

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

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**PREPARED FOR:**

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

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**PREPARED BY:**

CBIZ MHM, LLC  
140 FOUNTAIN PKWY N, STE 410  
ST. PETERSBURG, FL 33716

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**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 16, 2022.

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. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**UNITED WAY SUNCOAST, INC.**

**59-3725701**

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>40,544,184.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

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.

**50465100222**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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** (2020)

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)

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY SUNCOAST, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5201 W KENNEDY BLVD 600</b> City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33609</b> <b>F</b> Name and address of principal officer: <b>JESSICA MUROFF</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>59-3725701</b> <b>E</b> Telephone number <b>(813) 274-0900</b> <b>G</b> Gross receipts \$ <b>45,638,288.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYSUNCOAST.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2001</b>
<b>M</b> State of legal domicile: <b>FL</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE LEADERSHIP THAT IMPROVES LIVES AND CREATES LASTING COMMUNITY CHANGE</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>84</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3675</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>18,979,073.</b>	<b>38,846,249.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>351,574.</b>	<b>217,475.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,192,543.</b>	<b>1,480,251.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>602.</b>	<b>209.</b>
<b>12</b>			<b>20,523,792.</b>	<b>40,544,184.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,413,261.</b>	<b>10,831,400.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,531,730.</b>	<b>5,652,820.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,116,454.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,945,506.</b>	<b>3,129,352.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>19,890,497.</b>	<b>19,613,572.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>633,295.</b>	<b>20,930,612.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>44,526,386.</b>	<b>69,244,541.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>9,747,774.</b>	<b>9,561,048.</b>
	<b>22</b>		<b>34,778,612.</b>	<b>59,683,493.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JESSICA MUROFF, CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAUL DUNHAM</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00100222</b>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Firm's EIN ▶ <b>27-3605969</b>			
	Firm's address ▶ <b>140 FOUNTAIN PKWY N, STE 410 ST. PETERSBURG, FL 33716</b>		Phone no. <b>727-572-1400</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE LEADERSHIP THAT IMPROVES LIVES AND CREATES LASTING COMMUNITY CHANGE BY MOBILIZING THE CARING PEOPLE OF OUR COMMUNITIES TO GIVE, ADVOCATE, AND VOLUNTEER. (CONTINUED ON 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? [X] Yes [ ] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,368,524. including grants of \$ 4,540,473. ) (Revenue \$ ) EARLY LEARNING: EARLY LEARNING 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 FOCUSES ON IMPROVING SCHOOL READINESS AND EARLY GRADE READING SKILLS FOR CHILDREN IN THE REGION. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 2,592,990. including grants of \$ 813,873. ) (Revenue \$ 80,974. ) SUPPORT SERVICES: A NETWORK OF SERVICES IS PROVIDED TO HELP INDIVIDUALS/FAMILIES MOVE PAST IMMEDIATE NEEDS TO FULLY PARTICIPATE IN UNITED WAY SUNCOAST'S PRIORITY AREAS OF EARLY LEARNING, YOUTH SUCCESS AND FINANCIAL STABILITY. PROGRAMS INCLUDE SCREENINGS AND TREATMENT OF DENTAL, VISION, AND ASTHMA ISSUES FOR CHILDREN; ACCESS TO IDENTIFIED LEGAL SUPPORTS FOR ADULTS, NUTRITION AND FOOD ASSISTANCE, AND INFORMATION/REFERRAL SERVICES. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 4,214,917. including grants of \$ 3,377,863. ) (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 on Schedule O.) (Expenses \$ 2,891,258. including grants of \$ 2,099,191. ) (Revenue \$ 136,501. )

4e Total program service expenses 15,067,689.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 donor-restricted endowments or in 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
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 27	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		84
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	N/A
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	N/A
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	N/A
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 24		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 **DANIELLE LONG, VP FINANCE - (813) 274-0930**  
**5201 W KENNEDY BLVD, STE 600, TAMPA, FL 33609**

**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. See instructions for the order in which to list the persons above.

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) JESSICA MUROFF PRESIDENT & CEO	45.00 1.00			X			205,811.	0.	7,345.	
(2) TIMOTHY DUTTON CEO UNITE PINELLAS	45.00 0.00					X	152,655.	0.	17,485.	
(3) EMERY IVERY CHIEF IMPACT OFFICER	45.00 0.00				X		154,802.	0.	13,070.	
(4) M. BRONWYN BEIGHTOL MANATEE AREA PRESIDENT	45.00 0.00					X	123,881.	0.	18,073.	
(5) BEMETRA SIMMONS CHIEF STRATEGY & OPERATIONS	45.00 0.00			X			131,179.	0.	957.	
(6) DALLAS SMITH JR. VP INFORMATION TECHNOLOGY	45.00 0.00					X	115,148.	0.	16,357.	
(7) JAN RESCH VP MAJOR GIFTS	45.00 0.00					X	109,664.	0.	11,678.	
(8) GAIL NURSEY CHIEF DEVELOPMENT OFFICER	45.00 0.00					X	103,028.	0.	4,391.	
(9) BRIAN DEMING CHAIR	1.00 0.00	X					0.	0.	0.	
(10) DAN VIGNE IMMEDIATE PAST CHAIR	1.00 0.00	X					0.	0.	0.	
(11) DAVID PIZZO VICE CHAIR	0.50 0.00	X					0.	0.	0.	
(12) KIMBERLY HOPPER SECRETARY	0.50 0.00	X					0.	0.	0.	
(13) TRACI LARSEN (1/1/21-6/30/21) TREASURER/FINANCE CHAIR	1.00 0.00	X					0.	0.	0.	
(14) DAVID WALKER (7/1/20-12/31/20) PAST TREASURER/FINANCE CHAIR	1.00 0.00	X					0.	0.	0.	
(15) LORI BAGGETT DIRECTOR (8/26/20-6/30/21)	0.25 0.00	X					0.	0.	0.	
(16) ERIC BAILEY DIRECTOR	0.25 0.00	X					0.	0.	0.	
(17) MELVA MCKAY BASS DIRECTOR (1/1/21-6/30/21)	0.25 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) JAMES CAMP DIRECTOR (1/1/21-6/30/21)	0.25 0.00	X						0.	0.	0.
(19) SCOTT CURTIS DIRECTOR	0.25 0.00	X						0.	0.	0.
(20) JACKI DEZELSKI DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) RAE DOWLING DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) J.P. DU BUQUE DIRECTOR (1/1/21-6/30/21)	0.25 0.00	X						0.	0.	0.
(23) JAMIE EGASTI DIRECTOR (1/1/21-6/30/21)	0.50 0.00	X						0.	0.	0.
(24) MARK FERNANDEZ DIRECTOR	0.25 0.00	X						0.	0.	0.
(25) ESTELLA GRAY DIRECTOR	0.50 0.00	X						0.	0.	0.
(26) BILL MERRILL DIRECTOR	0.25 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,096,168.	0.	89,356.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,096,168.	0.	89,356.

