

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

UNITED WAY SUNCOAST, INC.
5201 W KENNEDY BLVD NO. 600
TAMPA, FL 33609

PREPARED BY:

CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2020.

PLEASE NOTE THAT SHOULD YOU PROVIDE FORM 990 AND ITS ATTACHMENTS TO ANY THIRD PARTY, INCLUDING ANY STATE GOVERNMENT AGENCY, SCHEDULE B NAMES AND ADDRESSES SHOULD BE REDACTED.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

UNITED WAY SUNCOAST, INC.

59-3725701

Name and title of officer

JESSICA MUROFF
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>22,871,524.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CBIZ MHM, LLC to enter my PIN 25701
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

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

50465137755
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CBIZ MHM, LLC Date _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY SUNCOAST, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5201 W KENNEDY BLVD 600 City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33609 F Name and address of principal officer: JESSICA MUROFF SAME AS C ABOVE	D Employer identification number 59-3725701 E Telephone number (813) 274-0900 G Gross receipts \$ 31,588,570. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYSUNCOAST.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001
		M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP THAT IMPROVES LIVES AND CREATES LASTING COMMUNITY CHANGE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	104
	6	Total number of volunteers (estimate if necessary)	6	7447
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	25,664,942.	20,619,892.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,412.	351,254.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	820,354.	1,876,460.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-29,781.	23,918.
12			26,850,927.	22,871,524.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,250,906.	11,756,696.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,043,400.	5,894,844.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,089,498.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,345,052.	3,259,721.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,639,358.	20,911,261.
	19	Revenue less expenses. Subtract line 18 from line 12	4,211,569.	1,960,263.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	42,203,346.	40,946,699.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,526,058.	5,996,480.
	22		34,677,288.	34,950,219.

Part II Signature Block

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

Sign Here	Signature of officer JESSICA MUROFF, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ALICIA HOLLOWAY	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01337755
	Firm's name ▶ CBIZ MHM, LLC Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539	Firm's EIN ▶ 27-3605969 Phone no. 727-572-1400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE LEADERSHIP THAT IMPROVES LIVES AND CREATES LASTING COMMUNITY CHANGE BY MOBILIZING THE CARING PEOPLE OF OUR COMMUNITIES TO GIVE, ADVOCATE, AND VOLUNTEER. UNITED WAY SUNCOAST'S COMMUNITY IMPACT PRIORITIES ARE PRESENTED IN SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 5,508,296. including grants of \$ 4,552,591.) (Revenue \$) EARLY LITERACY: EARLY LITERACY IS CRITICALLY IMPORTANT TO ENSURING THAT CHILDREN ARE PREPARED FOR SCHOOL AND THAT THEY THRIVE IN THE EARLY YEARS OF THEIR EDUCATION, SETTING THE PATH FOR FUTURE SUCCESS. THE UNITED WAY SUNCOAST EARLY LEARNING INITIATIVE FOCUSES ON IMPROVING SCHOOL READINESS AND EARLY GRADE READING SKILLS FOR CHILDREN IN THE REGION. STRATEGIES INCLUDE IMPROVING THE QUALITY OF EARLY CARE AND EDUCATION, PROVIDING ACCESS TO BOOKS FOR CHILDREN, QUALITY OUT-OF-SCHOOL TIME OPPORTUNITIES THAT REINFORCE LEARNING, INCREASING PARENTAL INVOLVEMENT AND CONNECTION TO SCHOOLS, AND IMPROVING ABSENTEEISM AND TARDINESS IN TARGETED SCHOOLS AND NEIGHBORHOODS. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 4,122,800. including grants of \$ 2,385,620.) (Revenue \$ 174,256.) SUPPORT SERVICES: A NETWORK OF SERVICES IS PROVIDED TO HELP INDIVIDUALS/FAMILIES MOVE PAST IMMEDIATE NEED TO FULLY PARTICIPATE IN UNITED WAY SUNCOAST'S PRIORITY AREAS OF EARLY LITERACY, YOUTH SUCCESS AND FINANCIAL STABILITY. PROGRAMS INCLUDE PHYSICAL AND MENTAL HEALTH SERVICES, NUTRITION AND FOOD ASSISTANCE, OLDER ADULT SERVICES, INFORMATION/REFERRAL SERVICES, AND SHELTER AND SAFETY INTERVENTIONS. UNITED WAY SUNCOAST INVESTED \$1.85 MILLION DURING 2018-2019. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 3,274,615. including grants of \$ 2,219,597.) (Revenue \$) FINANCIAL STABILITY: TO ACHIEVE FINANCIAL STABILITY, FAMILIES MUST HAVE STABLE, ADEQUATE INCOME AS WELL AS STABLE, ADEQUATE FINANCIAL RESOURCES. STABLE, ADEQUATE INCOME IS DERIVED FROM A JOB PAYING FAMILY-SUSTAINING WAGES AND PUBLIC, EMPLOYER AND INFORMAL INCOME SUPPORTS AND SUBSIDIES. STABLE, ADEQUATE FINANCIAL RESOURCES INCLUDE SAVINGS AND ASSETS TO COVER UNEXPECTED EXPENSES, AFFORDABLE AND ACCESSIBLE GOODS AND SERVICES, AND SAFE, AFFORDABLE HOUSING. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,456,442. including grants of \$ 2,598,888.) (Revenue \$ 176,998.)

4e Total program service expenses 16,362,153.

Part IV Checklist of Required Schedules

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

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC BAILEY IMMEDIATE PAST CHAIR	2.00 0.00	X						0.	0.	0.
(2) BRIAN DEMING VICE CHAIR	2.00 0.00	X						0.	0.	0.
(3) KIMBERLY HOPPER SECRETARY	2.00 0.00	X						0.	0.	0.
(4) DAVID WALKER TREASURER/FINANCE CHAIR	2.00 0.00	X						0.	0.	0.
(5) DAN VIGNE CHAIR	2.00 0.00	X						0.	0.	0.
(6) SCOTT CURTIS DIRECTOR (1/1/19 - 6/30/19)	2.00 0.00	X						0.	0.	0.
(7) RAE DOWLING DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) BOB DUTKOWSKY DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) MARK FERNANDEZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) ESTELLA GRAY DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) TIM HENNING DIRECTOR	2.00 1.00	X						0.	0.	0.
(12) ROB LANE DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) BILL MERRILL DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) DAVID PIZZO DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) STUART ROGEL DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) KAREN RUSHING DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) ALEX SINK DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT THOMPSON DIRECTOR	2.00 1.00	X						0.	0.	0.
(19) MIKE BRENNAN DIRECTOR (7/1/18 - 4/1/19)	2.00 0.00	X						0.	0.	0.
(20) MARTY LANAHAN DIRECTOR (7/1/18 - 9/15/18)	2.00 0.00	X						0.	0.	0.
(21) PETE NORDEN DIRECTOR (7/1/18 - 4/16/18)	2.00 0.00	X						0.	0.	0.
(22) PAUL REILLY DIRECTOR (7/1/18 - 12/31/18)	2.00 0.00	X						0.	0.	0.
(23) SUZANNE MCCORMICK PRESIDENT & CEO	45.00 0.00			X				253,098.	0.	31,069.
(24) CARRIE ZEISSE CHIEF STRATEGY & OPERATING OFFICER	45.00 0.00			X				156,786.	0.	16,863.
(25) EMERY IVERY CHIEF IMPACT OFFICER & TAM	45.00 0.00			X				149,654.	0.	14,789.
(26) SUSAN WETZEL SARASOTA AREA PRESIDENT (8/13/18 - 6	45.00 0.00			X				40,329.	0.	123.
1b Sub-total								599,867.	0.	62,844.
c Total from continuation sheets to Part VII, Section A								647,637.	0.	80,530.
d Total (add lines 1b and 1c)								1,247,504.	0.	143,374.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 128,772.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 426,116.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 20,065,004.				
	g Noncash contributions included in lines 1a-1f: \$	556,350.				
	h Total. Add lines 1a-1f	▶ 20,619,892.				
	Program Service Revenue	2 a SERVICE FEES	Business Code 561110	176,998.	176,998.	
b FUNDRAISING FEES		561110	174,256.	174,256.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 351,254.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 560,895.			560,895.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	8,717,046.			
		c Gain or (loss)	1,315,565.			
	d Net gain or (loss)	▶ 1,315,565.			1,315,565.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue	624190	23,918.		23,918.	
	e Total. Add lines 11a-11d	▶ 23,918.				
12 Total revenue. See instructions	▶ 22,871,524.	351,254.	0.	1,900,378.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,644,274.	11,644,274.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	112,422.	112,422.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,391,614.	731,597.	316,466.	343,551.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,534,769.	1,869,468.	812,042.	853,259.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,496.	43,415.	18,957.	22,124.
9 Other employee benefits	403,788.	229,999.	76,288.	97,501.
10 Payroll taxes	480,177.	251,198.	104,719.	124,260.
11 Fees for services (non-employees):				
a Management				
b Legal	1,943.	301.	1,642.	
c Accounting	70,189.	32,131.	22,068.	15,990.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	120,947.		120,947.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	161,330.	102,769.	34,230.	24,331.
12 Advertising and promotion	311,666.	23,567.	281,080.	7,019.
13 Office expenses	456,769.	244,254.	156,173.	56,342.
14 Information technology	510,689.	277,697.	119,237.	113,755.
15 Royalties				
16 Occupancy	741,660.	368,852.	171,935.	200,873.
17 Travel	110,655.	57,134.	25,084.	28,437.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,620.	49,775.	49,367.	75,478.
20 Interest	9,532.	4,425.	2,182.	2,925.
21 Payments to affiliates	254,517.	123,782.	56,880.	73,855.
22 Depreciation, depletion, and amortization	239,333.	170,714.	28,396.	40,223.
23 Insurance	46,023.	23,560.	13,047.	9,416.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	49,848.	819.	48,870.	159.
25 Total functional expenses. Add lines 1 through 24e	20,911,261.	16,362,153.	2,459,610.	2,089,498.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,364,025.	1	4,655,057.
	2 Savings and temporary cash investments	132,792.	2	0.
	3 Pledges and grants receivable, net	6,746,248.	3	5,746,378.
	4 Accounts receivable, net	92,963.	4	54,248.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	103,646.	9	110,171.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,357,950.		
	b Less: accumulated depreciation	10b 2,730,308.	10c	1,627,642.
	11 Investments - publicly traded securities	22,437,799.	11	23,010,435.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,481,269.	15	5,742,768.
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,203,346.	16	40,946,699.	
Liabilities	17 Accounts payable and accrued expenses	924,069.	17	728,423.
	18 Grants payable	5,501,353.	18	4,551,691.
	19 Deferred revenue	626,992.	19	281,885.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	473,644.	25	434,481.
	26 Total liabilities. Add lines 17 through 25	7,526,058.	26	5,996,480.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,944,494.	27	24,524,600.
	28 Temporarily restricted net assets	7,063,445.	28	6,746,444.
	29 Permanently restricted net assets	3,669,349.	29	3,679,175.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,677,288.	33	34,950,219.	
34 Total liabilities and net assets/fund balances	42,203,346.	34	40,946,699.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,871,524.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,911,261.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,960,263.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,677,288.
5	Net unrealized gains (losses) on investments	5	-210,001.
6	Donated services and use of facilities	6	-12,470.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,464,861.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,950,219.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Name of the organization **UNITED WAY SUNCOAST, INC.** Employer identification number **59-3725701**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22715388.	20531166.	21834685.	25664942.	20619892.	111366073
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22715388.	20531166.	21834685.	25664942.	20619892.	111366073
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)						36449341.
6 Public support. Subtract line 5 from line 4.						74916732.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	22715388.	20531166.	21834685.	25664942.	20619892.	111366073
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	487,657.	504,800.	477,819.	501,833.	560,895.	2533004.
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.)	1,277.	1,566.	3,677.			6,520.
11 Total support. Add lines 7 through 10						11390597
12 Gross receipts from related activities, etc. (see instructions)					12	2,380,762.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	65.77 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	71.34 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

