to be homeless, engage in crime and
	develop health problems. The Town of Palm Beach United Way invested
	\$1,243,400 into 20 programs at 13 agencies in Palm Beach County.
	Access to Jobs and Skills: Although unemployment has gone down in the
	last decade, salaries and wages have not kept up with the cost of
	housing and daily living expenses. For this reason, the main income
	earner in a low-income household works 2 or 3 jobs to make ends meet,
4c	(Code:) (Expenses \$1, 262, 247. including grants of \$1, 153, 200.) (Revenue \$)
	IMPROVING CHILDREN'S EDUCATION: Investments in education prepare the
	next generation to lead our families, businesses and communities.
	Children who have access to high-quality education from cradle to career position themselves for work that pays a sustaining wage. The
	Town of Palm Beach United Way invested \$1,153,200 into 23 programs at
	16 agencies in Palm Beach County.
	10 agencies in raim beach county.
	Early Childhood Education: Children are more successful in school and
	throughout their lives when they have had the benefit of high-quality
	learning experiences in their early years. Early childhood education
	programs can put children on the path toward positive development and
	prevent poor outcomes in adulthood. \$485,600 was invested into 6
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 1,022,907. including grants of \$ 750,120.) (Revenue \$)
<u>4</u> e	Total program service expenses 5,329,638.
	Form 990 (2023)

18141107 784176 0426600

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41	22	

Pal	Critical Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Day	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V		 	<u> </u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(055 =:
332004	4 12-21-23	Form	22U	(2023)

O23) Town of Palm Beach United Way, Inc.