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 **10**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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
UPIC SOLUTIONS, 334 BEECHWOOD RD, STE 403, FORT MITCHELL, KY 41017	IT DATA HOSTING SERVICES & SUPPORT	233,482.
CLIFTON LARSON ALLEN LLP, 201 N FRANKLIN ST, STE 2500, TAMPA, FL 33602	INTERIM ACCOUNTING SERVICES	127,587.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like BECKY PICKETT, JULIO RAMIREZ, THAIS RODRIGUEZ-CAEZ, etc.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	35,517.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,389,878.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	37,420,854.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 307,010.				
	<b>h Total.</b> Add lines 1a-1f .....			38,846,249.			
Program Service Revenue	<b>2 a</b> SERVICE FEES	Business Code					
		561110	136,501.	136,501.			
	<b>b</b> FUNDRAISING FEES	561110	80,974.	80,974.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			217,475.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		510,672.			510,672.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	6,008,216.	55,467.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,075,818.	18,286.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	932,398.	37,181.			
<b>d</b> Net gain or (loss) .....			969,579.		969,579.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....	624190	209.			209.	
	<b>e Total.</b> Add lines 11a-11d .....		209.				
<b>12 Total revenue.</b> See instructions .....			40,544,184.	217,475.	0.	1,480,460.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,762,900.	10,762,900.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	68,500.	68,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	548,558.	322,137.	155,470.	70,951.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,111,552.	2,089,351.	792,387.	1,229,814.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,198.	44,096.	17,433.	30,669.
<b>9</b> Other employee benefits	470,603.	273,731.	54,711.	142,161.
<b>10</b> Payroll taxes	429,909.	240,637.	55,450.	133,822.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	22,420.	10,211.	11,070.	1,139.
<b>c</b> Accounting	64,620.	31,478.	16,332.	16,810.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	150,032.		150,032.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	322,843.	97,002.	208,291.	17,550.
<b>12</b> Advertising and promotion	398,040.	3,827.	392,412.	1,801.
<b>13</b> Office expenses	372,007.	222,493.	110,801.	38,713.
<b>14</b> Information technology	583,648.	321,371.	145,485.	116,792.
<b>15</b> Royalties				
<b>16</b> Occupancy	673,782.	345,299.	140,365.	188,118.
<b>17</b> Travel	10,148.	5,092.	2,438.	2,618.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	39,732.	3,372.	35,027.	1,333.
<b>20</b> Interest	16,672.	454.	15,952.	266.
<b>21</b> Payments to affiliates	260,165.	124,972.	58,618.	76,575.
<b>22</b> Depreciation, depletion, and amortization	140,148.	75,157.	31,380.	33,611.
<b>23</b> Insurance	47,759.	25,072.	9,421.	13,266.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	27,336.	537.	26,354.	445.
<b>25</b> Total functional expenses. Add lines 1 through 24e	19,613,572.	15,067,689.	2,429,429.	2,116,454.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,331,985.	<b>1</b>	23,808,798.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	5,558,699.	<b>3</b>	7,187,384.
	<b>4</b> Accounts receivable, net .....	258,658.	<b>4</b>	253,333.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	123,780.	<b>9</b>	84,159.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,151,523.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,548,288.	<b>10c</b>	1,603,235.
	<b>11</b> Investments - publicly traded securities .....	23,856,180.	<b>11</b>	29,103,358.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,822,435.	<b>15</b>	7,204,274.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	44,526,386.	<b>16</b>	69,244,541.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,137,465.	<b>17</b>	1,041,386.
	<b>18</b> Grants payable .....	6,785,870.	<b>18</b>	7,591,109.
	<b>19</b> Deferred revenue .....	420,344.	<b>19</b>	470,807.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,030,500.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	373,595.	<b>25</b>	457,746.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,747,774.	<b>26</b>	9,561,048.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	24,728,616.	<b>27</b>	47,552,234.
	<b>28</b> Net assets with donor restrictions .....	10,049,996.	<b>28</b>	12,131,259.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	34,778,612.	<b>32</b>	59,683,493.
<b>33</b> Total liabilities and net assets/fund balances .....	44,526,386.	<b>33</b>	69,244,541.	

**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	40,544,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,613,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,930,612.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,778,612.
5	Net unrealized gains (losses) on investments	5	5,504,301.
6	Donated services and use of facilities	6	-14,955.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,515,077.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	59,683,493.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



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

OMB No. 1545-0047

**2020**

**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		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21834685.	25664942.	20619892.	18979073.	38846249.	125944841
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21834685.	25664942.	20619892.	18979073.	38846249.	125944841
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						35059758.
<b>6 Public support.</b> Subtract line 5 from line 4.						90885083.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	21834685.	25664942.	20619892.	18979073.	38846249.	125944841
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	477,819.	501,833.	560,895.	600,396.	510,672.	2651615.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,677.					3,677.
<b>11 Total support.</b> Add lines 7 through 10						128600133
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,961,535.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	70.67 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	64.82 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

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

OMB No. 1545-0047

**2020**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>20,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>5,601,409.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,211,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,031,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,030,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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](http://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 <b>UNITED WAY SUNCOAST, INC.</b>	Employer identification number <b>59-3725701</b>
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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) 2020**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....		19,613,572.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		19,613,572.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	65,400.	5,700.			71,100.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	62,900.				62,900.

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**  
**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 (for example, 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 FASB 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 FASB 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 FASB 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 make 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 program
  - 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	24,484,184.	24,105,009.	23,218,425.	19,296,126.	17,838,781.
b Contributions	57,999.	41,374.	446,975.	4,074,144.	40,726.
c Net investment earnings, gains, and losses	6,212,365.	801,501.	1,213,999.	1,584,361.	1,868,019.
d Grants or scholarships					
e Other expenditures for facilities and programs	901,203.	463,700.	774,390.	1,736,206.	451,400.
f Administrative expenses					
g End of year balance	29,853,345.	24,484,184.	24,105,009.	23,218,425.	19,296,126.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  67.8677 %
  - b Permanent endowment  12.5011 %
  - c Term endowment  19.6312 %
- 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		1,332,835.	422,833.	910,002.
c Leasehold improvements		1,008,550.	947,082.	61,468.
d Equipment		1,423,893.	1,178,373.	245,520.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,603,235.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	32,783.
(2) CASH SURRENDER VALUE - LIFE INSURANCE	85,618.
(3) GIFTED FACILITY	46,186.
(4) COMMUNITY FOUNDATION INVESTMENTS	7,039,687.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,204,274.

**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	182,156.
(3) CAPITAL LEASE OBLIGATIONS	174,921.
(4) OBLIGATION UNDER REMAINDER TRUST	
(5) AGREEMENT	51,473.
(6) DEFERRED LEASE INCENTIVE	49,196.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	457,746.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	41,613,305.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	5,504,301.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,228.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,516,049.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,989,480.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	37,623,825.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	150,032.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,770,327.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,920,359.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	40,544,184.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	17,777,077.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	16,183.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	16,183.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,760,894.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	150,032.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,702,646.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,852,678.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	19,613,572.