UNITED WAY SUNCOAST, INC.

Employer identification number

59-3725701

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY SUNCOAST, INC.	Employer identification number 59-3725701
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>5,910,579.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>2,317,343.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>468,443.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY SUNCOAST, INC.	Employer identification number 59-3725701
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY SUNCOAST, INC.	Employer identification number 59-3725701
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY SUNCOAST, INC.	Employer identification number 59-3725701
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	5,700.													
c Total lobbying expenditures (add lines 1a and 1b)	5,700.													
d Other exempt purpose expenditures	20,905,561.													
e Total exempt purpose expenditures (add lines 1c and 1d)	20,911,261.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	2,940.	60,935.	65,400.	5,700.	134,975.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	2,940.	56,435.	62,900.		122,275.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2018
Open to Public Inspection

Name of the organization UNITED WAY SUNCOAST, INC. **Employer identification number** 59-3725701

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,218,425.	19,296,126.	17,838,781.	17,926,272.	16,504,307.
b Contributions	446,975.	4,074,144.	40,726.	195,653.	1,559,065.
c Net investment earnings, gains, and losses	1,213,999.	1,584,361.	1,868,019.	109,006.	418,653.
d Grants or scholarships					
e Other expenditures for facilities and programs	774,390.	1,736,206.	451,400.	392,150.	555,753.
f Administrative expenses					
g End of year balance	24,105,009.	23,218,425.	19,296,126.	17,838,781.	17,926,272.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 65.75 %
 - b Permanent endowment 15.26 %
 - c Temporarily restricted endowment 18.99 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		386,245.		386,245.
b Buildings		1,740,337.	763,694.	976,643.
c Leasehold improvements		976,883.	905,218.	71,665.
d Equipment		1,254,485.	1,061,396.	193,089.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,627,642.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	68,372.
(2) CASH SURRENDER VALUE - LIFE INSURANCE	67,823.
(3) GIFTED FACILITY	76,500.
(4) COMMUNITY FOUNDATION INVESTMENTS	5,530,073.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,742,768.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	256,012.
(3) CAPITAL LEASE OBLIGATIONS	44,866.
(4) OBLIGATION UNDER REMAINDER TRUST	
(5) AGREEMENT	70,302.
(6) DEFERRED LEASE INCENTIVE	63,301.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	434,481.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,992,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-210,001.	
b	Donated services and use of facilities	2b	109.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,429,701.	
e	Add lines 2a through 2d	2e		-1,639,593.
3	Subtract line 2e from line 1	3		20,632,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120,947.	
b	Other (Describe in Part XIII.)	4b	2,118,436.	
c	Add lines 4a and 4b	4c		2,239,383.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		22,871,524.

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

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

1	Total expenses and losses per audited financial statements		1	18,684,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,579.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		12,579.
3	Subtract line 2e from line 1	3		18,671,878.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120,947.	
b	Other (Describe in Part XIII.)	4b	2,118,436.	
c	Add lines 4a and 4b	4c		2,239,383.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		20,911,261.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE FUTURE SUPPORT FOR THE ORGANIZATION'S MISSION. THE ORGANIZATION'S INTERNALLY-CONTROLLED ENDOWMENT NET ASSETS ARE COMPRISED OF INVESTMENTS HELD IN VARIOUS DONOR ENDOWMENTS, INVESTMENTS HELD UNDER A CHARITABLE REMAINDER UNITRUST AGREEMENT, AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER THE PROVISIONS OF THE FLORIDA STATUTES. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE

Part XIII Supplemental Information (continued)

ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC 740 RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE INCOME TAX FILINGS FOR UNITED WAY SUNCOAST, INC., UNITED WAY OF MANATEE COUNTY, INC. AND UNITED WAY FOUNDATION OF MANATEE COUNTY FOR THE YEAR ENDED JUNE 30, 2016 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CSV OF LIFE INSURANCE	-4,832.
PROVISION FOR UNCOLLECTIBLE PLEDGES	-1,424,883.
AFFILIATE INCOME	14.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,429,701.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	2,118,436.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	2,118,436.
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**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

2018

**Open to Public
Inspection**

Name of the organization **UNITED WAY SUNCOAST, INC.** Employer identification number **59-3725701**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10091 AMERICAN RED CROSS TAMPA BAY CHAPTER - 3310 WEST MAIN STREET - TAMPA, FL 33607-4221	53-0196605	501(C)(3)	266,068.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
10276 AMERICAN RED CROSS SW FLORIDA CHAPTER - SARASOTA - 2001 CANTU COURT - SARASOTA, FL 34232	53-0196605	501(C)(3)	25,703.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
211 TAMPA BAY CARES, INC. 14155 58TH ST NORTH, SUITE 211 CLEARWATER, FL 33760	59-3355555	501(C)(3)	129,495.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
A BRIGHTER COMMUNITY, INC. 1613 MARION STREET TAMPA, FL 33602	59-0624453	501(C)(3)	128,340.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
ALLIANCE FOR PUBLIC SCHOOLS 5810 FALCONCREEK PL LITHIA, FL 33547	45-5598673	501(C)(3)	100,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
ALPHA HOUSE OF TAMPA, INC. 201 S. TAMPANIA AVE. TAMPA, FL 33609	59-2655523	501(C)(3)	97,087.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 135.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY - TAMPA 3709 WEST JETTON AVE TAMPA, FL 33629	13-1788491	501(C)(3)	10,646.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
ARTZ 4 LIFE ACADEMY 1751 KINGS HIGHWAY CLEARWATER, FL 33755	59-3483799	501(C)(3)	44,660.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BAY AREA LEGAL SERVICES, INC 1302 N 19TH ST., STE 400 TAMPA, FL 33605-5230	59-1171886	501(C)(3)	261,940.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BIG BROTHERS BIG SISTERS - SUN COAST/MANATEE - 1000 S. TAMIAMI TRAIL, SUITE C - VENICE, FL 34285	59-1361826	501(C)(3)	50,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BIG BROTHERS BIG SISTERS - SUN COAST/SARASOTA - 2831 RINGLING BLVD, SUITE 201A - SARASOTA, FL 34237	59-1361826	501(C)(3)	43,521.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BIG BROTHERS BIG SISTERS - TAMPA BAY - 711 S. DALE MABRY HWY, SUITE 300 - TAMPA, FL 33609	59-2173085	501(C)(3)	272,343.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BOYS & GIRLS CLUBS OF MANATEE COUNTY - PO BOX 280 - BRADENTON, FL 34206	59-0675141	501(C)(3)	49,342.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BOYS & GIRLS CLUBS OF SARASOTA COUNTY - 3130 FRUITVILLE ROAD - SARASOTA, FL 34237	59-6211876	501(C)(3)	79,496.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BOYS & GIRLS CLUBS OF TAMPA BAY 1307 N MACDILL AVE TAMPA, FL 33607	59-0624368	501(C)(3)	686,119.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE SUNCOAST 2300 TALL PINES DR., STE. 150 LARGO, FL 33771	59-1566799	501(C)(3)	329,252.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BRIDGES USA 477 N. 5TH STREET MEMPHIS, TN 38105	23-7081488	501(C)(3)	6,600.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
BROOKWOOD FLORIDA CENTRAL 901 7TH AVE. S. ST. PETERSBURG, FL 33705	59-0624387	501(C)(3)	94,691.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG - 1213 16TH STREET NORTH - ST. PETERSBURG, FL 33705-1032	59-0875805	501(C)(3)	241,758.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CATHOLIC CHARITIES OF DESOTO COUNTY - 1210 E OAK STREET - ARCADIA, FL 34266	59-2473176	501(C)(3)	6,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CHAMPIONS FOR CHILDREN 3108 WEST AZEELE STREET TAMPA, FL 33609	59-1807551	501(C)(3)	217,894.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CHILD PROTECTION CENTER 720 SOUTH ORANGE AVE SARASOTA, FL 34236	59-2113850	501(C)(3)	23,188.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CHILDREN FIRST, INC. 1723 N ORANGE AVENUE SARASOTA, FL 34234	59-0968249	501(C)(3)	174,050.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CHILDREN'S HOME SOCIETY OF FLORIDA GULF COAST DIVISION - 1515 MICHELIN COURT - LUTZ, FL 33549	59-0192430	501(C)(3)	43,862.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TAMPA BLACK HISTORY PO BOX 1872 TAMPA, FL 33601	45-0540281	501(C)(3)	5,036.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
COLLIERVILLE LITERACY COUNCIL 167 WASHINGTON STREET COLLIERVILLE, TN 38017	58-1860713	501(C)(3)	8,825.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
COMMUNITY ACTION STOPS ABUSE, INC. (CASA) - 1011 FIRST AVENUE NORTH - ST. PETERSBURG, FL 33701	59-2114359	501(C)(3)	108,201.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
COMMUNITY COALITION ON HOMELESSNESS - 701 17TH AVENUE, W - BRADENTON, FL 34205	59-3340921	501(C)(3)	25,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
COMMUNITY FOUNDATION OF TAMPA BAY, INC. - 550 NORTH REO STREET, SUITE 301 - TAMPA, FL 33609	59-3001853	501(C)(3)	10,444.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CORPORATION TO DEVELOP COMMUNITIES OF TAMPA, INC - 1907 E. HILLSBOROUGH AVE., STE 100 - TAMPA, FL 33610	59-3150608	501(C)(3)	263,809.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA TAMPA, FL 33613-1238	59-1785265	501(C)(3)	319,190.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
DAYSTAR LIFE CENTER 226 - 6TH ST. S. ST. PETERSBURG, FL 33701	65-0523539	501(C)(3)	23,242.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
DESOTO CARES HOMELESS SERVICES P.O. BOX 1175 ARCADIA, FL 34265	81-2399247	501(C)(3)	5,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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DESOTO COUNTY EDUCATION FOUNDATION P.O. BOX 2000 ARCADIA, FL 34265	59-3533706	501(C)(3)	6,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
DEVEREUX FOUNDATION, INC. 5850 T. G. LEE BLVD., SUITE 400 ORLANDO, FL 32822	23-1390618	501(C)(3)	59,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE (DACCO) - 4422 E. COLUMBUS DRIVE - TAMPA, FL 33605	59-1514993	501(C)(3)	206,995.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EARLY CHILDHOOD SCHOOL READINESS PROGRAM - 5701 E HILLSBOROUGH AVE., STE 2301 - TAMPA, FL 33610	59-6000660	501(C)(3)	51,781.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EARLY LEARNING COALITION OF FLORIDA'S HEARTLAND, INC. - 3028 CARING WAY, SUITE 4 - PORT CHARLOTTE, FL 33952	65-1047991	501(C)(3)	10,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY - 6800 N DALE MABRY HWY, SUITE 158 - TAMPA, FL 33614	59-3626765	501(C)(3)	79,800.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EARLY LEARNING COALITION OF MANATEE COUNTY - 600 8TH AVE W STE 100 - PALMETTO, FL 34221	65-0811318	501(C)(3)	32,269.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EARLY LEARNING COALITION OF SARASOTA COUNTY, INC. - 1750 17TH STREET, BLDG L - SARASOTA, FL 34234	65-1110174	501(C)(3)	35,349.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EASTER SEALS FLORIDA INC 2401 E. HENRY AVE TAMPA, FL 33610	59-0637848	501(C)(3)	40,220.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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

