

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

UNITED WAY SUNCOAST, INC.  
5201 W KENNEDY BLVD 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-TE 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-TE TO US BY MAY 15, 2023.

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-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>UNITED WAY SUNCOAST, INC.</b>	EIN or SSN <b>59-3725701</b>
Name and title of officer or person subject to tax <b>JESSICA MUROFF CEO</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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>17,914,764.</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 V, 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> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</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 entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 2021 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 Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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)

**2021**

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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<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>26,509,369.</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>28</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>75</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>38,846,249.</b>	<b>16,849,785.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>217,475.</b>	<b>375,783.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,480,251.</b>	<b>703,704.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>209.</b>	<b>-14,508.</b>
<b>12</b>			<b>40,544,184.</b>	<b>17,914,764.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,831,400.</b>	<b>11,866,030.</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>5,652,820.</b>	<b>5,590,652.</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>2,063,303.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,129,352.</b>	<b>3,979,068.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>19,613,572.</b>	<b>21,435,750.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>20,930,612.</b>	<b>-3,520,986.</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>69,244,541.</b>	<b>59,673,502.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>9,561,048.</b>	<b>10,061,693.</b>
	<b>22</b>		<b>59,683,493.</b>	<b>49,611,809.</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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,536,692. including grants of \$ 4,542,403. ) (Revenue \$ ) EARLY LEARNING: WITH 90 PERCENT OF BRAIN DEVELOPMENT OCCURRING BETWEEN THE AGES OF 0 AND 5, WE RECOGNIZE THAT A DECIDED FOCUS ON THOSE CRITICAL FORMATIVE YEARS CAN YIELD MORE SUCCESSFUL ADULTS AND FAMILIES. UNITED WAY SUNCOAST HAS NOW EXTENDED ITS UNITED WE LEARN INITIATIVE WITH A \$2.8 MILLION ANNUAL INVESTMENT IN 43 EARLY LEARNING PARTNERS FOCUSING ON IMPROVING KINDERGARTEN READINESS, READING ON GRADE LEVEL BY THIRD AND REMOVING BARRIERS LIKE FOOD INSECURITY AND VISION IMPAIRMENT. IT INCLUDES PROFESSIONAL DEVELOPMENT AND ENVIRONMENTAL SUPPORT FOR CHILDCARE CENTERS, READING ROOM INSTRUCTION IN MANATEE COUNTY, AND LEARN AND PLAY INSTRUCTION FOR PARENTS AND CHILDREN AS PART OF OUR CAMPBELL PARK NETWORK FOR EARLY LEARNING. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 4,209,268. including grants of \$ 3,259,739. ) (Revenue \$ ) FINANCIAL STABILITY: OUR FINANCIAL STABILITY PROGRAMS STRIVE TO ENSURE ALICE FAMILIES HAVE ACCESS TO FINANCIAL SERVICES AND SUPPORTS AS WELL AS CAREER OPPORTUNITIES THAT LEAD TO A SUSTAINING WAGE AND PUT THEM ON A PATH TO PROSPERITY. THESE PROGRAMS FOCUS ON FINANCIAL HEALTH AND WORKFORCE DEVELOPMENT WHICH INCLUDE THE VOLUNTEER INCOME TAX ASSISTANCE INITIATIVE, A FREE TAX PREPARATION SERVICE FOR FAMILIES AND INDIVIDUALS, BANK ON SUNCOAST, A GRASSROOTS COALITION THAT AIMS TO IMPROVE THE FINANCIAL STABILITY OF INDIVIDUALS WHO ARE UNBANKED OR UNDERBANKED, FINANCIAL COACHING, AND INDIVIDUAL DEVELOPMENT ACCOUNTS. IN ADDITION, UNITED WAY SUNCOAST WORKS TO ADDRESS EMERGING ISSUES SUCH AS THE ONGOING HOUSING CRISIS. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 2,048,473. including grants of \$ 1,731,900. ) (Revenue \$ ) STRATEGIC VISION: PHILANTHROPIST MACKENZIE SCOTT GAVE MORE THAN A TRANSFORMATIONAL GIFT TO UNITED WAY SUNCOAST IN DECEMBER 2020. SHE ISSUED A CLARION CALL TO UNITED WAY SUNCOAST AND THE OTHER NONPROFIT RECIPIENTS BENEFITING FROM HER PHILANTHROPY. THE MESSAGE WAS CLEAR: EXTEND YOUR MISSION WORK, HELP MORE PEOPLE, ADDRESS THE CHALLENGES BROUGHT ON BY THE PANDEMIC AND THE NATION'S SOCIAL JUSTICE REAWAKENING. THAT'S WHY WE CREATED OUR RISE (REACH, INVEST, SUPPORT AND EMPOWER) INITIATIVES WITH THE SUPPORT OF OUR TEAM, BOARD OF DIRECTORS, AND COMMUNITY PARTNERS. THE INITIATIVES IDENTIFIED ALIGNED WITH OUR 2021, FIVE-YEAR STRATEGIC PLAN AND MAINTAIN A FOCUS ON OUR KEY IMPACT AREAS: EARLY LEARNING, YOUTH SUCCESS AND FINANCIAL STABILITY. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,847,809. including grants of \$ 2,331,988. ) (Revenue \$ 375,783. )