**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 TOPIC 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, 2018 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES	-1,526,720.
CHANGE IN CSV OF LIFE INSURANCE	10,671.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,516,049.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	1,702,646.
GAIN ON SALE OF ASSETS	37,181.
GAIN ON FORGIVENESS OF PPP LOAN	1,030,500.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,770,327.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	1,702,646.
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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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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
BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 E BAY DR STE 103 CLEARWATER, FL 33764	59-1566799	501(C)(3)	394,689.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HEART OF FLORIDA UNITED WAY, INC 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)(3)	293,316.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BIG BROTHERS BIG SISTERS - TAMPA BAY - 4630 WOODLAND CORPORATE BLVD STE 160 - TAMPA, FL 33614	59-2173085	501(C)(3)	280,453.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOYS & GIRLS CLUBS OF TAMPA BAY 1307 N MACDILL AVE TAMPA, FL 33607	59-0624368	501(C)(3)	273,777.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BAY AREA LEGAL SERVICES, INC 1302 N 19TH ST SUITE 400 TAMPA, FL 33605	59-1171886	501(C)(3)	225,132.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501(C)(3)	214,528.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **136.**

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

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Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FEEDING AMERICA TAMPA BAY 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	59-2116576	501(C)(3)	214,432.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
JEWISH FAMILY & CHILDREN'S SERVICE OF THE SUNCOAST - 2688 FRUITVILLE RD - SARASOTA, FL 34237	59-2693318	501(C)(3)	195,919.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS COUNTY URBAN LEAGUE, INC. 333 31ST ST N ST. PETERSBURG, FL 33713	59-1665523	501(C)(3)	186,238.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CORPORATION TO DEVELOP COMMUNITIES OF TAMPA, INC - 1907 E HILLSBOROUGH AVE STE 100 - TAMPA, FL 33610	59-3150608	501(C)(3)	181,385.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
REDLANDS CHRISTIAN MIGRANT ASSOCIATION (RCMA) - 402 W MAIN ST - IMMOKALEE, FL 34142	59-1221966	501(C)(3)	168,786.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
METROPOLITAN MINISTRIES 2002 N FLORIDA AVE TAMPA, FL 33602	59-1477007	501(C)(3)	162,951.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA FAMILY HEALTH CENTERS, INC. PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	161,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG - 1213 16TH ST N - ST. PETERSBURG, FL 33705	59-0875805	501(C)(3)	153,423.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CHILDREN FIRST, INC. 1723 N ORANGE AVE SARASOTA, FL 34234	59-0968249	501(C)(3)	150,648.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PINELLAS EX OFFENDER RE ENTRY COALITION - 12810 US HWY 19N - CLEARWATER, FL 33764	59-3643636	501(C)(3)	150,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HOMELESS EMERGENCY PROJECT 1120 N BETTY LN CLEARWATER, FL 33755	59-2729694	501(C)(3)	147,196.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GULF COAST LEGAL SERVICES INC ATTN: OPERATIONS COORDINATOR ST. PETERSBURG, FL 33701	59-1882749	501(C)(3)	144,135.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES - 14041 ICOT BLVD - CLEARWATER, FL 33760	59-1229354	501(C)(3)	142,953.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SUNCOAST VOICES FOR CHILDREN FOUNDATION - 8550 ULMERTON ROAD, SUITE 255 - LARGO, FL 33771	20-1133518	501(C)(3)	140,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
AMSKILLS, INC. 7825 CAMPUS DR, BUILDING 6 NEW PORT RICHEY, FL 34653	82-3888203	501(C)(3)	140,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SUNRISE CHILDREN'S SERVICES 2215 E HENRY AVE TAMPA, FL 33610	59-0714818	501(C)(3)	135,827.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
A BRIGHTER COMMUNITY, INC. 1613 MARION ST TAMPA, FL 33602	59-0624453	501(C)(3)	131,703.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE SHIRLEY PROCTOR PULLER FOUNDATION - 4133 CORTEZ WAY S - ST. PETERSBURG, FL 33712	46-4930592	501(C)(3)	131,685.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION, INC. - 14013 N 22ND STREET - TAMPA, FL 33613	31-1624121	501(C)(3)	125,264.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ST. PETERSBURG COLLEGE FOUNDATION, INC. - 6021 142ND AVE N - ST. PETERSBURG, FL 33733	59-1954362	501(C)(3)	124,629.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
211 TAMPA BAY CARES, INC. 14155 58TH ST N STE 211 CLEARWATER, FL 33760	59-3355555	501(C)(3)	123,477.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE TAMPA, FL 33602	59-1742909	501(C)(3)	117,730.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOYS & GIRLS CLUBS OF SARASOTA COUNTY - 3100 FRUITVILLE RD - SARASOTA, FL 34237	59-6211876	501(C)(3)	114,709.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY LEARNING COALITION OF SARASOTA COUNTY, INC. - 1750 17TH ST BLDG L - SARASOTA, FL 34234	65-1110174	501(C)(3)	113,434.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
FRIENDS OF THE CHILDREN, TAMPA BAY 2655 ULMERTON RD CLEARWATER, FL 33762	82-5141973	501(C)(3)	104,779.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES - PEMHS - 11254 58TH ST N - PINELLAS PARK, FL 33782	59-3153549	501(C)(3)	103,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CHAMPIONS FOR CHILDREN 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501(C)(3)	102,986.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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R'CLUB CHILD CARE - HAPPY WORKERS LEARNING CENTER - 920 19TH ST S - ST. PETERSBURG, FL 33712	27-4826221	501(C)(3)	100,531.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ALLIANCE FOR PUBLIC SCHOOLS FOUNDATION - 5810 FALCONCREEK PL - LITHIA, FL 33547	45-5598673	501(C)(3)	100,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
FLORIDA DREAM CENTER 4017 56TH AVE N ST. PETERSBURG, FL 33714	46-0663472	501(C)(3)	97,910.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ST. PETERSBURG FREE CLINIC 863 3RD AVE N ST. PETERSBURG, FL 33701	23-7208280	501(C)(3)	91,940.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