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EASTER SEALS SOUTHWEST FLORIDA, INC. - 350 BRADEN AVENUE - SARASOTA, FL 34243	59-0638490	501(C)(3)	38,189.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EDUCATION FOUNDATION OF SARASOTA COUNTY - 1960 LANDINGS BLVD, STE 326 - SARASOTA, FL 34231-3365	59-2320858	501(C)(3)	20,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EDUCATIONAL CONSULTANTS CONSORTIUM PO BOX 1222 BRADENTON, FL 34206	65-0612497	501(C)(3)	20,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EMBRACING OUR DIFFERENCES P.O. BOX 2559 SARASOTA, FL 34230-2559	20-3581293	501(C)(3)	5,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
ENTERPRISING LATINAS, INC. 18238 US HWY 301 WIMAUMA, FL 33598	27-1247381	501(C)(3)	50,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
EXCHANGE CLUB FAMILY PARTNERSHIP CENTER OF MANATEE - 602 3RD STREET EAST, SUITE A - BRADENTON, FL 34208	65-0374386	501(C)(3)	41,900.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
FLORIDA CENTER FOR EARLY CHILDHOOD 4620 17TH STREET SARASOTA, FL 34235	59-1947024	501(C)(3)	162,654.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
FONDOS UNIDOS DE PUERTO RICO LOS ANGELES STREET CORNER BLVD STOP SAN JUAN, PR 00919	66-0269222	501(C)(3)	11,064.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
FRAMEWORKS OF TAMPA BAY 402 E OAK AVENUE TAMPA, FL 33602	20-8776228	501(C)(3)	6,774.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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

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GIRL SCOUTS OF GULF COAST FLORIDA, INC. - 4780 CATTLEMEN ROAD - SARASOTA, FL 34233	59-0760212	501(C)(3)	20,776.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
GIRL SCOUTS WEST CENTRAL FLORIDA COUNCIL - 4610 EISENHOWER BLVD - TAMPA, FL 33634	59-0624454	501(C)(3)	153,890.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
GIRLS INCORPORATED OF PINELLAS 7700 61ST STREET NORTH PINELLAS PARK, FL 33781-3213	59-0970201	501(C)(3)	163,937.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
GLASSER/SCHOENBAUM HUMAN SERVICES CENTER - 1750 17TH STREET, BLDG J-1 - SARASOTA, FL 34234	59-2707877	501(C)(3)	98,233.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
GREATER TAMPA BAY AREA COUNCIL, INC., BOY SCOUTS OF AMERICA - 13228 NORTH CENTRAL AVE. - TAMPA, FL 33612-3462	59-0637815	501(C)(3)	144,703.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES - 14041 ICOT BOULEVARD - CLEARWATER, FL 33760	59-1229354	501(C)(3)	22,846.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HAPPY WORKERS LEARNING CENTER 920 19TH ST. SOUTH ST. PETERSBURG, FL 33712	27-4826221	501(C)(3)	93,983.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HEART OF FLORIDA UNITED WAY, INC 1940 TRAYLOR BLVD ORLANDO, FL 32804-4714	59-0808854	501(C)(3)	280,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HELPING HAND DAY NURSERY, INC. 10320 N 56TH ST SUITE 120 TAMPA, FL 33617	59-0724461	501(C)(3)	129,577.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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