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

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 5 b If at least one is reported on line 2s, did the organization file all required federal employment tax returns? 5				Yes	No
b If a least one is reported on line 2a, did the organization file a united business gross income of \$1,000 or more during the year? 3	2a				
3a Dtd the organization have unrelated business gross income of \$1,000 or more outring the year? b If Yes, 'has it filled a Form 990-T for this year?' it 'No' to fine 3b, provide an explanation or Schedule 0 3b At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, accurities account, or other financial account;?) See instructions for filing requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization on aprix to a prohibited tax shelter fransaction at any time during the tax year? 5b Id Any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ack deductible as charitable contributions? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the verificial excludibilities of excludibilities of the organization include with every solicitation an express statement that such contributions or gffs were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 'indict the organization include with every solicitation an express statement that such contributions or gffs were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 'indict the organization include with every solicitation and express statement that such contributions or greater than \$1,000,000,000,000,000,000,000,000,000,0		filed for the calendar year ending with or within the year covered by this return			
b If "Yes," has it flield a Form 990-T for this year? If "No' to fine 3b, provide an explanation on Schedule O A any time during the caendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? See instructions for flining requirements for FincEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa Das the organization aparty to a prohibited fact whether transaction at any time during the tax year? Sa Dest the organization are unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? B If "Yes," of tide the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). B If "Yes," clid the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? To deal the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? B If "Yes," clid the organization includ with every solicitation an expose statement that such contributions or gifts were not tax deductible? B If "Yes," clid the organization inclut the donor of the value of the goods or services provided? B If "Yes," indicate the number of Forms 2922 filed during the year of the value of the goods or services provided? B If "Yes," indicate the number of Forms 2922 filed during the year If yet a provided the organization organization include to the year per premiums on a personal benefit contract? To D dit the organization received a contribution of cualified intellectual property, did the organization file a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b if Yes, rether the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Id any time for the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If Yes's time for so 5d, did the organization file from 8896.7 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles on charitable contributions? 6a X b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions under section 170(c). 6b If Yes, if did the organization nective a payment in excess of Si and party as a contribution of any any to goods and services provided to the payor? 7b If Yes, if did the organization nective a payment in excess of Si and party as a contribution of any any to goods and services provided to the payor? 7c Id of the organization received a contribution of use of the goods or services provided? 7c If If the organization received a contribution of use of tangible personal property for which it was required to file Form 8282? 7d If Yes, if indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of use of tangible personal penetric contract? 7c If If the organization received a contribution of users, locate, single-section 4986 and the sponsoring organization have accordated for the property of the organization file form 1998.07 8 Sponsoring organization received a contribution			3a		X
trancial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shetter intransaction at any time during the tax year? 5b Did any taxable party notify the organization file form 888617 6 If "Yes" to line Sa or Sb, did the organization file form 888617 6 If "Yes" to line Sa or Sb, did the organization file form 888617 6 If "Yes" to line Sa or Sb, did the organization file form 888617 6 If "Yes" to line Sa or Sb, did the organization file form 888617 6 If "Yes" to line Sa or Sb, did the organization file form 888617 6 If "Yes" to line Sa or Sb, did the organization file form 888617 6 If "Yes" to line Sa or Sb, did the organization file form 888617 6 If "Yes" to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible as charitable contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7 Did the organization receive application of the value of the goods or services provided? 7 Did the organization section and the service dispose of tangible personal property for which it was required to line form 8282? Red during the year 8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified Intellectual property, did the organization file or misses are required? 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization is a Forential organization with the organization received and contributions or davised funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised funds.			3b		
b II "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5b II "Yes" to line Sar of Sb, did the organization file from 88967. 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of scharlable contributions? 6a IV "Yes", did the organization include with every solicitation an express statement that such contributions or gifs were not tax deductibles? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifs were not tax deductibles of scharlable contributions under section 170(c). 8b If "Yes," did the organization receive a gymmetric necess of \$75 make partly as a centre fund and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," indicate the number of forms 8822 filed during the year 7c IV "Yes," indicate the number of Forms 8822 filed during the year 8c IV If "Yes," indicate the number of Forms 8822 filed during the year 9c IV the organization received a contribution of qualified intellectual property (in the organization file and partly for goods and services provided? 7c IV the organization received a contribution of cars, boats, simplanes, or other vehicles, did the organization file a Form 1098-C? 8c Sponsoring organization maintaining donor advised funds. 9c Sponsoring organization maintaining donor advised funds. 9c Did the sponsoring organization maintaining donor advised funds. 9c Did the sponsoring organization maintaining donor advised funds. 9c Did the sponsoring organization maintaining donor advised funds. 9c Did the sponsoring organization maintaining donor advised funds. 9c Did the sponsoring o	4a				7.7
See instructions for filing requirements for FinCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization approximation party to a prohibited tax whether transaction 1 any time during the tax yea? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 C If "Yes" to line Sa or 5b, did the organization the Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 B V If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Did the organization shall express the property of the value of the goods or services provided? 9 If "Yes," did the organization state with every solicitation and partly for goods and services provided to the payor? 10 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution of property for which it was required to life Form 8282? 10 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8282? 12 Did the organization received a contribution of cincetty, to pay premiums on a personal benefit contract? 13 Did the sponsoring organization have excess business holdings at any time during the year? 14 Did the organization flex or any base and contribution of cincetty, to pay premiums on a personal benefit contract? 15 Did the sponsoring organization have a cerea business by the second organization flex form 108-02.			4a		X
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes" to line Sa or Sb, did the organization file Form 8886-17. 6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sellot any contributions that were not tax deductible? b if "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 If "Yes," indicate the number of Forms 8282 filed during the year. 5 Did the organization neceived a contribution of qualified intellectual property, did the organization file of Form 8899 as required? 6 Did the organization received a contribution of qualified intellectual property, did the organization file of Form 1098-0? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12. 5 Section 501(c)(27) or	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If 'Yes' to line 5a or 5b, did the organization file Form 8886-17 8 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 8 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 9 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization notify the donor of the value of the goods or services provided? 11 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 12 Did the organization received acontribution of provided to the payor? 13 If 'Yes,' did the organization for the value of the goods or services provided? 14 If 'Yes,' did the organization for the value of the goods or services provided? 15 If the organization received a contribution of qualified intellectual property, did the organization for Form 8982 as required? 16 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the provided and contribution of cars, boats, airplanes, or other vehicles, did the organization the provided and the provided fund maintained by the sponsoring organization make any taxable distributions under section 4966? 15 Section 501(c)(7) organizations. Enter: 16 If the sponsoring organization make a distribution to a donor, donor advisor, or related person? 17 Section 501(c)(29) qualified nonprofit health insurance issuers. 1	_		_		v
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization servine symmetr in excess of \$5's made partly as a contribution and partly for goods and services provided to the payor? 7 a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 b If "Yes," indicate the number of Forms 8282 filed during the year 7 b Of the organization received any finand, directly or indirectly, to pay premiums on a personal benefit contract? 7 c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9 a Did the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 a Did the sponsoring organizations. Enter: a linitation fees and capital contributions included on Part VIII, line 12 B Section 501(c)(12) organizations. Enter: a linitation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b If Yes, 'enter the amount of tax exempt interest received or accrued during the year 10 B Organization Inclined to issue qualified health plan					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1988 C? 3 Sponsoring organization during the year, pay premiums, directly or indirectly, or pay premiums on a personal benefit contract? 7 to did the organization received a contribution of qualified intellectual property, did the organization file a Form 1988 C? 3 Sponsoring organization make any taxable distributions under section 4966? 5 Sponsoring organization have excess business holdings at any time during the year? 5 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receives, included on Form 980, Part VIII, line 12, for public use of club facilities 1 to a Section 501(c)(29) qualified health plans in more than one state? Note: See the instructions for additional information the organization fluid proper					Λ
b If "Yes," indicate the apparent may be a payment in excess of \$5' made partly to pay premiums on a personal benefit contract? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$5' made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? for the number of Forms 8282 filed during the year 9 C Id If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11 Did the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization file Form 8899 as required? 12 Did the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization file Form 8899 as required? 13 Did the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organizations maintaining donor advised funds. 11 Did Implementation organization selection the part of the organization file form 890 in the proposition of the section 4966? 12 Did the organization selection funds and the proposition of the section 4966? 13 Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 13 Section 501(c)(29) qualification make a distribution to a donor, donor advis			<u> 5C</u>		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did did the organization nority the denor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 or 1 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization and the vear, pay premiums, directly or indirectly, on a personal benefit contract? 7 or 1 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization make access business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receives, included on Porm 990, Part VIII, line 12, for public use of club facilities 1 obs	Va		62		x
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b I' Yes,' did the organization notify the donor of the value of the goods or services provided? 5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 II Yes,' indicate the number of Forms 8282 filled during the year 7c I' did If Yes,' indicate the number of Forms 8282 filled during the year 8 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 12 If the organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8289 as required? 13 If the organization make a contribution of value for the organization file Form 8289 as required? 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 16 Section 501(c)(12) organizations. Enter: 17 In I Section 501(c)(12) organizations. Enter: 18 Indication fees and capital contributions included on Part VIII, line 12 19 If Yes,' enter the amount of tax exempt interest received or accrued during the year 11a I Section 501(c)(12) organizations. Enter: 29 If Yes,' enter the amount of tax exempt interest received or accrued during the year 20 If Yes,' enter the amount of reserves the organization must report on	h		_ oa		
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Ib dit the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make a distribution or part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b If "Yes," in the term amount of tax-exempt interest received or accrued during the year 11a			6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? The country of the programation of the payor of the value of the goods or services provided? to Did the organization service, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7		0.0		
b if "Ves," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Ves," indicate the number of Forms 8282 filed during the year d if "Ves," indicate the number of Forms 8282 filed during the year f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, botas, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distribution under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, or public use of club facilities f Gross income from members or shareholders b Gross income from members or shareholders a macunts due or received from them.) 11a 15 Section 501(c)(12) organizations. Enter: a Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 5 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization in cleaned to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note:			7a		Х
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and visable distributions under section 4966? 9 Sponsoring organization make and visable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a linitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12. 10 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(72) qualified nonprofit health insurance issuers. a Is the organization incensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 4 Did the organization is licensed to issue qualified health plans in more than one state? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. b Enter the amount of reserves on hand 4 Did the organization is understance in secti					
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year d if "Yes," indicate the number of Forms 8282 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of causified intellectual property, did the organization file a Form 1098-C? 8 If the organization received a contribution of cars, boats, anjelanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c/12) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Did 1 Section 501(c/12) organizations. Enter: a Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b If It all the organization is cliensed to issue qualified health plans in more than one state? 13a Section 501(c)(22) qualified homprofit health insurance issuers. a Is the organization is cliensed to issue qualified health plans in more than one state? 14b If "Yes," has if filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16					
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7th Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7th If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 198.C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: a linitation fees and capital contributions included on Part VIII, line 12 Did forses receipts, included on Form 990, Part VIII, line 12 Did forses income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Did for Yes, enter the amount of tax exempt interest received or accrued during the year 11b			7с		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 10b 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 1 Section 501(c)(12) organizations. Enter: a Is the organization incomested to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13a 13b 15b 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a 15b 15 Is the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 15 If "Yes," see the instructions and file Form 4720, Sche	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization iclensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves and hand 2 Did the sponsoring organizations and file Form 4720, Schedule N. 14a Dif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Section 501(c)(21) organizations and file Form 4720, Schedule N. 16 Is the organization and advactional institution subject to the section 4968 excise tax on net investment income? 16 X 17 Yes," complete Form 4720, Schedule O. 18 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Pa Did the sponsoring organization make any taxable distributions under section 4966? Both Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand Is of the organization receive any payments for indoor tanning services during the tax year? Is the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a Did the organization subject to the section 4960 tax on payments) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? I	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 17b 18 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization receive any payments for indoor tanning services during the tax year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951,	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b Life Sex In a it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Life Sex In a it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	9				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а				
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? f "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		· · · · · · ·			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b	_				
a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b					
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		· · · · · · · · · · · · · · · · · · ·			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X Fection 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	a h				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	12a		12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.					
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 "Yes," complete Form 6069.	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 If "Yes," complete Form 6069.					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	С	Enter the amount of reserves on hand			
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			14a		X
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			14b		
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	15				7.7
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			15		X
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	40				v
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	16	•	16		Λ
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	47				
If "Yes," complete Form 6069.	17		47		
			17		
	332005		Form	990	(2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		-25
b		10b		
110		11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	Elizabeth Walton - (561) 655-1919			
	44 Cocoanut Row, Palm Beach, FL 33480			