STARTING RIGHT NOW 1212 W CASS ST TAMPA, FL 33606	26-3725699	501(C)(3)	85,714.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE CHILDREN'S HOME NETWORK INC. 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501(C)(3)	85,688.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PACE CENTER FOR GIRLS - HILLSBOROUGH - 1933 E HILLSBOROUGH AVE STE 300 - TAMPA, FL 33610	59-2414492	501(C)(3)	83,610.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HISPANIC SERVICES COUNCIL 7825 N DALE MABRY HWY SUITE 102 TAMPA, FL 33614	59-3198934	501(C)(3)	80,011.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SAFE CHILDREN COALITION, INC. 1500 INDEPENDENCE BLVD, SUITE #210 SARASOTA, FL 34234	59-1618413	501(C)(3)	75,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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TAMPA BAY WORKFORCE ALLIANCE INC. DBA CAREERSOURCE TAMPA BAY - 4902 EISENHOWER BLVD., SUITE 250 - TAMPA, FL 33634	59-3655316	501(C)(3)	75,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ENTERPRISING LATINAS, INC. 18238 US HWY 301 WIMAUMA, FL 33598	27-1247381	501(C)(3)	75,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SUNCOAST CENTER 4024 CENTRAL AVE ST. PETERSBURG, FL 33711	59-2092717	501(C)(3)	72,280.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SENIORS IN SERVICE OF TAMPA BAY, INC. - 1306 W SLIGH AVE - TAMPA, FL 33604	59-2422975	501(C)(3)	67,331.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS COUNTY SCHOOLS PO BOX 2942 LARGO, FL 33779	59-6000799	501(C)(3)	64,062.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GIRLS INCORPORATED OF PINELLAS 7700 61ST ST N PINELLAS PARK, FL 33781	59-0970201	501(C)(3)	63,393.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY - 6800 N DALE MABRY HWY SUITE 158 - TAMPA, FL 33614	59-3626765	501(C)(3)	62,829.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
DEVEREUX FOUNDATION, INC. 5850 T. G. LEE BLVD., SUITE 400 ORLANDO, FL 32822	23-1390618	501(C)(3)	62,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GLASSER/SCHOENBAUM HUMAN SERVICES CENTER - 1750 17TH STREET, BLDG J-1 - SARASOTA, FL 34234	59-2707877	501(C)(3)	60,964.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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EARLY LEARNING COALITION OF MANATEE COUNTY - 600 8TH AVE W STE 100 - PALMETTO, FL 34221	65-0811318	501(C)(3)	60,882.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
RELIGIOUS COMMUNITY SERVICES (RCS) 503 S MARTIN LUTHER KING JR AVE CLEARWATER, FL 33756	59-1309186	501(C)(3)	59,742.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
YMCA OF THE SUNCOAST, INC. 2469 ENTERPRISE RD CLEARWATER, FL 33763	59-0810731	501(C)(3)	57,573.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED FOOD BANK AND SERVICES 702 E ALSOBROOK ST SUITE H PLANT CITY, FL 33563	59-3069728	501(C)(3)	56,703.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PRESERVE VISION FLORIDA 9200 SEMINOLE BOULEVARD,SECOND FLOOR SEMINOLE, FL 33772	59-6181662	501(C)(3)	55,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BIG BROTHERS BIG SISTERS - SUN COAST/SARASOTA - 1000 S TAMiami TRl SUITE C - VENICE, FL 34285	59-1361826	501(C)(3)	52,609.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SALVATION ARMY - SARASOTA CORPS 1400 10TH ST SARASOTA, FL 34236	58-0660607	501(C)(3)	51,397.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
LIONS EYE INSTITUTE FOR TRANSPLANT AND RESEARCH FOUNDATION - 1410 N 21ST ST - TAMPA, FL 33605	58-1458151	501(C)(3)	50,775.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS COMMUNITY FOUNDATION 17755 US HWY 19 N SUITE 150 CLEARWATER, FL 33764	23-7113194	501(C)(3)	50,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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UNITED COMMUNITY CENTERS, INC. DBA RUBONIA COMM CENTER BRADENTON, FL 34206	65-0282384	501(C)(3)	50,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SUNCOAST WORKFORCE BOARD INC DBA CAREERSOURCE SUNCOAST - 1112 MANATEE AVE E - BRADENTON, FL 34208	59-2334811	501(C)(3)	50,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GOODWILL INDUSTRIES-MANASOTA, INC. 2705 51ST AVE EAST BRADENTON, FL 34203	59-2074391	501(C)(3)	50,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BIG BROTHERS BIG SISTERS - SUN COAST/MANATEE - 1000 S. TAMIAMI TRAIL, SUITE C - VENICE, FL 34285	59-1361826	501(C)(3)	50,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARN TO LEARN FL INC. 27911 CROWN LAKE BLVD SUITE 223 BONITA SPRINGS, FL 34135	45-2514055	501(C)(3)	50,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BETH-EL FARMWORKER MINISTRY 18240 HIGHWAY 301 SOUTH WIMAUMA, FL 33598	59-3004876	501(C)(3)	47,885.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CATHOLIC CHARITIES DIOCESE OF VENICE - 1000 PINEBROOK RD - VENICE, FL 34285	59-2473176	501(C)(3)	46,158.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SOAR LEARNING CENTER, INC. 2731 N.LINKS AVENUE SARASOTA, FL 34234	81-4840233	501(C)(3)	45,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
WOMEN'S RESOURCE CENTER OF MANATEE 1926 MANATEE AVE W BRADENTON, FL 34205	59-3034653	501(C)(3)	42,571.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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EXCHANGE CLUB FAMILY PARTNERSHIP CENTER OF MANATEE - 602 3RD STREET EAST, SUITE A - BRADENTON, FL 34208	65-0374386	501(C)(3)	41,900.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
DAYSTAR LIFE CENTER 226 6TH ST S ST. PETERSBURG, FL 33701	65-0523539	501(C)(3)	39,860.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ACADEMY PREP CENTER OF TAMPA 1407 E. COLUMBUS DRIVE TAMPA, FL 33605	59-3622978	501(C)(3)	39,583.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GREATER TAMPA BAY AREA COUNCIL, INC., BOY SCOUTS OF AMERICA - LEWIS HILL, III SERVICE CENTER - TAMPA, FL 33612	59-0637815	501(C)(3)	39,289.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED METHODIST COOPERATIVE MINISTRIES / SUNCOAST, INC - 12945 SEMINOLE BLVD, BLDG 2 - LARGO, FL 33778	59-1623437	501(C)(3)	39,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SALVATION ARMY - ST. PETERSBURG 340 14TH AVE. S. ST PETERSBURG, FL 33701	58-0660607	501(C)(3)	39,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HEALTHY START COALITION OF HILLSBOROUGH COUNTY, INC - 2806 N. ARMENIA AVE. STE. 100 - TAMPA, FL 33607	59-3127943	501(C)(3)	37,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CAPITAL GOOD FUND 22 A STREET PROVIDENCE, RI 02907	80-0348384	501(C)(3)	36,156.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BESS THE BOOK BUS, INC. 2316 E 3RD AVE TAMPA, FL 33605	51-0518142	501(C)(3)	35,273.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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GOLDEN GENERATIONS 2900 PALLANZA DRIVE S. ST. PETERSBURG, FL 33705	23-2624207	501(C)(3)	35,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA JEWISH FAMILY SERVICES 13009 COMMUNITY CAMPUS DR STE 114 TAMPA, FL 33625	59-1549670	501(C)(3)	34,617.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SALVATION ARMY - BRADENTON CORPS 1204 14TH ST W BRADENTON, FL 34205	58-0660607	501(C)(3)	33,791.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOYS & GIRLS CLUBS OF MANATEE COUNTY - 1215 MANATEE AVE W STE 200 - BRADENTON, FL 34205	59-0675141	501(C)(3)	31,603.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ALL FAITHS FOOD BANK 8171 BLAIKIE CT SARASOTA, FL 34240	65-0115814	501(C)(3)	31,291.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVE E BRADENTON, FL 34208	59-1420986	501(C)(3)	30,984.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE D.L.RANDALL FOUNDATION, INC. 1523 72ND ST.EAST RUBONIA, FL 34221	47-4988613	501(C)(3)	30,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MYAKKA CITY COMMUNITY CENTER 37010 SINGLETARY RD MYAKKA CITY, FL 34251	59-1050657	501(C)(3)	30,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE CHILDREN'S HOME SOCIETY OF FLORIDA - 482 S.KELLER ROAD - ORLANDO, FL 32810	59-0192430	501(C)(3)	29,720.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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DAWNING FAMILY SERVICES 6718 N. ARMENIA AVE TAMPA, FL 33604	59-2655523	501(C)(3)	27,487.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