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HILLELS OF THE FLORIDA SUNCOAST 13101 USF SYCAMORE DR TAMPA, FL 33620	52-1758800	501(C)(3)	12,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HILLSBOROUGH COMMUNITY COLLEGE DEVELOPMENT FOUNDATION INC - PO BOX 31127 - TAMPA, FL 33631	20-3507499	501(C)(3)	10,500.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HILLSBOROUGH COUNTY FIRE RESCUE FOUNDATION - 2709 E HANNA AVE - TAMPA, FL 33610	46-3310942	501(C)(3)	5,940.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HILLSBOROUGH COUNTY FIREFIGHTER CHARITIES, INC. - 5425 N 59TH ST - TAMPA, FL 33610	03-0390529	501(C)(3)	8,425.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HILLSBOROUGH COUNTY PUBLIC SCHOOLS 901 E KENNEDY BLVD TAMPA, FL 33602	59-6000660	501(C)(3)	125,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HILLSBOROUGH FIREFIGHTERS BENEVOLENT RELIEF FUND - 5843 LAKEFRONT DR - WESLEY CHAPEL, FL 33545	27-1296803	501(C)(3)	11,767.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HISPANIC SERVICES COUNCIL 2902 N ARMENIA AVE, SUITE 201 TAMPA, FL 33607-1660	59-3198934	501(C)(3)	37,463.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
HOPE FAMILY SERVICES PO BOX 1624 BRADENTON, FL 34206	59-1970241	501(C)(3)	20,789.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
JEWISH FAMILY & CHILDREN'S SERVICE OF THE SUNCOAST - 2688 FRUITVILLE ROAD - SARASOTA, FL 34237	59-2693318	501(C)(3)	161,447.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	59-1098499	501(C)(3)	41,679.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
LUTHERAN SERVICES OF FLORIDA - TAMPA - 3627A W. WATERS AVE. - TAMPA, FL 33614	59-2198911	501(C)(3)	284,702.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
MACDONALD TRAINING CENTER 5420 W. CYPRESS STREET TAMPA, FL 33607-5730	59-0777827	501(C)(3)	139,894.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
MANATEE CHILDREN'S SERVICES, INC. 1227 9TH AVE W BRADENTON, FL 34205	59-1771210	501(C)(3)	20,942.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
MANATEE COMMUNITY ACTION AGENCY 6428 PARKLAND DRIVE SARASOTA, FL 34243	59-6208766	501(C)(3)	63,029.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVE. EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	30,718.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
MENTAL HEALTH COMMUNITY CENTERS, INC. - 240 B SOUTH TUTTLE AVENUE - SARASOTA, FL 34237	65-0238526	501(C)(3)	17,725.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
METROPOLITAN MINISTRIES 2002 NORTH FLORIDA AVENUE TAMPA, FL 33602-2204	59-1477077	501(C)(3)	11,632.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
MYAKKA CITY COMMUNITY CENTER 37010 SINGLETARY RD MYAKKA CITY, FL 34251	59-1050657	501(C)(3)	30,103.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE CLEARWATER, FL 33762	59-1218100	501(C)(3)	196,590.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY - 1401 N WESTSHORE BOULEVARD, SUITE 101 - TAMPA, FL 33607	59-3671047	501(C)(3)	34,275.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PACE CENTER FOR GIRLS - HILLSBOROUGH - 1933 E. HILLSBOROUGH AVENUE, SUITE 300 - TAMPA, FL 33610	59-2414492	501(C)(3)	18,729.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PALMETTO YOUTH CENTER 501 17TH ST W PALMETTO, FL 34221	59-1090377	501(C)(3)	40,011.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PARC 3190 TYRONE BOULEVARD NORTH ST. PETERSBURG, FL 33710	59-0791038	501(C)(3)	164,847.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES - PEMHS - 11254 58TH ST N - PINELLAS PARK, FL 33782	59-3153549	501(C)(3)	86,015.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PINELLAS COUNTY SCHOOLS PO BOX 2942 LARGO, FL 33779-2942	59-6000799	501(C)(3)	123,943.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PINELLAS COUNTY URBAN LEAGUE, INC. 333 31ST STREET NORTH ST. PETERSBURG, FL 33713	59-1665523	501(C)(3)	265,635.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PINELLAS OPPORTUNITY COUNCIL, INC. 501 1ST AVENUE N, SUITE 517 ST PETERSBURG, FL 33701	59-1227051	501(C)(3)	30,323.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	28,468.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
POLICE ATHLETIC LEAGUE OF PINELLAS COUNTY - 3755 46TH AVE N - ST. PETERSBURG, FL 33714	59-3760782	501(C)(3)	18,333.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
POLICYLINK 1438 WEBSTER ST, SUITE 303 OAKLAND, CA 94612	64-3297479	501(C)(3)	75,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
PRESCHOOL EXPERIENCE, INC 1665 25TH AVE. NORTH ST. PETERSBURG, FL 33713	59-0641386	501(C)(3)	89,974.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
R'CLUB CHILD CARE, INC. 4140 49TH STREET NORTH ST. PETERSBURG, FL 33709	59-1704870	501(C)(3)	74,718.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
REDLANDS CHRISTIAN MIGRANT ASSOCIATION (RCMA) - 402 W MAIN ST - IMMOKALEE, FL 34142	59-1221966	501(C)(3)	181,122.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
RELIGIOUS COMMUNITY SERVICES (RCS) 503 S MARTIN LUTHER KING AVE CLEARWATER, FL 33756	59-1309186	501(C)(3)	113,206.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
RISE TAMPA 411 N FRANKLIN ST TAMPA, FL 33602	46-5291016	501(C)(3)	20,229.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SAFE PLACE & RAPE CRISIS CENTER OF SARASOTA, INC. - 2139 MAIN STREET - SARASOTA, FL 34237-6023	59-1943399	501(C)(3)	44,045.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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SALVATION ARMY - SARASOTA CORPS 1400 10TH STREET SARASOTA, FL 34236	59-0631403	501(C)(3)	116,433.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SALVATION ARMY - ST. PETERSBURG 340 14TH AVE. S. ST PETERSBURG, FL 33701	58-0660607	501(C)(3)	22,846.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SALVATION ARMY - TAMPA AREA COMMAND - 1603 N FLORIDA AVE - TAMPA, FL 33602	58-0660607	501(C)(3)	129,343.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SARASOTA FAMILY YMCA ONE SOUTH SCHOOL AVE., STE 301 SARASOTA, FL 34237	59-1618413	501(C)(3)	68,131.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SCHOOL DISTRICT OF DESOTO COUNTY 530 LASOLONA AVENUE ARCADIA, FL 34266	59-6000580	501(C)(3)	30,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SENIOR FRIENDSHIP CENTERS SARASOTA 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)	22,963.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SENIORS IN SERVICE OF TAMPA BAY, INC. - 1306 W. SLIGH AVENUE - TAMPA, FL 33604	59-2422975	501(C)(3)	76,859.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
ST. PETERSBURG COLLEGE FOUNDATION, INC. - 6605 5TH AVENUE N. - ST. PETERSBURG, FL 33733	59-1954362	501(C)(3)	43,400.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
ST. PETERSBURG FREE CLINIC 863 3RD AVE N ST PETERSBURG, FL 33701	23-7208280	501(C)(3)	5,029.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARTING RIGHT NOW 5328 PRIMROSE LAKE CIRCLE, SUITE A TAMPA, FL 33647	26-3725699	501(C)(3)	12,741.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SUNCOAST CENTER PO BOX 10970 SAINT PETERSBURG, FL 33733-0970	59-2092717	501(C)(3)	318,698.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
SUNCOAST PARTNERSHIP TO END HOMELESSNESS - 1750 1L7TH STREET, BLDG K-1 - SARASOTA, FL 34234	20-2783762	501(C)(3)	25,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA BAY ECONOMIC PROSPERITY FOUNDATION - 101 E KENNEDY BLVD, STE 1750 - TAMPA, FL 33602	83-2026345	501(C)(3)	10,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA BAY NETWORK TO END HUNGER 4532 W. KENNEDY BLVD., SUITE 252 TAMPA, FL 33609	36-4758155	501(C)(3)	10,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA BAY PARTNERSHIP REGIONAL RESEARCH & EDUCATION FDN - 4300 W. CYPRESS ST. STE. 700 - TAMPA, FL 33607	59-3414776	501(C)(3)	45,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA CROSSROADS 5118 N. NEBRASKA AVENUE TAMPA, FL 33603	59-1743719	501(C)(3)	30,283.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA FIREFIGHTERS CHARITY FUND, INC. - 3116 NORTH BLVD. - TAMPA, FL 33603-5500	55-0842602	501(C)(3)	7,157.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA JEWISH FAMILY SERVICES 13009 COMMUNITY CAMPUS DRIVE, SUITE TAMPA, FL 33625	59-1549670	501(C)(3)	79,168.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA LIGHTHOUSE FOR THE BLIND 1106 W. PLATT STREET TAMPA, FL 33606	59-0637876	501(C)(3)	118,567.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA METROPOLITAN AREA YMCA 110 E. OAK AVENUE TAMPA, FL 33602-2210	59-1742909	501(C)(3)	203,115.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
TAMPA POLICE MEMORIAL FUND COMMITTEE, INC. - 411 NORTH FRANKLIN STREET - TAMPA, FL 33602	59-3397263	501(C)(3)	17,251.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
THE ARC OF WALKER COUNTY 745 RUSSELL DAIRY ROAD JASPER, AL 35503	63-0760044	501(C)(3)	9,150.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
THE ARC TAMPA BAY, INC 1501 N. BELCHER RD., STE. 249 CLEARWATER, FL 33765	59-1056551	501(C)(3)	13,995.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
THE CENTRE FOR WOMEN, INC 305 S. HYDE PARK AVENUE TAMPA, FL 33606	59-1787902	501(C)(3)	256,528.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
THE CHILDREN'S HOME INC. 10909 MEMORIAL HWY. TAMPA, FL 33615	59-0696284	501(C)(3)	109,183.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
THE SPRING OF TAMPA BAY, INC 2810 N 35TH ST TAMPA, FL 33605	59-1777135	501(C)(3)	183,051.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNIDOSNOW, INC. 1750 17TH STREET, BUILDING D SARASOTA, FL 34234	27-4102169	501(C)(3)	59,500.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY OF TAMPA BAY 2215 E. HENRY AVE. TAMPA, FL 33610	59-0714818	501(C)(3)	293,552.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNITED COMMUNITY CENTERS, INC. PO BOX 1683 BRADENTON, FL 34206	65-0282384	501(C)(3)	50,738.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNITED FOOD BANK AND SERVICES 702 E. ALSOBROOK ST., SUITE H PLANT CITY, FL 33563	59-3069728	501(C)(3)	56,723.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNITED METHODIST COOPERATIVE MINISTRIES / SUNCOAST, INC - 403 1ST AVE SW., SUITE 102 - LARGO, FL 33770	59-1623437	501(C)(3)	22,846.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNITED WAY OF PASCO COUNTY 17230 CAMELOT COURT LAND-O-LAKES, FL 34638-7202	59-2193178	501(C)(3)	5,283.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNITED WAY OF THE MID-SOUTH 6775 LENOX CENTER CT. SUITE200 MEMPHIS, TN 38115	56-1010742	501(C)(3)	9,768.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNITED WAY OF WEST CENTRAL MINNESOTA - 311 4TH ST SW - WILLMAR, MN 56201	41-0844871	501(C)(3)	10,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION, INC. - 14013 N 22ND STREET - TAMPA, FL 33613	31-1624121	501(C)(3)	74,113.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
UNIVERSITY OF SOUTH FLORIDA SARASOTA MANATEE - 8350 N. TAMIAMI TRAIL, C263 - SARASOTA, FL 34243	59-0879015	501(C)(3)	10,000.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RESOURCE CENTER OF MANATEE 1926 MANATEE AVE W BRADENTON, FL 34205	59-3034653	501(C)(3)	11,625.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
YMCA OF GREATER ST. PETERSBURG 600 1ST AVE. N., SUITE 201 ST. PETERSBURG, FL 33701	59-0624468	501(C)(3)	189,601.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT
YMCA OF THE SUNCOAST, INC. 2469 ENTERPRISE ROAD CLEARWATER, FL 33763	59-0810731	501(C)(3)	100,551.	0.			ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL SAVINGS ACCOUNT (IDA) PROGRAM MATCHES	24	66,815.	0.	N/A	N/A
CREDIT REBUILDING SERVICES	38	3,470.	0.	N/A	N/A
TRAINING PROGRAM TUITION (GED, CNA, CPR/AED, ETC.)	75	32,612.	0.	N/A	N/A
FLORIDA 529 SAVINGS PLAN DEPOSIT ASSISTANCE	15	920.	0.	N/A	N/A
HOUSING, UTILITY, FOOD, MEDICAL, OR OTHER DIRECT ASSISTANCE	40	8,605.	0.	N/A	N/A

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

PART I, LINE 2:

MONITORING POLICIES FOR ALLOCATED GRANT FUNDING:

ALL ORGANIZATIONS RECEIVING GRANT FUNDING HAVE PASSED AN INITIAL APPLICATION PROCESS THAT DEMANDS QUALIFICATION BASED ON QUALITY AND ACCOUNTABILITY FOR ALL ASPECTS OF THE ORGANIZATION (GOVERNANCE, FISCAL, PERSONNEL MANAGEMENT, AND PROGRAMS). ONCE ELIGIBLE, AGENCIES ARE INVITED TO APPLY ANNUALLY (OR ON A TIMELINE DETERMINED BY THE BOARD) FOR SUPPORT OF SPECIFIC PROGRAMS ADDRESSING CRITICAL COMMUNITY NEED. PROGRAM APPLICATIONS ARE REVIEWED BY TEAMS OF STAFF AND VOLUNTEERS IN THE INVESTMENT REVIEW

Part IV Supplemental Information

PROCESS. RECOMMENDATIONS FROM THESE TEAMS GO TO THE COMMUNITY AND PARTNERSHIP DEVELOPMENT COMMITTEE FOR APPROVAL BEFORE GOING TO THE BOARD FOR FINAL APPROVAL.