Form **990** (2023)

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

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

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

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

X Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	_	Ler an	uau	recid	I / ii us	iee)	from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	ution	ia .	Key employee	est co	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) Elizabeth Walton	50.00									
President and CEO						X		173,050.	0.	46,741.
(2) Mary Freitas	1.00									
Trustee		Х						0.	0.	0.
(3) Mark Cook	1.00								_	_
Vice Chairman		Х		Х				0.	0.	0.
(4) Christine Curtis	1.00									_
Vice Chairwoman		Х		Х				0.	0.	0.
(5) Trip Moore	1.00								_	_
Vice Chairman		Х		Х				0.	0.	0.
(6) Danielle Moore	1.00								_	_
Vice Chairwoman		Х		Х				0.	0.	0.
(7) Jeffrey Marcus	1.00								_	_
Vice Chairman		Х		Х				0.	0.	0.
(8) William Tiefel	1.00								_	_
Chairman		Х		Х				0.	0.	0.
(9) Debra Vasilopoulos	1.00									
Secretary	1 00	Х		Х				0.	0.	0.
(10) Missy Agnello	1.00			v					0	0
Treasurer (11) Jorge Cabrera	1.00	Х		Х				0.	0.	0.
Asst. Treasurer	1.00	Х		х				0.	0.	0.
(12) Suzanne Ainslie	1.00	Λ		Δ				0.	0.	<u> </u>
Trustee	1.00	Х						0.	0.	0.
(13) Skip Aldridge	1.00	Λ						0.	0.	<u> </u>
Trustee	1.00	Х						0.	0.	0.
(14) Sean Baker	1.00							•	•	•
Trustee		Х						0.	0.	0.
(15) Howard Bernick	1.00								•	
Trustee		х						0.	0.	0.
(16) Ann-Britt Angle	1.00								-	
Trustee		Х						0.	0.	0.
(17) Cynthia Boardman	1.00									
Trustee		Х						0.	0.	0.

332007 12-21-23

Form 990 (2023)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C						
(A) (B) Name and title Average					C) ition	1		(D)	(E)		_	(F)	
Name and title	hours per		not c	heck i	more	than o		Reportable	Reportable	_	I	stimate	
	week		, unles cer an					compensation from	compensatio from related		اما	nount other	Oi
	(list any	ctor						the	organization		com	npensa	ation
	hours for	r director				pa		organization	(W-2/1099-MIS			rom th	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	janizat	ion
	organizations	al trus	onal tr		loyee	comp		1099-NEC)			1	d relat	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) Nancy Brinker	1.00	-	=	0	×	王高	-						
Trustee		Х						0.		0.			0.
(19) Sandra Bornstein	1.00	<u> </u>											
Trustee		Х				<u> </u>		0.		0.			0.
(20) James Borynack	1.00	1								_			
Trustee	1	Х				_		0.		0.	<u> </u>		0.
(21) David Duffy	1.00	ļ								•			•
Trustee	1 00	Х				<u> </u>		0.		0.	<u> </u>		0.
(22) Ginny Edlavitch	1.00	₩.								0.			0
Trustee (23) Nancy Lane	1.00	Х				┢		0.		0.	\vdash		0.
Trustee	1.00	х						0.		0.			0.
(24) Atesh Chandra	1.00	25				\vdash				<u> </u>			•
Trustee	1.00	x						0.		0.			0.
(25) Carla Cove	1.00	1											
Trustee		Х						0.		0.			0.
(26) Stephen Fiverson	1.00												
Trustee		Х						0.		0.			0.
1b Subtotal								173,050.		0.	4	6,7	41.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)								173,050.		0.	4	6,7	<u>41.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	,000 of reportable	•			1
compensation from the organization												Yes	1 No
3 Did the organization list any former officer,	director trust	ا مم	(AV 6	mnl	OVE	e or	hia	sheet compensated emp	lovee on			163	140
line 1a? If "Yes," complete Schedule J for s	•		•	•	•		•		•		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	nplete Schedul	e J fo	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	•	•								ensa	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ıg w	ith c	or wi	thin		ear.				
(A) Name and business	addross	NT/	\ \ TT					(B) Description of s	convices)) Compe	C)	n
- Name and business	addiess	11/	ONE	<u> </u>				Description of s	Sel VICes		ompe	iisalio	111
-													
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than				

See Part VII, Section A Continuation sheets

Form **990** (2023)

Form 990 (2023)

\$100,000 of compensation from the organization

	f Palm Bea								59-063	7885
Part VII Section A. Officers, Directors	, Trustees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	J.				loyee		the	organizations	compensation
	(list any hours for	lirecto				l em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	3e or (stee			ısateo		(***2/1099****100)		and related
	organizations	trust	al tru		yee	эшы				organizations
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ıer			· ·
	line)	Indi	Insti	Officer	Key	High	Former			
(27) David Frisbie	1.00									
Trustee		Х						0.	0.	0.
(28) Kimberly Goodwin	1.00									
Trustee		Х						0.	0.	0.
(29) Arthur Indursky	1.00									
Trustee		Х						0.	0.	0.
(30) Kristen Lambert	1.00									
Trustee		Х						0.	0.	0.
(31) Diane McNeal	1.00									
Trustee		Х						0.	0.	0.
(32) George Garfunkel	1.00	l								
Trustee		Х						0.	0.	0.
(33) Susan Wright	1.00	l								
Trustee		Х						0.	0.	0.
(34) Lee Gordon	1.00	l							•	•
Trustee	1 00	Х						0.	0.	0.
(35) Stephen Hall	1.00	,,						_	0	•
Trustee	1 00	Х						0.	0.	0.
(36) Ann Heathwood	1.00	٦,						_	0	0
Trustee	1 00	Х						0.	0.	0.
(37) Vicky Hunt	1.00	٦,						_	0	0
Trustee	1 00	Х						0.	0.	0.
(38) Brian Hurley	1.00	х						0.	0.	0
Trustee (39) Evie McNiff	1.00	Δ						0.	0.	0.
Trustee	1.00	х		х				0.	0.	0.
(40) David Mack	1.00	Δ		Δ				0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
(41) Cara Coniglio McClure	1.00	22						0.	0.	0 •
Trustee	1.00	Х						0.	0.	0.
(42) Pamela McIver	1.00								0.	•
Trustee		Х						0.	0.	0.
(43) Hess Musallet	1.00								31	
Trustee		х						0.	0.	0.
(44) Heidi Niblack	1.00								<u> </u>	<u> </u>
Trustee		х						0.	0.	0.
(45) Rita Nowak	1.00								-	-
Trustee		х						0.	0.	0.
(46) Daniel Ponton	1.00									
Trustee		Х						0.	0.	0.
Total to Part VII, Section A, line 1c		A						0.	U.	