10091 AMERICAN RED CROSS TAMPA BAY CHAPTER - 3310 W MAIN ST - TAMPA, FL 33607	53-0196605	501(C)(3)	26,671.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS OPPORTUNITY COUNCIL, INC. 501 1ST AVE N STE 517 ST. PETERSBURG, FL 33701	59-1227051	501(C)(3)	25,152.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
STEP UP SUNCOAST, INC. 6428 PARKLAND DRIVE SARASOTA, FL 34243	59-6208766	501(C)(3)	25,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOOTSTRAP BUSINESS SCHOOL, INC 33 BROADWAY DUNEDIN, FL 34698	83-2586036	501(C)(3)	25,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ACADEMY PREP CENTER OF ST PETERSBURG - 2301 22ND AVE S - ST. PETERSBURG, FL 33712	59-3623000	501(C)(3)	24,079.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUNTY - 4210 W BAY VILLA AVE - TAMPA, FL 33611	59-2998189	501(C)(3)	22,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE CLEARWATER, FL 33762	59-1218100	501(C)(3)	21,303.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PALMETTO YOUTH CENTER 501 17TH ST W PALMETTO, FL 34221	59-1090377	501(C)(3)	21,063.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MOTHERS HELPING MOTHERS 5933 N.WASHINGTON BLVD SARASOTA, FL 34243	65-0416462	501(C)(3)	20,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
COMMUNITY FOUNDATION OF TAMPA BAY, INC. - 4300 W CYPRESS ST STE 700 - TAMPA, FL 33607	59-3001853	501(C)(3)	20,110.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PROJECT LIGHT OF MANATEE, INC. 1104 14TH STREET WEST BRADENTON, FL 34205	65-0490652	501(C)(3)	20,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY LEARNING COALITION OF FLORIDA'S HEARTLAND, INC. - 2886 TAMIAMI TRAIL STE 1 - PORT CHARLOTTE, FL 33952	64-1047991	501(C)(3)	20,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	56-1010742	501(C)(3)	19,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA BAY NETWORK TO END HUNGER 4532 W KENNEDY BLVD TAMPA, FL 33609	36-4758155	501(C)(3)	19,202.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
COMMUNITY ACTION STOPS ABUSE, INC. (CASA) - 1011 1ST AVE N - ST. PETERSBURG, FL 33701	59-2114359	501(C)(3)	18,200.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE SPRING OF TAMPA BAY, INC 211 N WILLOW AVE TAMPA, FL 33606	59-1777135	501(C)(3)	18,125.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SALVATION ARMY - TAMPA AREA COMMAND - 1603 N FLORIDA AVE - TAMPA, FL 33602	58-0660607	501(C)(3)	17,495.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HEALTHY START COALITION OF PINELLAS, INC. - 4000 GETAWAY CENTRE BLVD STE 200 - PINELLAS PARK, FL 33782	59-3109517	501(C)(3)	16,250.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GIRL SCOUTS WEST CENTRAL FLORIDA COUNCIL - 4610 EISENHOWER BLVD - TAMPA, FL 33634	59-0624454	501(C)(3)	15,751.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
YMCA OF GREATER ST. PETERSBURG 600 1ST AVE N STE 201 ST. PETERSBURG, FL 33701	59-0624468	501(C)(3)	14,779.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
RISE TAMPA 411 N FRANKLIN ST TAMPA, FL 33602	46-5291016	501(C)(3)	14,752.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA POLICE MEMORIAL FUND COMMITTEE, INC. - 411 N FRANKLIN ST - TAMPA, FL 33602	59-3397263	501(C)(3)	14,468.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA LIGHTHOUSE FOR THE BLIND 1106 W PLATT ST TAMPA, FL 33606	59-0637876	501(C)(3)	14,263.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CHILDREN'S HOME SOCIETY OF FLORIDA GULF COAST DIVISION - 1515 MICHELIN CT - LUTZ, FL 33549	59-0192430	501(C)(3)	14,027.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY LEARNING COALITION OF PINELLAS COUNTY - 2536 COUNTRYSIDE BVD., #500 - CLEARWATER, FL 33763	53-3726679	501(C)(3)	13,769.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ARTZ 4 LIFE ACADEMY 1751 KINGS HIGHWAY CLEARWATER, FL 33755	59-3483799	501(C)(3)	13,333.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF PASCO COUNTY 17230 CAMELOT CT LAND O' LAKES, FL 34638	59-2193178	501(C)(3)	12,577.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY - 1408 N WESTSHORE BOULEVARD, SUITE 140 - TAMPA, FL 33607	59-3671047	501(C)(3)	12,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE CENTRE FOR WOMEN, INC 305 S HYDE PARK AVE TAMPA, FL 33606	59-1787902	501(C)(3)	12,120.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PARC 3190 TYRONE BLVD N ST. PETERSBURG, FL 33710	59-0791038	501(C)(3)	10,689.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SCHOOL DISTRICT OF MANATEE 15 MANATEE AVE W BRADENTON, FL 34205	59-6000728	501(C)(3)	10,667.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PROJECT PROSPER 13575 58TH ST N CLEARWATER, FL 33760	45-0491407	501(C)(3)	10,440.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNIDOSNOW, INC. 1750 17TH ST BLDG D SARASOTA, FL 34234	27-4102169	501(C)(3)	10,132.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HEALTHY START COALITION OF PASCO, INC - P.O BOX 1527 - NEW PORT RICHEY, FL 34656	59-3155525	501(C)(3)	10,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
FLORIDA CENTER FOR EARLY CHILDHOOD 4620 17TH ST SARASOTA, FL 34235	59-1947024	501(C)(3)	9,982.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF TARRANT COUNTY 1500 N MAIN ST SUITE 200 FORT WORTH, TX 76164	75-0858360	501(C)(3)	9,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED WAY OF SOUTHWEST LOUISIANA, INC. - 815 RYAN ST - LAKE CHARLES, LA 70601	72-0456901	501(C)(3)	9,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SCHOOL DISTRICT OF DESOTO COUNTY 530 LASOLONA AVENUE ARCADIA, FL 34266	59-6000580	501(C)(3)	8,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HILLSBOROUGH COUNTY FIRE RESCUE FOUNDATION - 9450 E COLUMBUS DR - TAMPA, FL 33619	46-3310942	501(C)(3)	7,733.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS SHERIFF'S POLICE ATHLETIC LEAGUE, INC - 3755 46TH AVE N - ST. PETERSBURG, FL 33714	59-3760782	501(C)(3)	7,491.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HILLSBOROUGH COUNTY PUBLIC SCHOOLS 901 E KENNEDY BLVD TAMPA, FL 33602	59-6000660	501(C)(3)	6,933.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA FIREFIGHTERS CHARITY FUND, INC. - 3116 N BOULEVARD - TAMPA, FL 33603	55-0842602	501(C)(3)	6,674.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
AMERICAN CANCER SOCIETY - TAMPA 3709 W JETTON AVE TAMPA, FL 33629	13-1788491	501(C)(3)	6,374.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HILLSBOROUGH COUNTY FIREFIGHTER CHARITIES, INC. - 5425 N 59TH ST - TAMPA, FL 33610	03-0390529	501(C)(3)	5,976.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HOPE FAMILY SERVICES 1201 8TH AVE W BRADENTON, FL 34205	59-1970241	501(C)(3)	5,908.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BENTY PO BOX 1299 IRMO, SC 29063	27-5198009	501(C)(3)	5,580.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA FIREFIGHTERS MUSEUM 720 ZACK ST TAMPA, FL 33602	59-3467403	501(C)(3)	5,071.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HILLSBOROUGH EDUCATION FOUNDATION 2306 N HOWARD AVE TAMPA, FL 33607	59-2883361	501(C)(3)	5,019.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