PROGRAM GRANT CRITERIA INCLUDES:

ALIGNMENT WITH UNITED WAY'S IMPACT AGENDA, PROGRAM PERFORMANCE, AND NEED OR AVAILABILITY OF FUNDS FROM OTHER SOURCES. QUALIFYING FOR FUNDING AS AN AGENCY DOES NOT GUARANTEE FUNDING FOR PROGRAM APPLICATIONS. GRANT PERFORMANCE IS REVIEWED EVERY 6 MONTHS OR AS DETERMINED NECESSARY BY STAFF AND VOLUNTEERS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

10091 AMERICAN RED CROSS TAMPA BAY CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

10276 AMERICAN RED CROSS SW FLORIDA CHAPTER - SARASOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: 211 TAMPA BAY CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: A BRIGHTER COMMUNITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

Part IV Supplemental Information

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE FOR PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: ALPHA HOUSE OF TAMPA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY - TAMPA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: ARTZ 4 LIFE ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: BAY AREA LEGAL SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS - SUN COAST/MANATEE

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

BIG BROTHERS BIG SISTERS - SUN COAST/SARASOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: BIG BROTHERS BIG SISTERS - TAMPA BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF MANATEE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF SARASOTA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF TAMPA BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF THE SUNCOAST

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGES USA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BROOKWOOD FLORIDA CENTRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF DESOTO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: CHAMPIONS FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: CHILD PROTECTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN FIRST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S HOME SOCIETY OF FLORIDA GULF COAST DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

Part IV Supplemental Information

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF TAMPA BLACK HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: COLLIERVILLE LITERACY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION STOPS ABUSE, INC. (CASA)

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY COALITION ON HOMELESSNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

CORPORATION TO DEVELOP COMMUNITIES OF TAMPA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CRISIS CENTER OF TAMPA BAY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: DAYSTAR LIFE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: DESOTO CARES HOMELESS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: DESOTO COUNTY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: DEVEREUX FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE (DACCO)

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

EARLY CHILDHOOD SCHOOL READINESS PROGRAM

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

EARLY LEARNING COALITION OF FLORIDA'S HEARTLAND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

EARLY LEARNING COALITION OF MANATEE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

EARLY LEARNING COALITION OF SARASOTA COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS FLORIDA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS SOUTHWEST FLORIDA, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

EDUCATION FOUNDATION OF SARASOTA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATIONAL CONSULTANTS CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: EMBRACING OUR DIFFERENCES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: ENTERPRISING LATINAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

EXCHANGE CLUB FAMILY PARTNERSHIP CENTER OF MANATEE

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA CENTER FOR EARLY CHILDHOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FONDOS UNIDOS DE PUERTO RICO

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: FRAMEWORKS OF TAMPA BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF GULF COAST FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS WEST CENTRAL FLORIDA COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INCORPORATED OF PINELLAS

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

GLASSER/SCHOENBAUM HUMAN SERVICES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER TAMPA BAY AREA COUNCIL, INC., BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: HAPPY WORKERS LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: HEART OF FLORIDA UNITED WAY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HAND DAY NURSERY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: HILLELS OF THE FLORIDA SUNCOAST

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

HILLSBOROUGH COMMUNITY COLLEGE DEVELOPMENT FOUNDATION INC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

HILLSBOROUGH COUNTY FIRE RESCUE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

HILLSBOROUGH COUNTY FIREFIGHTER CHARITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: HILLSBOROUGH COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

HILLSBOROUGH FIREFIGHTERS BENEVOLENT RELIEF FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: HISPANIC SERVICES COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: HOPE FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

Part IV Supplemental Information

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY & CHILDREN'S SERVICE OF THE SUNCOAST

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF TAMPA BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SERVICES OF FLORIDA - TAMPA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: MACDONALD TRAINING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: MANATEE CHILDREN'S SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: MANATEE COMMUNITY ACTION AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS PLUS OF MANATEE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH COMMUNITY CENTERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: METROPOLITAN MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: MYAKKA CITY COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORLY CARE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

NONPROFIT LEADERSHIP CENTER OF TAMPA BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: PACE CENTER FOR GIRLS - HILLSBOROUGH

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PALMETTO YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: PARC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES - PEMHS
(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: PINELLAS COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: PINELLAS COUNTY URBAN LEAGUE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: PINELLAS OPPORTUNITY COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

Part IV Supplemental Information

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

POLICE ATHLETIC LEAGUE OF PINELLAS COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: POLICYLINK

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: PRESCHOOL EXPERIENCE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: R'CLUB CHILD CARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

REDLANDS CHRISTIAN MIGRANT ASSOCIATION (RCMA)

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: RELIGIOUS COMMUNITY SERVICES (RCS)

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RISE TAMPA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

SAFE PLACE & RAPE CRISIS CENTER OF SARASOTA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - SARASOTA CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - ST. PETERSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - TAMPA AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: SARASOTA FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: SCHOOL DISTRICT OF DESOTO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR FRIENDSHIP CENTERS SARASOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: SENIORS IN SERVICE OF TAMPA BAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

ST. PETERSBURG COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: ST. PETERSBURG FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: STARTING RIGHT NOW

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: SUNCOAST CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

SUNCOAST PARTNERSHIP TO END HOMELESSNESS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

TAMPA BAY ECONOMIC PROSPERITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA BAY NETWORK TO END HUNGER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

TAMPA BAY PARTNERSHIP REGIONAL RESEARCH & EDUCATION FDN

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA CROSSROADS

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA FIREFIGHTERS CHARITY FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA JEWISH FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA LIGHTHOUSE FOR THE BLIND

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA METROPOLITAN AREA YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

TAMPA POLICE MEMORIAL FUND COMMITTEE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF WALKER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC TAMPA BAY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTRE FOR WOMEN, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S HOME INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

Part IV Supplemental Information

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: THE SPRING OF TAMPA BAY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNIDOSNOW, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY OF TAMPA BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY CENTERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNITED FOOD BANK AND SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED METHODIST COOPERATIVE MINISTRIES / SUNCOAST, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER

RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF PASCO COUNTY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE MID-SOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF WEST CENTRAL MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF SOUTH FLORIDA SARASOTA MANATEE

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S RESOURCE CENTER OF MANATEE

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER ST. PETERSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE SUNCOAST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE AND OTHER GRANTS & PROGRAM IMPACT FUNDING

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY SUNCOAST, INC.

Employer identification number
59-3725701

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUZANNE MCCORMICK PRESIDENT & CEO	(i)	227,829.	11,440.	13,829.	10,359.	20,710.	284,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARRIE ZEISSE CHIEF STRATEGY & OPERATING OFFICER	(i)	148,600.	7,679.	507.	6,542.	10,321.	173,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMERY IVERY CHIEF IMPACT OFFICER & TAM	(i)	144,043.	4,295.	1,316.	7,734.	7,055.	164,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEANNE WILLSEY CHIEF MARKETING OFFICER (7/1/18 - 6/	(i)	122,158.	3,839.	258.	5,311.	20,100.	151,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

DEANNA WILLSEY, CHIEF MARKETING OFFICER, RECEIVED A SEVERANCE PAYMENT OF \$29,974 DURING THE FISCAL YEAR.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PAUL REILLY	BOARD MEMBER	72,677.	SEE PART V		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

THE BOARD MEMBER IS THE CEO OF RAYMOND JAMES WHERE UNITED WAY SUNCOAST HAS SEVERAL BROKERAGE ACCOUNTS. THE MARKET BASIS OF THE INVESTMENTS AS OF JUNE 30, 2019 IS \$14,065,856. THE AMOUNT OF THE TRANSACTION REPORTED IN COLUMN (C) ABOVE REPRESENTS INVESTMENT MANAGEMENT FEES PAID TO RAYMOND JAMES DURING THE YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY SUNCOAST, INC.** Employer identification number **59-3725701**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	99	556,350.	STOCK QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

UNITED WAY SUNCOAST, INC.

Employer identification number

59-3725701

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

UNITED WAY SUNCOAST FIGHTS FOR THE EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. WE WORK TO GIVE CHILDREN THE SKILLS TO SUCCEED AND HELP ADULTS ACHIEVE LONG-TERM FINANCIAL STABILITY SO THEY CAN SUPPORT THEMSELVES AND THEIR FAMILIES. THIS WORK IS ACCOMPLISHED BY FOCUSING ON THE FOLLOWING COMMUNITY IMPACT PRIORITIES PRESENTED BELOW.

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

THROUGH OUR INVESTMENT OF \$3.68 MILLION 111,757 LOCAL CHILDREN RECEIVED SUPPORT FROM UNITED WAY TO IMPROVE THEIR EDUCATIONAL OPPORTUNITIES. FOR THE CHILDREN IN SUMMER PROGRAMMING, 86 PERCENT OF 2,892 CHILDREN DID NOT SUFFER SUMMER LEARNING LOSS DUE TO ACCESS TO EDUCATIONAL PROGRAMMING OVER THE SUMMER. IN ADDITION TO AGENCY-BASED PROGRAMS, UNITED WAY SUNCOAST DIRECTLY MANAGES SPECIFIC PROGRAMS FOCUSED ON EARLY LEARNING TO HELP CHILDREN IN THE SUNCOAST REGION SUCCEED:

SUMMER CARE

IN ORDER TO PREVENT LEARNING LOSS OVER THE SUMMER, UNITED WAY SUNCOAST FUNDS \$500,000 IN SCHOLARSHIPS FOR LOW-INCOME CHILDREN TO ATTEND FREE, FULL-TIME, HIGH-QUALITY SUMMER PROGRAMS. ADULT FAMILY MEMBERS OF CHILDREN RECEIVING SCHOLARSHIPS ATTEND EDUCATIONAL WORKSHOPS TO HELP BUILD MORE FINANCIALLY SECURE HOUSEHOLDS. ALL CHILDREN AT THE SUMMER CARE SITES RECEIVE A SUMMER BRIDGE BOOK AND SPEND A MINIMUM OF 30 MINUTES WORKING ON THE CURRICULUM DAILY, WITH SOME STRUGGLING READERS GETTING ADDITIONAL TUTORING SUPPORT. DURING THE SUMMER OF 2019, 734

CHILDREN RECEIVED SCHOLARSHIPS AND 107 CHILDREN WERE REPRESENTED BY

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

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

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PARENTS WHO ATTENDED A FINANCIAL EDUCATION COURSE. 2,391 CHILDREN USED THE SUMMER BRIDGE BOOKS AND 246 RECEIVED INDIVIDUAL TUTORING TO HELP IMPROVE THEIR READING SKILLS.