Form 990 Town of 1										7885
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week	or or				Highest compensated employee		from the organization	from related organizations	other compensation
	(list any hours for	or director				d emp		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	tee or	ıstee			ensate		(** 27 1000 111100)		and related
	organizations	Individual trustee	Institutional trustee		Key employee	om be				organizations
	below	ividua	titutio	Officer	d wa /	hesto	Former			
	line)	pul	sul	JJ0	Key	Hig	For			
(47) Stephanie Ribakoff	1.00	1								
Trustee		Х						0.	0.	0.
(48) Lyn Ross	1.00	1								_
Trustee		Х						0.	0.	0.
(49) Richard Rothschild	1.00	1								_
Trustee		Х						0.	0.	0.
(50) Laurie Silvers	1.00							_		_
Trustee	1	Х						0.	0.	0.
(51) Jessica Surovek	1.00									
Trustee	1 00	Х						0.	0.	0.
(52) Ross Meltzer	1.00							_	•	•
Trustee	1 00	Х						0.	0.	0.
(53) Betsy Turner	1.00	.,						_	0	•
Trustee	1 00	Х						0.	0.	0.
(54) Kathryn Vecellio	1.00	٠,,						_	0	•
Trustee Victoria Victoria	1 00	Х						0.	0.	0.
(55) Simone Vickar	1.00	х						0.	0	_
Trustee (56) Lisa Wilkinson	1.00	Δ						0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
(57) Katherine Parr	1.00	Λ						0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
(58) Wendy Cox	1.00	Δ						0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
(59) Gail Engelberg	1.00	Λ						0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
(60) Kristin Kelly Fisher	1.00	22						0.	0.	·
Trustee	1.00	Х						0.	0.	0.
(61) Ellen Jaffe	1.00							•	•	•
Trustee	1.00	х						0.	0.	0.
(62) Jason Kalisman	1.00								•	
Trustee		х						0.	0.	0.
(63) Paulette Koch	1.00	† <u></u>							3.	
Trustee		х						0.	0.	0.
(64) Roberta Kozloff	1.00	T						•	•	
Trustee		х						0.	0.	0.
(65) William Mack	1.00	<u> </u>							31	
Trustee		х						0.	0.	0.
(66) William Meyer	1.00									
		х	1	1	1	ı	Ì	0.	0.	0.

	Palm Bea	ch	ı U	Ini	te	d	₩a	y, Inc.	59-063	7885
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) Michael Pucillo	1.00	_	_			_	_			
Trustee		Х						0.	0.	0.
(68) Farley Rentschler	1.00									
Trustee		Х						0.	0.	0.
(69) Laing Rogers	1.00									
Trustee		Х						0.	0.	0.
(70) John Scarpa	1.00									
Trustee		Х						0.	0.	0.
(71) Robbi Toll	1.00									
Trustee		Х						0.	0.	0.
(72) Beth Wilf	1.00									
Trustee		Х						0.	0.	0.
(73) Mark Zeidman	1.00									
Trustee		Х						0.	0.	0.
(74) Josephine Kalisman	1.00									
Trustee		Х						0.	0.	0.
(75) Louise Snyder	1.00									
Trustee	1 00	Х						0.	0.	0.
(76) Felicia Taylor	1.00	.,							,	•
Trustee	1 00	Х						0.	0.	0.
(77) Barbara Rothschild	1.00	37						0.	0.	•
Trustee (78) Wally Turner	1.00	Х						0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
(79) Paul Kozloff	1.00	Δ						0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
								•	•	•
		•								
			_							
		-								
Total to Part VII, Section A, line 1c										

			Check if Schedule O contains a resp	ance i	or note to any lin	a in this Part VIII			
			Officer if Schedule O contains a respi	31136	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
						1014110101140	function revenue	business revenue	from tax under
									sections 512 - 514
ठ घ	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
⊕ 8			Fundraising events 1c						
fts,			Related organizations 1d						
ig ig									
ns,			Government grants (contributions) 1e						
e ë		f	All other contributions, gifts, grants, and						
ğ			similar amounts not included above 1f		6,564,051.				
할		g	Noncash contributions included in lines 1a-1f 1g	\$					
a C		h	Total. Add lines 1a-1f			6,564,051.			
					Business Code				
ø.	2	а							
Š		b							
am Ser									
n S		с							
Jrai Se		d							
Program Service Revenue		е							
₫		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends,	intere	st, and				
			other similar amounts)			487,903.			487,903.
	4		Income from investment of tax-exempt be						
	5		Royalties	•					
	3		(i) Rea		(ii) Personal				
	_			41	(ii) i cisoriai				
	6		Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securi	ties	(ii) Other				
			assets other than inventory 7a 8,036,	992.					
		h	Less: cost or other basis						
ø			and sales expenses	527					
Ĕ		_							
Revenue			· /			212 525			212 525
Ř			Net gain or (loss)		T	-312,535.			-312,535.
her	8	а	Gross income from fundraising events (not						
₽			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising eve	nts	•				
			Gross income from gaming activities. See						
	•	u	5 5						
			Part IV, line 19	9a					
			Less: direct expenses						
			Net income or (loss) from gaming activities	es	 T				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	ory					
					Business Code				
ns	11	2							
ee ne	٠.								
Miscellaneous Revenue		b							
sce Be		С							
Ais			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			6,739,419.	0.	0.	175,368.