**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	6	20,500.	0.	N/A	N/A
TRAINING PROGRAM TUITION (GED, CNA, CPR/AED, ETC.)	36	48,000.	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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2020

**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) JESSICA MUROFF PRESIDENT & CEO	(i)	192,527.	0.	13,284.	0.	7,345.	213,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY DUTTON CEO UNITE PINELLAS	(i)	151,097.	0.	1,558.	6,000.	11,485.	170,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMERY IVERY CHIEF IMPACT OFFICER	(i)	152,154.	0.	2,648.	5,812.	7,258.	167,872.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED WAY 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	40	307,010.	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 V, Donee Acknowledgement **29** **0**

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? **30a**

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? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

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 SEVERS THE CONSTRAINTS THAT PREVENT FAMILIES FROM THRIVING. WE DISMANTLE THE BARRIERS TO HUMAN PROSPERITY, UNITING OUR COMMUNITY ALONG THE WAY. WHEN WE PROVIDE PATHWAYS TO EARLY LEARNING, FINANCIAL STABILITY AND YOUTH SUCCESS, WE LIFT UP FAMILIES AS THEY CULTIVATE A FUTURE BEYOND THE CIRCUMSTANTIAL CONSTRAINTS PUT ON THEM. WE PROVIDE CHOICES. WE PROVIDE OPPORTUNITIES. WE CREATE SPACE FOR FAMILIES TO GROW WITHOUT LIMITATIONS, ELEVATING COMMUNITIES BY BUILDING A FUTURE WITH EQUITY FOR ALL. WE ARE PROUD TO SERVE THE PEOPLE OF DESOTO, HILLSBOROUGH, MANATEE, PINELLAS AND SARASOTA COUNTIES BY OPERATING AND FUNDING SERVICES AND PROGRAMS TO HELP OUR COMMUNITY HAVE THE FREEDOM TO RISE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

UNITE PINELLAS DISCONTINUED IN APRIL 2021. SEE PROGRAM DESCRIPTION ON SCHEDULE O IN RESPONSE TO FORM 990, PART III, LINE 4D.

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

STRATEGIES INCLUDE IMPROVING THE QUALITY OF EARLY CARE AND EDUCATION, HELPING FAMILIES ACQUIRE APPROPRIATE KNOWLEDGE OF AND/OR ENGAGEMENT IN THEIR CHILD'S DEVELOPMENT, PROVIDING ACCESS TO BOOKS FOR CHILDREN, QUALITY OUT-OF-SCHOOL TIME OPPORTUNITIES THAT REINFORCE LEARNING, AND IMPROVING ABSENTEEISM AND TARDINESS IN TARGETED SCHOOLS AND NEIGHBORHOODS, MENTORING AND TUTORING, AND REDUCING BARRIERS TO LEARNING DUE TO DENTAL, VISION, ASTHMA AND NUTRITION ISSUES.

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THROUGH OUR INVESTMENT OF \$2.72 MILLION, LOCAL CHILDREN RECEIVED SUPPORT FROM UNITED WAY TO IMPROVE THEIR EDUCATIONAL OPPORTUNITIES. WE PROVIDED 3,035 BOOKS FOR THE CHILDREN IN SUMMER PROGRAMMING. 78% MAINTAINED OR INCREASED THEIR READING LEVEL. 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 BUDGETS \$450,000 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 2021, 608 CHILDREN RECEIVED SCHOLARSHIPS.

READING ALL-STARS: READING ALL-STARS IS AN ACADEMIC MENTORING AND TUTORING PROGRAM FOR CHILDREN IN GRADES K-5. THE PROGRAM FOCUSES ON HELPING STRUGGLING READERS EXCEL, TO FOSTER AN APPRECIATION FOR READING IN CHILDREN, AND TO BUILD LITERACY SKILLS. THROUGH READING ALL-STARS, VOLUNTEER READING COACHES DIRECTLY IMPACT CHILDREN'S ACADEMIC SUCCESS BY SPENDING 30 MINUTES EACH WEEK VIRTUALLY READING WITH STUDENTS WHO NEED HELP THE MOST, MAKING SURE THEY HAVE THE BEST CHANCE FOR SUCCESS. IN FISCAL 2021, OUR COMBINED READING ALL-STARS PROGRAM IN HILLSBOROUGH AND PINELLAS COUNTIES COLLECTIVELY HAD 63 VOLUNTEERS, SERVED 78 CHILDREN, AND GAVE 228 TAKE-HOME BOOKS.

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MYON: THE MYON PARTNERSHIP PROVIDES ALL CHILDREN FROM BIRTH THROUGH EIGHTH GRADE IN HILLSBOROUGH AND PINELLAS COUNTIES WITH ACCESS TO MORE THAN 8,500 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. IN FISCAL 2021, HILLSBOROUGH COUNTY STUDENTS BROWSED 5,291,143 BOOKS AND READ 1,363,241 BOOKS. PINELLAS COUNTY SAW STUDENTS BROWSE 1,970,620 BOOKS AND READ 640,417 BOOKS.

QUALITY CHILDCARE INITIATIVE: UNITED WAY SUNCOAST OFFICIALLY LAUNCHED ITS QUALITY CHILDCARE INITIATIVE AT MRS. B'S IN ARCADIA. IN COLLABORATION WITH LOCAL EARLY LEARNING COALITIONS, UNITED WAY SUNCOAST SUPPORTS THE KEY QUALITY COMPONENTS OF CHILDCARE AT SELECTED EARLY CHILDCARE CENTERS IN SARASOTA, DESOTO, AND MANATEE COUNTY. IT SEEKS TO ENHANCE THE LEARNING ENVIRONMENTS OF EARLY LEARNING CENTERS, ESTABLISH AN EXPERIENCED AND STABLE WORKFORCE, CREATE CONSISTENT FAMILY ENGAGEMENT AND REFERRALS AND ADVOCATE.

READING ROOMS: IN MANATEE COUNTY, TWO READING ROOMS HAVE BEEN ESTABLISHED TO BRING EARLY EDUCATION RESOURCES AND PROGRAMS TO WHERE THE MOST VULNERABLE CHILDREN AND FAMILIES LIVE: COMMUNITY SUPPORTED HOUSING NEIGHBORHOODS. THE INITIATIVE IS DESIGNED TO ELIMINATE THE BARRIERS TO QUALITY EDUCATION, WHILE PROVIDING A PLATFORM TO FINANCIAL STABILITY RESOURCES FOR FAMILIES.