READINGPALS

READINGPALS IS AN ACADEMIC MENTORING AND TUTORING PROGRAM FOR CHILDREN IN GRADES K-3. THE PROGRAM FOCUSES ON HELPING STRUGGLING READERS EXCEL, TO FOSTER AN APPRECIATION FOR READING IN CHILDREN, AND TO BUILD LITERACY SKILLS. THROUGH READINGPALS, VOLUNTEER READING TUTORS DIRECTLY IMPACT CHILDREN'S ACADEMIC SUCCESS BY SPENDING ONE HOUR EACH WEEK WORKING WITH STUDENTS WHO NEED HELP THE MOST, MAKING SURE THEY HAVE THE BEST CHANCE FOR SUCCESS. IN 2018-2019, 134 VOLUNTEERS SERVED 173 CHILDREN WITH AT LEAST THREE HOURS OF READING (THOUGH MANY DID MORE) AND GAVE THEM 2,737 BOOKS. MANATEE COUNTY ALSO HAS A SIMILAR READINGPALS PROGRAM WHERE 245 CHILDREN WERE SEEN WITH AN ADDITIONAL 2,238 BOOKS GIVEN OUT TO THE COMMUNITY.

MYON

THE MYON PARTNERSHIP PROVIDES ALL CHILDREN FROM BIRTH THROUGH EIGHTH GRADE IN HILLSBOROUGH AND PINELLAS COUNTIES WITH ACCESS TO MORE THAN 10,000 E-BOOKS. THE GOAL OF THE MYON PARTNERSHIP IS TO PROVIDE EACH CHILD IN OUR COMMUNITY WITH EQUITABLE ACCESS TO THE LARGEST COLLECTION OF ENHANCED DIGITAL BOOKS TO ENCOURAGE READING, INCREASE LITERACY RATES, AND PROMOTE LITERACY THROUGHOUT THE REGION.

TALK WITH ME BABY

TWMB IS A PUBLIC ENGAGEMENT CAMPAIGN DESIGNED TO INCREASE THE QUANTITY AND QUALITY OF LANGUAGE DEVELOPMENT IN BABIES BY TRAINING WORKFORCES

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(DOCTORS, NURSES, CHILD CARE, HOME VISITORS, ETC.) TO MODEL TALKING WITH BABIES AND COACHING FAMILIES AND TO DISTRIBUTE MATERIALS AND RESOURCES ABOUT THE IMPORTANCE OF EARLY LANGUAGE DEVELOPMENT. 460 PEOPLE ATTENDED TWMB PRESENTATIONS AND OVER 12,000 MATERIALS WERE DISTRIBUTED.

SUMMERPALS

IN ORDER TO REDUCE SUMMER LEARNING LOSS, THIS PROGRAM IN MANATEE COUNTY RECRUITS AND TRAINS VOLUNTEERS TO READ TO CHILDREN AT THE SCHOOL DISTRICT'S SUMMER FOOD SPOTS AND SENDS BOOKS HOME WITH THE CHILDREN. 269 CHILDREN WERE SERVED AT 3 SITES BY 23 VOLUNTEERS AND 750 BOOKS WERE DISTRIBUTED.

READING ROOMS

IN MANATEE COUNTY, READING ROOMS HAVE BEEN ESTABLISHED TO BRING EDUCATION RESOURCES & PROGRAMS TO WHERE THE MOST VULNERABLE CHILDREN AND FAMILIES LIVE: COMMUNITY HOUSING NEIGHBORHOODS. IN THE SUMMER OF 2019, 43 STUDENTS READ 787 BOOKS OVER THE SUMMER, AND AN ADDITIONAL 1,575 BOOKS WERE GIVEN AWAY.

CAMPAIGN FOR GRADE-LEVEL READING

UNITED WAY IS THE LEAD AGENCY FOR THE SUNCOAST CAMPAIGN FOR GRADE-LEVEL READING IN MANATEE COUNTY, WHERE THROUGH PARTNERSHIP WITH THE SCHOOL DISTRICT AND OTHER NONPROFITS, THE COMMUNITY COMES TOGETHER TO IMPROVE READING RATES. THOUGH THERE IS STILL MORE WORK TO DO, 2016, MANATEE COUNTY HAS SEEN A 4% INCREASE IN THIRD GRADE READING RATES.

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

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MISSION UNITED

THIS IS A GROWING INITIATIVE THAT COORDINATES SERVICES FOR VETERANS AND THEIR FAMILIES IN HILLSBOROUGH COUNTY BY CONNECTING THEM TO RESOURCES THAT OFFER THE OPPORTUNITY TO LIVE FULL AND MEANINGFUL LIVES DURING AND AFTER THEIR TIME IN SERVICE. 435 VETERANS WERE CONNCTED TO SERVICES THROUGH OUR COORDINATED CARE NETWORK, WITH A SIMPLE ENTRY POINT THROUGH THE 2-1-1 HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL LINE.

VOLUNTEER SUPPORT

VOLUNTEERS SUPPORT MUCH OF THE WORK THAT IS DONE BOTH INTERNALLY AT UNITED WAY AS WELL AS EXTERNALLY THROUGH OUR VARIOUS PROGRAMS AND PARTNERS. THROUGH OUR VOLUNTEER RECRUITMENT AND SUPPORT THROUGH THE UNITED WAY HANDSON SUNCOAST PLATFORM, 51,430 HOURS WERE ORGANIZED ACROSS 116 DIFFERENT ORGANIZATIONS. THIS WORK TRANSLATES TO \$1,307,865 OF VOLUNTEER SUPPORT DELIVERED BACK INTO OUR COMMUNITY IN LAST YEAR ALONE.

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

UNITED WAY SUNCOAST FINANCIAL STABILITY STRATEGIES INCLUDE: INCREASE ENROLLMENT IN AND COMPLETION OF DEGREE, CERTIFICATION AND/OR TRAINING PROGRAMS; PROVIDE SUPPORTS TO HELP INDIVIDUALS RETAIN EMPLOYMENT AND ENHANCE THEIR CAREERS; INCREASE FINANCIAL KNOWLEDGE AND SKILLS; CONNECT LOW-INCOME WORKING FAMILIES WITH AFFORDABLE HOUSING; INCREASE AWARENESS OF AVAILABLE INCOME SUPPORTS THROUGH EDUCATION AND OUTREACH EFFORTS; AND IMPROVE PRODUCTS AND SYSTEMS THAT ENABLE LOW-INCOME WORKING FAMILIES TO SAVE.

THROUGH OUR INVESTMENT OF \$1.55 MILLION, 18,661 ADULTS WERE PROVIDED

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PRE-EMPLOYMENT SERVICES AND FINANCIAL EDUCATION SUPPORTS TO HELP MOVE FORWARD ON THE PATH TO FINANCIAL STABILITY. OF THOSE ADULTS WHO TOOK A CERTIFICATION OR LICENSING PROGRAM, 89 PERCENT RECEIVED OR MADE STRONG GROWTH TOWARD THIS LICENSE, INCREASING THE FINANCIAL STABILITY OF THEIR HOUSEHOLD. IN ADDITION TO AGENCY-BASED PROGRAMS, UNITED WAY SUNCOAST DIRECTLY MANAGES SPECIFIC PROGRAMS FOCUSED ON FINANCIAL STABILITY TO HELP FAMILIES IN THE SUNCOAST REGION SUCCEED:

FREE INCOME TAX PREPARATION/VOLUNTEER INCOME TAX ASSISTANCE

UNITED WAY SUNCOAST BELIEVES THAT NO LOW TO MODERATE INCOME HOUSEHOLDS SHOULD PAY SOMEONE TO FILE THEIR TAXES. EACH YEAR, WE HELP RESIDENTS WITH A HOUSEHOLD INCOME OF \$66,000 OR LESS KEEP THEIR HARD EARNED MONEY BY OFFERING FREE INCOME TAX PREPARATION THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM AND THE PROSPERITY CAMPAIGN. DURING THE 2018 TAX YEAR, 19,622 TAX RETURNS WERE PREPARED BY OVER 354 TRAINED VOLUNTEERS THROUGH UNITED WAY'S PROSPERITY CAMPAIGN, A PARTNERSHIP BETWEEN UNITED WAY, HILLSBOROUGH AARP, AND MACDILL AIR FORCE BASE'S AIRMAN AND FAMILY READINESS CENTER. COLLECTIVELY, AT LEAST \$19 MILLION IN REFUNDS WERE GIVEN BACK TO THE COMMUNITY, WHICH HELPED PAY DEBT, SECURE SAFE HOUSING, AND MORE.

INDIVIDUAL DEVELOPMENT ACCOUNTS

UNITED WAY SUNCOAST'S INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) IS A MATCHED SAVINGS ACCOUNT PROGRAM THAT HELPS LOW-INCOME INDIVIDUALS ACHIEVE THEIR GOALS OF BUYING A HOME, ATTENDING SCHOOL OR OPENING A BUSINESS. ELIGIBLE PARTICIPANTS ARE REQUIRED TO SAVE MONEY WHILE ALSO ACQUIRING CRITICAL FINANCIAL EDUCATION AND LONG-TERM MONEY MANAGEMENT SKILLS. FOR FY 2019, 55 INDIVIDUALS COMPLETED THE PROGRAM RESULTING IN \$52,888

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SAVED BY PARTICIPANTS BACKED BY \$71,240 IN MATCHED FUNDS DISTRIBUTED BY
UWS FOR HOME, BUSINESS, AND EDUCATION.

FINANCIAL COACHING

THE UNITED WAY SUNCOAST FINANCIAL COACHING PROGRAM TRAINS AND PARTNERS
VOLUNTEERS WITH INDIVIDUALS WHO ARE READY TO TAKE CONTROL OF THEIR
FINANCIAL SITUATION. IN THE 2019 FISCAL YEAR, 26 INDIVIDUALS WERE
MATCHED WITH A FINANCIAL COACH IN THE TAMPA AREA AND COMPLETED 82
COACHING SESSIONS.