Sect	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							
	not include amounts reported on lines 6b, 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	4,684,788.	4,684,788.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	226 126	112 262	20 610	00 450			
	trustees, and key employees	226,126.	113,063.	22,610.	90,453.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	221 000	110 500	22 102	00 200			
7	Other salaries and wages	221,000.	110,500.	22,102.	88,398.			
8	Pension plan accruals and contributions (include	22 151	16 575	2 216	12 260			
_	section 401(k) and 403(b) employer contributions)	33,151. 34,065.	16,575.	3,316. 3,407.	13,260.			
9	Other employee benefits	29,770.	17,033. 14,885.	2,977.	13,625. 11,908.			
10	Payroll taxes	29,770.	14,000.	2,911.	11,900.			
11	Fees for services (nonemployees):							
_	Management							
b	3	23,995.	11,998.	2,400.	9,597.			
ر د	Accounting Labbring	23,333.	11,550.	2,400.	7,351.			
u	Lobbying Professional fundraising services. See Part IV, line 17							
f	Investment management fees	25,000.		25,000.				
g		23,000		23,0001				
9	column (A), amount, list line 11g expenses on Sch O.)	20. 220	10 110	2 022	0.007			
12	Advertising and promotion	20,220.	10,110.	2,023.	8,087.			
13	Office expenses	85,934.	42,967.	8,593.	34,374.			
14	Information technology	19,441.	9,721.	1,944.	7,776.			
15	Royalties							
16	Occupancy	2 500	1 750	250	1 400			
17	Travel	3,500.	1,750.	350.	1,400.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	70.460	E0 0E0		10 550			
21	Payments to affiliates	70,469.	52,852.	7,047.	10,570.			
22	Depreciation, depletion, and amortization	8,476.	3,899.	1,441.	3,136.			
23	Insurance	7,834.	3,917.	783.	3,134.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)							
а	Sponsored meetings and	243,578.	171,525.	14,411.	57,642.			
b	Repairs and maintenance	30,619.	15,310.	3,062.	12,247.			
c	Processing and bank fee	27,339.	13,670.	2,734.	10,935.			
d	Printing and Postage	17,507.	8,754.	1,751.	7,002.			
е	All other expenses	60,905.	26,321.	20,596.	13,988.			
25	Total functional expenses. Add lines 1 through 24e	5,873,717.	5,329,638.	146,547.	397,532.			
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 if following SOP 98-2 (ASC 958-720)							
					E 000 (2222)			

Form **990** (2023)

X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 500. 500. 1 Cash - non-interest-bearing 4,183,289. 4,867,363. 2 Savings and temporary cash investments 197,209. 168,003. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 17,637. 6,303. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 465,160. basis. Complete Part VI of Schedule D ______ 10a 9,795. 3,859. b Less: accumulated depreciation 10b 10c 2,617,204. 2,501,170. 11 11 Investments - publicly traded securities 9,349,695. 10,576,870. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,257,845. 2,696,681. 15 15 Other assets. See Part IV, line 11 18,517,140. 20,936,783. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 13,330. 8,932. Accounts payable and accrued expenses 17 17 3,934,668. 18 3,906,000. 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 334,803. of Schedule D 3,943,600. 4,254,133. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 9,695,682. 7,956,354. 27 27 Net assets without donor restrictions Net assets with donor restrictions 6,617,186. 6,986,968. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 14,573,540. 16,682,650. Total net assets or fund balances 32 32 18,517,140. 20,936,783. 33 33 Total liabilities and net assets/fund balances

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	, 87	3,7	<u> 17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,	, 57	3,5	40.
5	Net unrealized gains (losses) on investments	5	1,	, 15	6,9	85.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-			96.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		21	4,7	19.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16,	68	2,6	50.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2 b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Town of Palm Beach United Way Employer identification number 59-0637885

D	ut I			Cach onicea v			:	3 0037003	
	ırt I	Reason for Public (ee instructions.		
The	organ	ization is not a private found	•	• .	•	•			
1	Ш	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).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:	•				(•	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in	
٠		section 170(b)(1)(A)(iv). (C		nego or armoreity owner	or operat	ou by a go	World and a decomb	5 4 III	
_				and the second s		70/1-1/41/41	6.3		
6	T	A federal, state, or local gov	· ·				• •		
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin		•	. ,		• •	•	
		See section 509(a)(2). (Con		(1000 000 morr or r tarry mo		ooo aoqa.	. oa zy me organizanom c		
11		An organization organized a	•	ively to test for public sat	aty See	section 50	10(a)(4)		
12	H	An organization organized a	· ·	•	•			nurnosos of one or	
12		-	· ·	•	-		•		
		more publicly supported org	~					Sheck the box on	
		lines 12a through 12d that				•	, ,		
a	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
k	,	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	= ::				• •	,	
c	. [Type III non-functionally		•				zation(s)	
		that is not functionally int	•					* *	
		•	-		-			7011033	
_		requirement (see instructi	·	-					
e							Type I, Type II, Type III		
_		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.			
1		er the number of supported o							
		vide the following information (i) Name of supported			(iv) le the oraș	anization listed	[(.) A	() A	
	(.,	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
_									
Tot	ai						I	i	

Schedule A (Form 990) 2023 Town of Palm Beach United Way, Inc. 59-0637885 Page 2

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

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

Sec	ction A. Public Support	<u>-</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6476090.	5462980.	8112321.	7848159.	6644518.	34544068.
2	Tax revenues levied for the organ-						
	ization'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	6476090.	5462980.	8112321.	7848159.	6644518.	34544068.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						34544068.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	6476090.	5462980.	8112321.	7848159.	6644518.	34544068.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	84,522.	136,906.	365,626.	384,136.	533,253.	1504443.
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						36048511.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	95.83 %
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	95 .4 9 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s
						Schedule A	(Form 990) 2023

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.)

Sec	etion A. Public Support	ciow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
	·						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 0040	1,0000	() 0004	(1) 0000	1 () 2000	(n T
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
L	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 20, 1075						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
40	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 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
	check this box and stop here	- 0 1 D					
	ction C. Computation of Publi			. (2)		T I	
	Public support percentage for 2023 (I		- ·			15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	<u>%</u>
				ine 10 oct (5)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 :t
198	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar	=	-	•	• •		
t	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u>

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **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.)