CAMPAIGN FOR GRADE-LEVEL READING: UNITED WAY IS THE LEAD AGENCY FOR THE

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SUNCOAST CAMPAIGN FOR GRADE-LEVEL READING IN DESOTO AND MANATEE COUNTIES, WHERE THROUGH PARTNERSHIPS WITH THE SCHOOL DISTRICTS, COMMUNITY FOUNDATIONS, COUNTY GOVERNMENT, EARLY LEARNING COALITIONS AND OTHER STRATEGIC COMMUNITY PARTNERS, THE COMMUNITY COMES TOGETHER TO IMPROVE READING RATES. THE BIG PLAN IN MANATEE COUNTY CONTINUED ITS FOCUS ON 10 NEIGHBORHOOD SCHOOLS WITH A GOAL OF DOUBLING THE NUMBER OF THIRD GRADERS READING ON LEVEL BY 2026. WE EXPANDED THE EFFORT BY FUNDING FIVE PARAPROFESSIONALS FOR THE SCHOOL DISTRICT. IN DESOTO COUNTY, A COMMUNITY COALITION SEEKS TO IMPROVE READING RATES BY EXPLORING AND REMOVING SYSTEMIC BARRIERS TO ACCESS AND EQUITY IN EARLY EDUCATION.

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

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. IN FISCAL 2021, UNITED WAY SUNCOAST LED 3,663 VOLUNTEERS TO DEVOTE 38,022 HOURS TO 48 DIFFERENT ORGANIZATIONS IN OUR FIVE-COUNTY REGION. THIS INCLUDES A SUCCESSFUL WEEK OF CARING EFFORT IN APRIL THAT SAW 426 VOLUNTEERS AND COMPLETED 71 PROJECTS FOR 33 NONPROFIT ORGANIZATIONS. THE 1,286 HOURS THEY DEVOTED DURING WEEK OF CARING HELD A VALUE OF \$36,702. FOR THE YEAR, THE WORK TRANSLATES TO \$1,085,109 OF VOLUNTEER SUPPORT DELIVERED BACK INTO OUR COMMUNITY. WE ALSO WITNESSED A 56% INCREASE IN THE AVERAGE NUMBER OF HOURS SERVED PER VOLUNTEER.

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

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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 \$2.07 MILLION IN FINANCIAL STABILITY PROGRAMS IN 2021, ADULTS WERE PROVIDED 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, MOST 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. DURING THE 2021 TAX YEAR, 8,449 TAX RETURNS WERE PREPARED BY TRAINED VITA VOLUNTEERS, RETURNING NEARLY \$11 MILLION TO OUR FIVE-COUNTY REGION.

INDIVIDUAL DEVELOPMENT ACCOUNTS: UNITED WAY SUNCOAST'S INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) IS A MATCHED SAVINGS ACCOUNT PROGRAM THAT



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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. DURING FISCAL YEAR 2021, SIX (6) INDIVIDUALS COMPLETED THE PROGRAM RESULTING IN \$8,500 SAVED BY PARTICIPANTS BACKED BY \$16,000 IN MATCHED FUNDS DISTRIBUTED BY UNITED WAY SUNCOAST 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 2021 FISCAL YEAR, 15 INDIVIDUALS WERE MATCHED WITH A FINANCIAL COACH IN THE TAMPA AREA AND COMPLETED 35 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 THE UNBANKED AND THE UNDERBANKED GAIN ACCESS TO SAFE AND AFFORDABLE BANKING PRODUCTS AND SERVICES. DURING FISCAL 2021, BANK ON ACCOUNTS INCREASED FROM 7 TO 20.

RESOURCE CENTERS: WE MAINTAIN THREE RESOURCE CENTERS SULPHUR SPRINGS (TAMPA), NORTH GREENWOOD (CLEARWATER) AND CAMPBELL PARK (ST. PETERSBURG), UNDERSCORING OUR COMMITMENT TO PLACE-BASED COMMUNITY INITIATIVES. EACH CENTER FOCUSES ON WORKFORCE DEVELOPMENT AND ECONOMIC SUPPORTS FOR AREA RESIDENTS AND HAVE BECOME PART OF THE FABRIC OF THE COMMUNITY IN THE AREA IT REPRESENTS. IN FISCAL 2021, COMMUNITY MEMBERS

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MADE 3,500 VISITS TO OUR CENTERS FOR SERVICES, AND WEEKLY FOOD DISTRIBUTIONS WERE CONDUCTED DURING THE FIRST HALF OF THE YEAR. THE CENTERS ALSO TRAINED 40 COMMUNITY MEMBERS TO BECOME CERTIFIED NURSING ASSISTANTS OR PHLEBOTOMISTS.

EVICTION MITIGATION: DURING THE FOURTH QUARTER OF FISCAL 2021, UNITED WAY SUNCOAST DEVOTED \$3 MILLION TOWARDS ADDRESSING THE EVICTION CRISIS IN OUR FIVE-COUNTY REGION. THE EVICTION DEFENSE PLAN FOCUSES ON SIX MAIN AREAS ACROSS ALL FIVE COUNTIES, INCLUDING FUNDING RENTAL NAVIGATOR POSITIONS THROUGH STRATEGIC PARTNERS.

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 \$ 1,702,646. INCL GRANTS OF \$ 1,702,646. REVENUE \$ 136,501.

YOUTH SUCCESS: GRADUATING FROM HIGH SCHOOL ON-TIME IS AN ESSENTIAL BUILDING BLOCK FOR FUTURE SUCCESS. UNITED WAY SUNCOAST INVESTS \$314,000 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: OPERATION GRADUATE IN PINELLAS COUNTY PROVIDES EDUCATIONAL OPPORTUNITIES AND A FOCUS ON LIFE SKILLS TO DEVELOP A

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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 FISCAL 2021, THE PROGRAM CONTINUES TO HAVE 100% OF ITS DUAL ENROLLMENT STUDENTS COMPLETE THE PROGRAM AND SUCCESSFULLY GRADUATED ON TIME WITH A HIGH SCHOOL DIPLOMA AND AN ASSOCIATE ARTS DEGREE.

PARTNERSHIP PROGRAMS: UNITED WAY SUNCOAST PARTNERS WITH THE BOYS & GIRLS CLUB OF TAMPA BAY AND THE BOYS & GIRLS CLUB OF THE SUNCOAST TO FUND PROGRAMS THAT HELP PREPARE MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS FOR POST-SECONDARY OPPORTUNITY. THE BOYS & GIRLS CLUB OF TAMPA BAY'S THINK BIG FOR KIDS PROGRAM INTRODUCES STUDENTS AGES 12-18 TO EXCITING CAREER OPPORTUNITIES, PROVIDES MENTORSHIP AND ASSISTS THEM IN ACHIEVING POST-GRADUATION GOALS, THROUGH AN EXPANSION OF THE YOUTH EMPLOYMENT SERVICES (YES) PROGRAM. THE BOYS & GIRLS CLUB OF SUNCOAST'S TEEN WORKFORCE DEVELOPMENT PROGRAM EMPHASIZES CAREER EXPLORATION, SKILLS DEVELOPMENT AND WORK-BASED LEARNING EXPERIENCES.

EXPENSES \$ 1,182,616. INCLUDING GRANTS OF \$ 396,545. 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 USED 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.