BANK ON SUNCOAST

BANK ON IS A LOCAL COALITION THAT WORKS WITH COMMUNITY STAKEHOLDERS TO
IMPROVE THE FINANCIAL STABILITY OF INDIVIDUALS WHO DO NOT HAVE ANY BANK
ACCOUNTS OR USE ALTERNATIVE FINANCIAL SERVICES, LIKE CHECK CASHING
SERVICES AND PAYDAY LOANS. BANK ON'S GOAL IS TO ENSURE THAT EVERYONE
HAS ACCESS TO SAFE AND AFFORDABLE BANKING PRODUCTS AND SERVICES. 21
FINANCIAL INSTITUTIONS JOINED THE BANK ON COALITION, 1364 PEOPLE
ATTENDED BANK ON EVENTS AND 7 FINANCIAL INSTITUTIONS NOW HAVE BANK ON
APPROVED ACCOUNTS AVAILABLE FOR CONSUMERS.

SULPHUR SPRINGS RESOURCE CENTER

THE SULPHUR SPRINGS RESOURCE CENTER (SSRC) FOCUSES ON WORKFORCE
DEVELOPMENT AND ECONOMIC SUPPORTS FOR AREA RESIDENTS AND HAS BECOME
PART OF THE FABRIC OF THE COMMUNITY IN THE AREA IT REPRESENTS. SINCE
2009, IN COOPERATION WITH COMMUNITY PARTNERS, UNITED WAY SUNCOAST
PROVIDES PROGRAMS AND SERVICES AT THE SSRC TO HELP INDIVIDUALS ACHIEVE
EDUCATIONAL, PROFESSIONAL AND FINANCIAL GOALS. IN 2018-2019, SSRC
SERVED 3,178 PEOPLE IN THE AREAS OF LEGAL ASSISTANCE, FINANCIAL

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EDUCATION, GED INSTRUCTION, WORKFORCE DEVELOPMENT, ETC. SSRC SENT 12 INDIVIDUALS THROUGH WORKFORCE TRAININGS, ASSISTED 12 INDIVIDUALS WITH WORKFORCE DEVELOPMENT AND SOFT SKILLS, AND PLACED ROUGHLY 14 INDIVIDUALS IN JOBS.

CAMPBELL PARK RESOURCE CENTER
SIMILAR WORKFORCE SUPPORTS OCCUR AT CAMPBELL PARK RESOURCE CENTER, LOCATED ON THE SOUTH SIDE OF ST. PETERSBURG. THERE, 570 CLIENTS WERE SEEN BY ALL PROGRAMS, WITH 53 INDIVIDUALS PLACED IN JOBS AND 42 INCREASING THEIR EMPLOYABILITY SKILLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
DONOR DESIGNATED CONTRIBUTIONS: CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC 501(C)(3) AGENCIES.
EXPENSES \$ 2,118,436. INCL GRANTS OF \$ 2,118,436. REVENUE \$ 176,998.

YOUTH SUCCESS
GRADUATING FROM HIGH SCHOOL ON-TIME IS AN ESSENTIAL BUILDING BLOCK FOR FUTURE SUCCESS. UNITED WAY SUNCOAST INVESTS \$857,000 IN ORDER TO SUPPORT OUR STRATEGIES OF INCREASING QUALITY OUT-OF-SCHOOL TIME EXPERIENCES THAT REINFORCE LEARNING, INCREASING PARENTAL INVOLVEMENT AND CONNECTION TO SCHOOLS, EXPOSING YOUTH TO LIFE AND WORKFORCE SKILLS, AND IMPROVING ABSENTEEISM AND TARDINESS IN TARGETED SCHOOLS AND NEIGHBORHOODS. IN ADDITION TO AGENCY-BASED PROGRAMS, UNITED WAY SUNCOAST DIRECTLY MANAGES SPECIFIC PROGRAMS FOCUSED ON YOUTH SUCCESS TO HELP YOUTH IN THE SUNCOAST REGION SUCCEED:

OPERATION GRADUATE

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OPERATION GRADUATE PROVIDES EDUCATIONAL OPPORTUNITIES AND A FOCUS ON LIFE SKILLS TO DEVELOP A FOUNDATION FOR TEENS TO BECOME SUCCESSFUL, CONTRIBUTING MEMBERS OF SOCIETY. THE PROGRAM TARGETS TEENS THAT HAVE BEEN IDENTIFIED AS AT-RISK OR NOT ACHIEVING THEIR FULL POTENTIAL. THIS INCLUDES HIGH SCHOOL STUDENTS WHO ARE IN THE "ACADEMIC MIDDLE" - NOT IN THE HIGHEST OR LOWEST QUARTER OF STUDENTS ACADEMICALLY; MIDDLE AND HIGH SCHOOL STUDENTS THAT ARE BEHIND IN THE NUMBER OF CREDITS NEEDED TO GRADUATE ON TIME; AND MIDDLE AND HIGH SCHOOL STUDENTS THAT WERE RECOMMENDED BY SCHOOL PERSONNEL OR COMMUNITY MEMBERS AS NEEDING SUPPORT AND ACADEMIC TUTORING AFTER SCHOOL TO IMPROVE GRADES. THE PROGRAM HAS THREE TRACKS: DUAL ENROLLMENT, CREDIT RECOVERY, AND TUTORING. IN 2018-2019, 117 STUDENTS WERE SEEN AND 100% OF THE 27 DUAL ENROLLMENT STUDENTS COMPLETED THE PROGRAM AND SUCCESSFULLY GRADUATED ON TIME AND 100% OF THOSE WERE ACCEPTED INTO HIGHER EDUCATION OR THE MILITARY.

FAFSA

COMPLETING THE FREE APPLICATION FOR STUDENT AID (FAFSA) IS THE FIRST STEP IN RECEIVING FEDERAL AID FOR POST-SECONDARY STUDIES. HOWEVER, EVERY YEAR MILLIONS OF THESE DOLLARS GO UNCLAIMED. IN ORDER TO ASSIST STUDENTS AND FAMILIES WITH THEIR ABILITY TO PAY FOR POST-SECONDARY EDUCATION, UNITED WAY SUNCOAST IS FOCUSED ON RECRUITING, TRAINING AND DEPLOYING "FAFSA ASSISTORS" AT FAFSA LABS IN THE HIGH SCHOOLS. IN 2018-2019, 10 VOLUNTEERS WERE TRAINED PROVIDING 34 FAFSA LABS HELD IN PARTNERSHIP WITH LCANS.

EXPENSES \$ 1,314,134. INCLUDING GRANTS OF \$ 480,452. REVENUE \$ 0.

DURING FISCAL YEAR JUNE 30, 2019, UNITED WAY SUNCOAST PARTNERED WITH FOUNDATION FOR HEALTHY ST. PETERSBURG AND PINELLAS COUNTY JUVENILE

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WELFARE BOARD TO CREATE UNITE PINELLAS. UNITE PINELLAS IS A COLLECTIVE OF ORGANIZATIONS UNITED IN A COMMON MISSION TO INCREASE INCOME AND RACE EQUITY THROUGH COUNTYWIDE SYSTEMS CHANGE. UNITE PINELLAS FOCUSES ON POLICY SOLUTIONS AS A PART OF A CONTINUUM OF MANY PEOPLE AND ORGANIZATIONS WHO HAVE A LONG HISTORY OF WORKING FOR FAIRNESS AND JUSTICE.

UNITE PINELLAS DEVELOPED AN EQUITY PROFILE THAT WILL BE USED OVER THE NEXT 12 TO 24 MONTHS TO HELP PINPOINT SOME AREAS THAT DESERVE MORE DETAILED EXAMINATION RELATED TO POLICIES, INSTITUTIONAL PRACTICES, AND NARRATIVES. PEOPLE MOST IMPACTED BY THOSE ISSUES, IN CONCERT WITH POLICY AND PRACTICE SPECIALISTS, WILL DEVELOP SOLUTIONS AND INFLUENCE THEIR ADOPTION. THE NONPROFIT, PHILANTHROPIC AND GOVERNMENTAL SECTORS WILL BE ENCOURAGED TO INCREASE THE LEVEL OF DIVERSITY AND INCLUSION WITHIN THEIR ORGANIZATIONS CODIFIED BY SPECIFIC POLICIES.

EXPENSES \$ 23,872. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION HAS THREE CLASSES OF MEMBERS: THE MEMBERS OF THE MANATEE AREA BOARD (MANATEE MEMBERS), THE MEMBERS OF THE SARASOTA AREA BOARD (SARASOTA MEMBERS), AND THE MEMBERS OF THE TAMPA BAY AREA BOARD (TAMPA BAY MEMBERS). EACH AREA BOARD SHALL CONSIST OF NOT LESS THAN 9 AND NOT MORE THAN 25 MEMBERS. THE PURPOSES OF EACH AREA BOARD ARE: (A) TO LEAD FUNDRAISING IN THE COUNTIES APPLICABLE TO SUCH AREA BOARD; (B) TO HAVE A SUBSTANTIAL ROLE WITH RESPECT TO THE ALLOCATION OF FUNDS RAISED WITH RESPECT TO SUCH COUNTIES TO AGENCIES AND INITIATIVES LOCATED IN SUCH COUNTIES; (C) TO APPOINT THE MEMBERS OF SUCH AREA BOARD; AND (D) TO APPOINT CERTAIN INDIVIDUALS TO THE BOARD OF DIRECTORS OF THE CORPORATION.