	Yes	No
1		
2		
За		
Sa		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
3		
7		
•		
8		
9a		
Oh		
9b		
9с		
10a		
10b		<u> </u>

	11 3 3 (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	401101	Yes	No
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? 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_		_		_

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 - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net she	ort-term capital gain	1		
2 Recove	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lin	nes 1 through 3.	4		
5 Depred	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or			
	nance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
	red Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	gate fair market value of all non-exempt-use assets (see			
instruc	tions for short tax year or assets held for part of year):			
a Averag	ge monthly value of securities	1a		
b Averag	ge monthly cash balances	1b		
c Fair ma	arket value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discou	unt claimed for blockage or other factors			
	n in detail in Part VI):			
2 Acquis	ition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	ct line 2 from line 1d.	3		
4 Cash d	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ins	structions).	4		
	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
	y line 5 by 0.035.	6		
	eries of prior-year distributions	7		
	um Asset Amount (add line 7 to line 6)	8		
	Distributable Amount			Current Year
1 Adjuste	ed net income for prior year (from Section A, line 8, column A)	1		
2 Enter C	0.85 of line 1.	2		
3 Minimu	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
	outable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Sche		<u>Beach United Wa</u>		5	9-0637885 P	age 7	
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)			
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity			2			
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 - provide details in Part VI)							
6 Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 202	3	
	DI. II						

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

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number 59-0637885

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Funds or Ac	counts. Compl	ete if the	
	organization answered fes on Form 990, Part IV, iiii	(a) Donor advised funds		(b) Funds and othe	r accounts	
1	Total number at end of year	(a) Bonor advised fanas	<u> </u>	(b) I dilab dilab dilab	- 400041110	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		or advised fund	ds		
_	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?				Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on For	m 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ition or education) Preser	vation of a histo	orically important la	nd area	
	Protection of natural habitat	Preserv	vation of a certi	fied historic structu	ıre	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in t	ne form of a co			
	day of the tax year.			Held at the E	nd of the Tax \	Year
	Total number of conservation easements			2a		
				2b		
	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included on line 2c acqu					
_	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminate	d by the organi	zation during the ta	ах	
4	year	nament is leasted				
4	Number of states where property subject to conservation eas		dling of			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,			·····		140
Ū	etali ana velanteen neare develoa te memtering, mepeeting,	Than aming or violations, and office	ing concervation	m dagomonto dami	g ino your	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing c	onservation ea	sements during the	vear	
	3, 1 3,	3		3	,	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section	n 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial	statements that	at describes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures	, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stat	ement and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or resea	rch in furtherar	nce of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes the	ese items.			
b	If the organization elected, as permitted under FASB ASC 95	· ·				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n in furtherance	e of public service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical tre		financial gain, _l	provide		
	the following amounts required to be reported under FASB A			•		
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X				/Farm 000\	2000
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.		Schedule D	(FOITH 990) 2	2023

18141107 784176 0426600

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

Schedule D (Form 990) 2023

,040

3,859.

e Other

162,132.

d Equipment

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

160,092.

10,576,870. Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

(E) (F) (G) (H)

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 Trusts	2,696,681.
(2)	
(3)	
<u>(4)</u>	
(5)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 15. col. (B))	2,696,681.

Other Liabilities Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Agency payable - Impact 100	334,803.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	334,803.

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

Schedule D (Form 990) 2023

259,800.

	Complete in the organization answered fires on Form 990, Fart IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,781,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	43,235.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	124,284.		
е	Add lines 2a through 2d			2e	167,519.
3	Subtract line 2e from line 1			3	5,613,917.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,000.		
b	Other (Describe in Part XIII.)	4b	234,800.		
С	Add lines 4a and 4b			4c	259,800.
5	1 THIS HIGH COUNT OF THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT			5	5,873,717.
Pa	t XIII Supplemental Information				

∣ 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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Part X FASB ASC 740 Footnote

The Organization is exempt from federal & state income taxes as a voluntary health & welfare organization under Internal Revenue Section 501(c)(3). Income fom activities not directly related to the Organization's exempt purpose is subject to taxation at statutory corporate tax rates. There were no income activities unrelated to the Organization's exempt purpose during the current year. Accordingly, no income taxes are provided in the financial statements.

Management analyzes tax positions in jurisdictions where it is required to

Part XIII | Supplemental Information (continued) file income tax returns. Interest and penalties attributable to income taxes, if any, are included in operating expenses. Based on its evaluation, management did not identify any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease. No interest or penalties related to income taxes were recorded for the years ended June 30, 2024 and 2023. The Organization is no longer subject to income tax examination for the fiscal years prior to 2019. Part XI, Line 2d - Other Adjustments: Change in value of beneficial interest 214,719. Donated materials and give away items 124,284. Total to Schedule D, Part XI, Line 2d 339,003. Part XI, Line 4b - Other Adjustments: Designation to other agencies 234,800. Part XII, Line 2d - Other Adjustments: Donated materials and give away items 124,284. Part XII, Line 4b - Other Adjustments: Designation to other agencies 234,800.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

the United States.	Valuation (book,	"Yes" on Form 990, Part (g) Description of noncash assistance	Yes X No
the United States. ments. Complete if the ce is needed. nount of grant (e) Amount of noncash assistance	e organization answered " of (f) Method of valuation (book, FMV, appraisal, other) 0. Cash	"Yes" on Form 990, Part (g) Description of noncash assistance	IV, line 21, for any (h) Purpose of grant or assistance Grants to support program operations Grants to support program
ce is needed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance Grants to support program operations Grants to support program
(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other) 0. Cash	noncash assistance	or assistance Grants to support program operations Grants to support program
			operations Grants to support program
			operations Grants to support program
			Grants to support program
.50,642.	0.Cash		
21,862.	0.Cash		Grants to support program
81 862	0 Cash		Grants to support program
78,455.	0.Cash		Grants to support program
,	O Cach		Grants to support program
	87,000.	78,455. 0. Cash 87,000. 0. Cash	78,455. 0. Cash 87,000. 0. Cash

		United Way					9-0637885 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch I	edule I (Form 990), Pa T	rt II.) T	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Agges of Canadiving Vouth							
American Assoc of Caregiving Youth 6401 Congress Avenue							Grants to support program
Boca Raton, FL 33487	65-0866677		31,112.	0.	Cash		operations
			,	-			-
The ARC of the Glades							
4250 NW 16th Street							Grants to support program
Belle Glade, FL 33430	59-1760374		40,375.	0.	Cash		operations
Dana Waladan Wanda							
Boca Helping Hands 1500 NW 1st Ct							Grants to support program
Boca Raton, FL 33432	31-1713631		51,455.	0	Cash		operations
2004 Radon, 12 33132	31 1713331		31,133.	•	Cubii		operations
Boys and Girls Club of PBC							
800 Northpoint Parkway							Grants to support program
West Palm Beach, FL 33407	23-7060561		212,000.	0.	Cash		operations
C.R.O.S. Ministries 301 S First Street							Granta to gunnout program
Lake Worth, FL 33460	59-1802917		51,455.	0	Cash		Grants to support program operations
East Welch, 11 33100	33 1002317		31,133.	•	Cubii		operacions
Caridad Center							
8545 W Boynton Beach							Grants to support program
Boynton Beach, FL 33472	65-0149453		246,000.	0.	Cash		operations
Catholic Charities P.O. Box 109650							Charte to support program
Palm Beach Gardens, FL 33410	65-0932032		37,612.	,	Cash		Grants to support program operations
Taim Beach Gardens, FE 33410	03 0932032		37,012.	· · ·	Cash		operations
Center for Child Counseling							
8995 N Military Trail Suite 300							Grants to support program
Palm Beach Gardens, FL 33410	65-0932032		71,000.	0.	Cash		operations
The Center for Family Services							G
4101 Parker Avenue	59-1084179		16 110	_	Cash		Grants to support program operations
West Palm Beach, FL 33405	33-10041/9		46,112.	<u> </u>	Lasii		operations