UNITE PINELLAS DISCONTINUED IN APRIL 2021.  
EXPENSES \$ 5,996. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

STRATEGIC VISION: IN 2021, UNITED WAY SUNCOAST UNVEILED A NEW STRATEGIC VISION. THE FIVE-YEAR PLAN WILL ELEVATE AND ENHANCE OUR CURRENT WORK AND FOCUS ON EARLY LEARNING, YOUTH SUCCESS AND FINANCIAL STABILITY. IT WILL ALSO UNDERSCORE OUR ROLE AS A LEADER, CONVENER AND PARTNER. WE WILL DEEPEN OUR COMMUNITY PARTNER ROLE, ENGAGE VOLUNTEERS AND DONORS AS PARTNERS IN CARING, AND INFUSE DIVERSITY, EQUITY AND INCLUSION IN ALL THAT WE DO.

RISE TASK FORCE: FORMED AFTER WE RECEIVED A TRANSFORMATIONAL GIFT FROM

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PHILANTHROPIST MACKENZIE SCOTT, THE RISE TASK FORCE DETERMINED A PROCESS AND ORGANIZATION STRATEGY FOR THE GIFT THAT ALIGNED WITH THE STRATEGIC VISION WHILE STAYING FOCUSED ON THE KEY IMPACT AREAS: EARLY LEARNING, YOUTH SUCCESS AND FINANCIAL STABILITY.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED AND RESTATED EFFECTIVE OCTOBER 28, 2020. REVISIONS INCLUDE: (1) THE NUMBER OF DIRECTORS WAS UPDATED TO NO FEWER THAN 18 AND NO MORE THAN 30; (2) THE TITLE OF THE EXECUTIVE OFFICER HAS BEEN CHANGED FROM PRESIDENT TO CHIEF EXECUTIVE OFFICER; AND (3) THE VACANCIES AND REMOVAL PROCESS FOR THE AREA BOARDS HAS BEEN CLARIFIED. ADDITIONS INCLUDE: (1) VIRTUAL MEETINGS OF THE BOARD OF DIRECTORS ARE PERMISSIBLE WHEN DEEMED NECESSARY BY THE CHAIR; (2) THE BOARD OF DIRECTORS MAY ESTABLISH OTHER COMMITTEES, SPECIAL COMMITTEES, AND/OR TASK FORCE GROUPS AS IT DEEMS NECESSARY OR ADVISABLE; AND (3) THE CHAIR OF THE BOARD IS AUTHORIZED TO DECIDE WHETHER AND HOW UNITED WAY SUNCOAST WILL VOTE ON UNITED WAY WORLDWIDE MEMBER VOTES AFTER CONSULTATION WITH THE CEO (THE CHAIR MAY CHOOSE TO CONSULT WITH THE EXECUTIVE COMMITTEE OR BOARD MEMBERS AT THE CHAIR'S DISCRETION BEFORE SUCH VOTE OCCURS).

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/DESOTO AREA BOARD (SARASOTA/DESOTO MEMBERS), AND THE MEMBERS OF THE HILLSBOROUGH/PINELLAS AREA BOARD (HILLSBOROUGH/PINELLAS 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

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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.

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

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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:

UPON APPROVAL BY THE AUDIT AND ETHICS COMMITTEE, THE DRAFT FORM 990 IS SENT TO THE UNITED WAY SUNCOAST REGIONAL BOARD FOR REVIEW AND APPROVAL. THE BOARD SENDS BACK, VIA ELECTRONIC VOTING, AN APPROVAL OF THE RETURN AS PRESENTED BEFORE FILING. IT IS MANDATORY THAT THERE BE 100% PARTICIPATION BY THE MEMBERS OF THE BOARD TO VOTE BEFORE A FINAL JUDGEMENT CAN BE MADE.

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 EXECUTIVE COMPENSATION COMMITTEE IS A COMMITTEE OF THE BOARD OF DIRECTORS, AND IS RESPONSIBLE, SUBJECT TO APPROVAL OF THE BOARD, FOR ESTABLISHING AND MAINTAINING A BROAD COMPETITIVE COMPENSATION PROGRAM FOR THE EXECUTIVES OF UNITED WAY SUNCOAST IN ORDER TO ATTRACT, RETAIN, AND MOTIVATE EXECUTIVE LEVEL EMPLOYEES; AND FOR ENSURING THAT THE COMPENSATION PROGRAM MEETS ALL LEGAL REQUIREMENTS UNDER THE IRS INTERMEDIATE SANCTION RULES AND BEST GOVERNANCE PRACTICES FOR TRANSPARENCY AND ACCOUNTABILITY. THE COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD WITH RESPECT TO COMPENSATION PROGRAM STRUCTURE, POLICY, PAY LEVELS AND SUCCESSION PLANS FOR KEY STAFF.

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THE EXECUTIVE COMPENSATION COMMITTEE REGULARLY REVIEWS COMPENSATION COMPARABILITY DATA. BIANNUALLY, AN INDEPENDENT CONSULTANT CONDUCTS A COMPENSATION STUDY FOR THE ORGANIZATION INCLUDING THE CEO. THE LAST STUDY WAS CONDUCTED MAY 2021.

"EXECUTIVES" REFERS TO THE CHIEF EXECUTIVE OFFICER (CEO), THE CHIEF FINANCIAL OFFICER (CFO), CEO DIRECT REPORTS AND/OR ANY EMPLOYEE THAT HAS SIGNIFICANT MANAGEMENT RESPONSIBILITY FOR A SEGMENT OF THE ORGANIZATION OR WOULD OTHERWISE BE CONSIDERED A "DISQUALIFIED PERSON" UNDER THE INTERMEDIATE SANCTION RULES.

THE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS, THE MAJORITY (TWO) OF WHICH SHALL BE MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE CHAIR IS APPOINTED BY THE BOARD CHAIR, AND MUST BE A MEMBER OF THE BOARD. WHENEVER POSSIBLE, THE BOARD CHAIR WILL SERVE AS THE VICE CHAIR OF THE COMMITTEE IN RECOGNITION OF HIS/HER RELATIONSHIP TO THE CEO AND HIS/HER RESPONSIBILITY IN CARRYING OUT THE CEO PERFORMANCE REVIEW ON BEHALF OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS ARE RECRUITED BY THE COMMITTEE CHAIR. THE COMMITTEE INCLUDES MEMBERS OF THE COMMUNITY WHO POSSESS EXPERIENCE AND EXPERTISE IN HUMAN RESOURCES, BENEFITS OR COMPENSATION.

THE CEO PRESENTS THE RECOMMENDED SALARY AND TOTAL BENEFITS 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



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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, 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. UNITE PINELLAS DISCONTINUED IN APRIL 2021.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	972.
PROVISION FOR UNCOLLECTIBLE PLEDGES	-1,526,720.
CHANGE IN CSV OF LIFE INSURANCE	10,671.
TOTAL TO FORM 990, PART XI, LINE 9	-1,515,077.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S AUDIT AND ETHICS COMMITTEE (THE COMMITTEE) IS

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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
- 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

Name of the organization

UNITED WAY SUNCOAST, INC.

Employer identification number

59-3725701

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

Multiple horizontal lines for additional text entry.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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 PKWY ST PETERSBURG, FL 33716	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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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)			