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EACH AREA BOARD SHALL MEET SEPARATELY NOT LESS THAN FOUR TIMES PER YEAR.
ONE OF SUCH MEETINGS SHALL BE AN ANNUAL MEETING. AT EACH ANNUAL MEETING OF
AN AREA BOARD, THE MEMBERS OF THE AREA BOARD SHALL ELECT A CHAIR, VICE
CHAIR, AND SECRETARY.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH AREA BOARD SHALL SUBMIT TO THE BOARD OF DIRECTORS OF THE CORPORATION,
NOT EARLIER THAN 90 DAYS, AND NOT LATER THAN 30 DAYS, BEFORE THE DATE OF
EACH ANNUAL MEETING OF THE BOARD OF DIRECTORS, THE NAME OF ANY INDIVIDUAL
WHOM SUCH AREA BOARD WISHES TO ELECT TO THE BOARD OF DIRECTORS OF THE
CORPORATION AT SUCH ANNUAL MEETING. SUCH INDIVIDUAL SHALL BE DEEMED ELECTED
TO THE BOARD OF DIRECTORS OF THE CORPORATION AT SUCH ANNUAL MEETING UNLESS
SUCH ELECTION IS VETOED BY A VOTE OF NOT LESS THAN TWO-THIRDS OF THE ENTIRE
BOARD OF DIRECTORS. WITHIN 10 DAYS AFTER ANY SUCH VETO, THE AREA BOARD
WHOSE ELECTION WAS VETOED MAY SUBMIT TO THE BOARD OF DIRECTORS THE NAME OF
ANOTHER INDIVIDUAL WHOM THE AREA BOARD PROPOSES TO ELECT TO THE BOARD OF
DIRECTORS INSTEAD OF THE INDIVIDUAL WHO WAS VETOED, AND SUCH OTHER
INDIVIDUAL WILL BECOME A MEMBER OF THE BOARD OF DIRECTORS UNLESS, AT OR
BEFORE THE NEXT REGULARLY SCHEDULED MEETING OF THE BOARD OF DIRECTORS, SUCH
OTHER INDIVIDUAL'S ELECTION IS VETOED BY THE VOTE OF NOT LESS THAN
TWO-THIRDS OF THE ENTIRE BOARD OF DIRECTORS. THE APPLICABLE AREA BOARD
SHALL CONTINUE TO SUBMIT THE NAMES OF INDIVIDUALS PURSUANT TO THE PROCESS
DESCRIBED ABOVE UNTIL AN INDIVIDUAL IS NOT VETOED BY THE BOARD OF
DIRECTORS. ANY VETOES SHALL BE FINAL AND BINDING ON THE AREA BOARD AND EACH
INDIVIDUAL WHO WAS VETOED.

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

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THE ORGANIZATION HAS AN INDEPENDENT AUDIT AND ETHICS COMMITTEE IN ADDITION TO A FINANCE COMMITTEE. BOTH COMMITTEES ARE MANDATED BY THE ORGANIZATION'S BYLAWS TO SELECT THE AUDIT AND TAX FIRM AND REVIEW AND APPROVAL OF THE FORM 990. THIS IS DONE IN A FULL MEETING WHERE MEMBERS ARE ABLE TO ASK QUESTIONS OF BOTH STAFF AND THE TAX PREPARER. THE FORM 990 IS THEN SENT TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE SUBMITTED TO THE IRS FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO COMPLETE AND SUBMIT A SIGNED CONFLICT OF INTEREST FORM TO THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE REVIEWS ALL SUBMISSIONS AND, IF NECESSARY, FOLLOWS UP WITH ANY POSSIBLE CONFLICTS. ANY MEMBERS WITH CONFLICTS MUST RECUSE THEMSELVES FROM ANY RELATED ACTION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HAS APPOINTED AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE, CHAIRED BY A BOARD MEMBER AND INCLUDING BOARD AND NON-BOARD MEMBERS WITH VARYING EXPERTISE IN EXECUTIVE COMPENSATION MATTERS. A SCHEDULE OF ACTIVITIES IS CREATED AT THE BEGINNING OF THE YEAR OUTLINING THE COMMITTEE'S TIMELINE FOR ENSURING PERFORMANCE REVIEW, COMPENSATION DATA REVIEW, AND INDEPENDENT DECISION-MAKING ON RELATED ISSUES. THIS SCHEDULE IS PROVIDED TO THE BOARD FOR THEIR INFORMATION AND REGULAR REPORTS ARE MADE TO THE BOARD IN EXECUTIVE SESSION AS NEEDED.

THE BOARD CHAIR, WITH INPUT FROM THE MEMBERS OF THE EXECUTIVE COMMITTEE AND BOARD, CONDUCTS THE PERFORMANCE REVIEW IN JULY OF EACH CALENDAR YEAR FOR ALL EXECUTIVE LEVEL STAFF, WHICH INCLUDE THE CEO, COO, AREA PRESIDENTS, AND CDO. THE RESULTS OF THE REVIEW ARE SHARED WITH THE INDIVIDUAL, DOCUMENTED

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FOR THE PERSONNEL FILE, AND REPORTED TO THE BOARD IN EXECUTIVE SESSION AT ITS NEXT REGULAR MEETING.

THE EXECUTIVE COMPENSATION COMMITTEE REGULARLY REVIEWS COMPENSATION COMPARABILITY DATA. AT LEAST EVERY THREE YEARS, THE COMMITTEE CONTRACTS WITH AN OUTSIDE, INDEPENDENT CONTRACTOR TO CONDUCT A THOROUGH COMPENSATION COMPARABILITY ANALYSIS (LAST DONE IN 2016). THE ANNUAL SALARY AND TOTAL COMPENSATION FOR THE CEO AND COO, ARE DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE, REPORTED TO THE BOARD, AND DOCUMENTED IN BOARD MINUTES.

THE CEO PRESENTS THE RECOMMENDED SALARY AND TOTAL BENEFIT COMPENSATION FOR OTHER KEY EXECUTIVES ANNUALLY TO THE EXECUTIVE COMPENSATION COMMITTEE FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, ANNUAL REPORT, AND ITS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII

AT THE BEGINNING OF 2018, UNITED WAY SUNCOAST (UWS), FOUNDATION OF HEALTHY ST PETE (FHSP) AND JUVENILE WELFARE BOARD (JWB) PARTNERED TO CREATE UNITE PINELLAS, A COMMUNITY COLLABORATION PROGRAM. THE MAJORITY OF FUNDING FOR THIS COLLABORATION COMES FROM FHSP AND JWB WITH A MINOR AMOUNT COMING FROM UWS. UWS ACTS AS THE FISCAL AGENT FOR THIS PROGRAM AND THUS, THE UWS FINANCE DEPARTMENT PROCESSES UNITE PINELLAS PAYROLL,

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PAYABLES AND DOES THE FINANCIAL REPORTING. UNITE PINELLAS IS INCLUDED IN UWS'S BOOKS, HOWEVER ACTS COMPLETELY INDEPENDENT FROM UWS. TIMOTHY DUTTON'S OFFICIAL TITLE IS CEO OF UNITE PINELLAS AND HE REPORTS TO THE CEO'S OF THE 3 ORGANIZATIONS. SINCE UWS PROCESSES THE PAYROLL FOR UNITE PINELLAS, TIMOTHY DUTTON'S COMPENSATION IS REPORTED ON UWS'S RETURN ALTHOUGH THE MAJORITY OF IT IS REIMBURSED BY FHSP AND JWB.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CSV OF LIFE INSURANCE	-4,832.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-35,146.
PROVISION FOR UNCOLLECTIBLE PLEDGES	-1,424,883.
TOTAL TO FORM 990, PART XI, LINE 9	-1,464,861.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S AUDIT & ETHICS COMMITTEE (THE COMMITTEE) IS RESPONSIBLE FOR ASSISTING THE BOARD OF DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES. AMONG THE RESPONSIBILITIES OF THE COMMITTEE IS THE OVERSIGHT OF THE INTEGRITY OF THE ORGANIZATION'S FINANCIAL ACCOUNTING PROCESSES AND SYSTEMS OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING AND USE OF ASSETS; THE INDEPENDENCE AND PERFORMANCE OF THE INDEPENDENT AUDITORS AND STAFF WITH FINANCE RESPONSIBILITIES; AND THE AUDITOR SELECTION PROCESS.

IN RELATION TO THE ANNUAL AUDIT, THE COMMITTEE:

-MEETS IN EXECUTIVE SESSION WITH THE INDEPENDENT AUDITORS
-OBTAINS A FORMAL STATEMENT FROM THE AUDITORS ANNUALLY REGARDING THEIR INDEPENDENCE

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-OBTAINS A REPORT ANNUALLY REGARDING THE AUDITORS' QUALITY CONTROL PROCEDURES AND ANY REPORT ISSUED AS A RESULT OF A QUALITY CONTROL REVIEW OF THE AUDITORS

-OBTAINS AND REVIEWS ANY SIGNIFICANT CORRECTING AUDIT ADJUSTMENTS OR PASSED CORRECTING AUDIT ADJUSTMENTS

-REVIEWS THE DISPOSITION OF ANY MANAGEMENT LETTER COMMENTS, INTERNAL CONTROL AND/OR FRAUD RELATED MATTERS THAT ARISE DURING THE COURSE OF THE ANNUAL AUDIT

-PRE-APPROVES ALL NON-AUDIT SERVICES (OTHER THAN 990 AND 5500 PREPARATION)

-REVIEWS AND DISCUSSES WITH MANAGEMENT AND THE INDEPENDENT AUDITOR ALL CRITICAL ACCOUNTING POLICIES

-REQUIRES THE INDEPENDENT AUDITING FIRM TO ROTATE AUDIT MANAGER EVERY 3-5 YEARS

-REVIEWS ANNUALLY THE FORM 990 PRIOR TO FILING AND ENSURES THE CEO AND COO HAVE CERTIFIED THE CONTENTS OF THE FORM

-PROVIDES AN AVENUE OF COMMUNICATION AMONG THE ORGANIZATION'S INDEPENDENT AUDITORS, MANAGEMENT, STAFF, AND THE BOARD OF DIRECTORS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

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Name of the organization **UNITED WAY SUNCOAST, INC.** Employer identification number **59-3725701**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY FOUNDATION OF MANATEE COUNTY - 65-0836972, 5201 W KENNEDY BLVD SUITE 600, TAMPA, FL 33609	INCREASE AWARENESS OF UNITED WAY SUNCOAST, INC.	FLORIDA	501(C)(3)	LINE 12A, I			X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AN IRREVOCABLE TRUST C/O RAYMOND JAMES TRUST CO - 880 CARILLON PKW ST PETERSBURG, FL 33716	CHARITABLE REMAINDER UNITRUST	FL	N/A	TRUST	N/A	N/A	N/A		X
A FAMILY CHARITABLE REMAINDER TRUST C/O UNITED WAY SUNCOAST - 5201 W KENNEDY BLVD TAMPA, FL 33609	CHARITABLE REMAINDER UNITRUST	FL	N/A	TRUST	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