Schedule I (Form 990) TOWN OF Part II Continuation of Grants and Other A		United Way		warnmente (Sch	odulo I (Form 000) Pa		9-0637885 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clinics Can Help							
2560 Westgate Avenue							Grants to support progr
West Palm Beach, FL 33409	20-2778895		60,000.	0.	Cash		operations
Drug Abuse Foundation							
400 South Swinton Avenue							Grants to support progr
Delray Beach, FL 33444	23-7074625		159,798.	0.	Cash		operations
El Sol							
106 Military Trail							Grants to support progr
Jupiter, FL 33458	01-0870672		56,455.	0	Cash		operations
3 dp 1 d 1 d 3 d 3 d	01 00/00/2		30,133.	••	Cubii		pperactions
Fraternal Order of Firefighters,							
Inc - 2801 Tuxedo Avenue - West							Grants to support progr
Palm Beach, FL 33405	59-6195444		6,000.	0.	Cash		operations
Families First of PBC							
3333 Forest Hill							Grants to support progr
West Palm Beach, FL 33406	65-0166352		125,677.	0	Cash		operations
Webs Turm Beden, TE 55100	03 0100332		123,077.		Cubii		operations
Farmworker Coordinating Council							
1123 Crestwood Boulevard							Grants to support progr
Lake Worth, FL 33460	59-1830267		80,642.	0.	Cash		operations
The Glades Initiative							
141 SE Avenue C							Grants to support progr
Belle Glade, FL 33430	01-0733180		245,567.	0.	Cash		operations
•			, , ,				-
Global Empowerment Mission							
1309 North Flagler Drive							Grants to support progr
West Palm Beach, FL 33401	95-2557091		10,000.	0.	Cash		operation
Jewish Federation of Palm Beach							
County - 1 Harvard Circle, Suite							Grants to support progr
100 - West Palm Beach, FL 33409	59-0948696		10,000.	١ ,	Cash		operations

		United Way					9-0637885 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	ırt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
- 1 11 13							
Lake Worth Middle School 1300 Barnett Drive							
	03-0439098		8 000	0	Cash		Grants to support program
Lake Worth Beach, FL 33461	03-0439096		8,000.	0.	casn		operations
Healthy Mothers Healthy Babies							
4601 Lake Worth Road							Grants to support progra
Greenacres, FL 33463	59-2657051		41,112.	0.	Cash		operations
·			,				
Home Safe							
2840 South Dixie Hwy							Grants to support progra
Lake Worth, FL 33461	59-1935485		101,736.	0.	Cash		operations
Tanal 313 Gardaha							
Legal Aid Society 423 Fern							
	59-6046994		72 250	0	Cash		Grants to support progra operations
West Palm Beach, FL 33401	39-6046334		73,350.	0.	casii		operacions
Literacy Coalition of Palm Beach							
County 3651 - 3651 Quantum Blvd							Grants to support progra
Boynton Beach, FL 33426	65-0169781		182,112.	0.	Cash		operations
The Lord's Place							L
PO Box 3265	F0 2240F02		453 613	0	G1-		Grants to support progra
West Palm Beach, FL 33402	59-2240502		453,612.	٠.	Cash		operations
Milagro Center							
695 Auburn Ave							grants to support progra
Delray Beach, FL 33444	65-0804625		145,562.	0.	Cash		operations
			,				-
Palm Beach County Food Bank							
525 Gator Avenue							Grants to support progra
Lantana, FL 33462	90-0788707		50,000.	0.	Cash		operations
Onnertunitus Inc							
Opportunity, Inc.							Chanta to grant and
4171 Westgate Ave	E0 0634430		101 110	•	Ga ah		Grants to support progra
West Palm Beach, FL 33409	59-0624429		191,112.	0.	Cash		operations

Schedule I (Form 990)

Schedule I (Form 990) TOWN Of P Part II Continuation of Grants and Other		United Way		vernments (Sch	edule I (Form 990). Pa		9-0637885 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Planned Parenthood							
2300 North Florida Mango							Grants to support progr
West Palm Beach, FL 33409	59-1391115		187,500.	0.	Cash		operations
Project Lift, Inc							
1330 SW 34th Street	27 2040112		06 110	0	G1-		Grants to support progr
Palm City, FL 34990	27-3949112		96,112.	0.	Cash		operations
Take Stock in Children							
1896 Palm Beach Lakes							Grants to support progr
West Palm Beach, FL 33409	59-3331584		88,602.	0	Cash		operations
mese raim beach, in 33403	33 3331304		00,002.	<u> </u>	Cubii		operacions
Urban Youth Impact							
P.O. Box 222592							Grants to support progr
West Palm Beach, FL 33407	91-1901103		19,500.	0.	Cash		operations
,			,				
Vita Nova							
2724 N Australian Ave							Grants to support progr
West Palm Beach, FL 33407	65-0298299		58,112.	0.	Cash		operations
World's Central Kitchen, Inc							
200 Massachusetts Ave NW							Grants to support progr
Washington, DC 20001	27-3521132		10,000.	0.	Cash		operations
YMCA of Palm Beach County							
2200 N Florida Mango Road							Grants to support progr
West Palm Beach, FL 33409	59-0751935		117,142.	0.	Cash		operations
YMCA of South Palm Beach							
6631 S Palmetto Circle							Grants to support progr
Boca Raton, FL 33431	59-1416281		20,000.	0	Cash		operations
	33 1410201		20,000.	0.	Cubii		Pretactons
Drug Abuse Treatment Association							
1016 Clemons Street, Suite 300							Grants to support progr
Jupiter, FL 33477	59-1363887		203,000.	0	Cash		operations

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
Supplemental Information. Provide the information.	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

Town of Palm Beach United Way, Inc.

Employer identification number 59-0637885

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
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		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Elizabeth Walton	(i)	173,050.	0.	0.	25,958.	20,783.	219,791.	0.	
President and CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							(5	

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.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	Town of Palm	Deacii	UIIILEU W	ay, inc.	59-0	0370	000	
Pa	rt 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 amount		S	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	12	312,845.	FMV - Publi	с Ех	cha	ang
10	Securities - Closely held stock			-				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions				
	for which the organization completed Form 828		•					
	To Whom the organization completed from each	50, r a.r. v, D	oneo montro moug	20			Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	nh 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for							
						30a		Х
h	exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.							
31						31	х	
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
-Lu			3	, ,		32a	x	
h	contributions? If "Yes," describe in Part II.		•••••			5 <u>-</u> u		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked.			
	describe in Part II.	2.3.1.1. (0) 101	,pc or property	.s. milori solulilir (a) is one	 ,			

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number 59-0637885

Form 990, Part I, Line 1, Description of Organization Mission:

people care for one another, and investing in programs that build a

better life for all by focusing on improving education, income, and
health.

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

impacts the ability to function, to attend school and to maintain or

gain employment. \$402,400 was invested into 5 programs providing

services to 10,405 patients.

Mental Health: Many people have mental health concerns from time to

time. A mental health concern becomes a mental illness when ongoing

signs and symptoms cause frequent stress and affect the ability to

function. If implemented early, support and professional services for

individuals with mental health concerns will alleviate the need for

more extensive services for serious illness. \$320,000 was invested into

10 programs providing services to 14,900 children and adults.

Substance Abuse: Individuals engaging in substance abuse are at risk of losing their families, jobs and engaging in risky behaviors. Most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social and psychological functioning. Access to appropriate treatment, interventions or on-going recovery programs is necessary to help individuals overcome substance abuse addiction or mental health issues.

\$346,200 was invested into 3 programs providing services to 534

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number 59-0637885

children and adults.

Older Adults and Caregiver Support: The new generation of seniors has

different expectations than previous ones. Older adults need services

and programs that help them maintain independent living and/or

increased or sustained financial security. Caregivers of family members

need services that provide them support and help maintain a stable

environment for their loved ones. \$170,468 was invested into 6 programs

providing services to 4,505 seniors and caregivers.

Disabilities and Special Needs: After age 21, young adults with

disabilities "age out" of the services and programs that help them

maintain independent living, financial security and a stable

environment. \$284,000 was invested into 4 programs providing services

to 1,798 children and adults.

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

and many families are borrowing heavily and relying on high-cost

alternatives to cover their daily living expenses. \$175,000 was

invested into 3 programs providing services to 825 individuals.

Food Pantries: Food insecurity is the limited or uncertain availability of nutritionally adequate food for an active, healthy lifestyle. In

Palm Beach County nearly 200,000 people are food insecure, including

more than 50,000 children. Hunger can have a negative impact on child development, educational achievement and mental and physical health.

\$174,000 was invested into 5 programs providing services to 63,478 individuals.

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number
59-0637885

Housing and Community Based Support: Individuals and families often

live on the edge between low-income and becoming homeless. They may

find themselves in need of emergency shelter for a variety of complex

economic and social reasons. Emergency shelters are an essential

component of homeless services and are often the first place to turn.

Community based support helps connect individuals and families to

community resources and services. \$572,400 was invested in 8 programs

providing services to 58,032 individuals.

Domestic Violence: Domestic violence is the willful intimidation,

physical assault, battery, sexual assault and/or other abusive behavior

perpetrated by an intimate partner against another. It affects

individuals in every community, regardless of age, economic status,

race, religion, nationality or educational background. \$322,000 was

invested into 4 programs providing services to 11,538 children and

adults.

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

programs providing services to 1,025 children.

Elementary Afterschool and Out of School: Youth are more successful when they are provided with afterschool and out of school programming that bolsters their school day activities and helps keep them on track.

\$367,000 was invested into 5 programs providing services to 4,382 children.

Middle School: Providing academic, social and behavioral support to middle school students prepares them to transition to high school to

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number 59-0637885

put them on a path toward success. \$144,000 was invested into 4

programs providing services to 1,356 youth.

High School and After: A high school credential is a minimum requirement for higher education, post-secondary certification programs and most career opportunities. Individuals with high school credentials are more likely to participate in the workforce, earn higher wages, and access safer housing, healthier food and better medical care than their counterparts who lack high school credentials. \$45,600 was invested in 2 programs providing services to 1,279 students.

Middle and High Afterschool and Out of School: Youth are more successful when they are provided afterschool and out of school programming that bolsters school day activities, helps keep kids on track, ensures students can access post-secondary options, graduate college workforce ready, and persist in obtaining a degree or credential that will put them on the path to success. \$111,000 was

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

Expenses \$ 1,022,907. including grants of \$ 750,120. Revenue \$ 0.

invested in 6 programs providing services to 765 students.

Form 990, Part VI, Section A, line 2:

Jason Kalisman and Josephine Kalisman - Husband and Wife

Paul Kozloff and Roberta Kozloff - Husband and Wife

Richard Rothchild and Barbara Rothchild - Husband and Wife

Wally Turner and Betsy Turner - Husband and Wife

Name of the organization

Town of Palm Beach United Way, Inc.

Employer identification number
59-0637885

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

The IRS Form 990 is prepared by the Town of Palm Beach United Way's auditing firm, Holyfield & Thomas, LLC. A draft of Form 990 is reviewed by the CEO and bookkeeper and then is presented to the Audit Committee for review. A final version of Form 990 is presented to the Board of Trustees for review. Once reviewed by the entire board the 990 is filed with the Internal Revenue Service and posted on the agency's website.

Form 990, Part VI, Section B, Line 12c:

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

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

The Executive Committee of the Palm Beach United Way evaluates the CEO. The CEO evaluates the performance of all employees against goals and sets compensation accordingly. The salaries of all employees are voted on by the Executive Committee and the entire Board.

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

The Town of Palm Beach United Way makes its governing documents and Conflict of Interest policy available to the public upon request. The Town

Name of the organization **Employer identification number** Town of Palm Beach United Way, Inc. 59-0637885 of Palm Beach United Way's Forms 990 and audited financial statements are available on the website at www.palmbeachunitedway.org. The Town of Palm Beach United Way's Forms 990 and audited financial statements are also available on third party websites: www.guidestar.org www.foundationcenter.org www.charitynavigator.org Part X, Column (A) Beginning of the year In connection with the current year audit, a prior period adjustment is reported on Part XI, line 8 of the Form 990. Furthermore, Part X, Column A, Beginning of the year balances have been reclassified to provide a more consistent presentation. Form 990, Part XI, line 9, Changes in Net Assets: Change in value of beneficial interest in trusts 214,719. Part XII Line 2C The audit committee has oversight of the audited financial statements and Form 990 as presented by the independent auditor. The process is unchanged from prior years.