4e Total program service expenses 16,642,242.

**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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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> 8	
<b>b</b> Enter the number of Forms W-2G included on 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)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.



**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> 28		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 28		
<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 on 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 on 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 on 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 **KELLY KAVANAUGH, CFIO - (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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 CEO	50.00 0.25			X				220,815.	0.	14,754.
(2) EMERY IVERY CHIEF IMPACT OFFICER	45.00 0.00				X			157,034.	0.	19,828.
(3) M. BRONWYN BEIGHTOL CHIEF IMPACT OFFICER	45.00 0.00					X		136,476.	0.	29,583.
(4) JAMES GILLEN CHIEF MARKETING OFFICER	45.00 0.00					X		118,217.	0.	38,333.
(5) JENNIFER MCINTOSH CHIEF TALENT OFFICER	45.00 0.00					X		133,040.	0.	17,199.
(6) KARI GOETZ CHIEF ADVANCEMENT OFFICER	45.00 0.00					X		125,417.	0.	24,290.
(7) BEMETRA SIMMONS CSOO (LEFT 9/17/21)	45.00 0.00			X				117,979.	0.	6,931.
(8) KELLY KAVANAUGH CFIO (HIRED 11/21/21)	45.00 0.25			X				14,952.	0.	0.
(9) BRIAN DEMING CHAIR	1.00 0.00	X		X				0.	0.	0.
(10) DAVID PIZZO VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) TRACI LARSEN TREASURER	1.00 0.00	X		X				0.	0.	0.
(12) KIMBERLY HOPPER SECRETARY	0.25 0.00	X		X				0.	0.	0.
(13) MICHAEL ATTINELLA DIRECTOR	0.25 0.00	X						0.	0.	0.
(14) LORI BAGGETT DIRECTOR	0.25 0.00	X						0.	0.	0.
(15) ERIC BAILEY DIRECTOR	0.25 0.00	X						0.	0.	0.
(16) JAMES CAMP DIRECTOR	0.25 0.00	X						0.	0.	0.
(17) KIMBERLY CRUM DIRECTOR (5/25/22-6/30/22)	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SCOTT CURTIS DIRECTOR	0.25 0.00	X						0.	0.	0.
(19) JACKI DEZELSKI DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) J.P. DUBUQUE DIRECTOR	0.25 0.00	X						0.	0.	0.
(21) JAMIE EGASTI DIRECTOR	0.25 0.00	X						0.	0.	0.
(22) ESTELLA GRAY DIRECTOR	0.25 0.00	X						0.	0.	0.
(23) ROB LANE DIRECTOR	0.25 0.00	X						0.	0.	0.
(24) CHADWICK LOAR DIRECTOR	0.25 0.00	X						0.	0.	0.
(25) MELVA MCKAY BASS DIRECTOR	0.25 0.00	X						0.	0.	0.
(26) SARA NICHOLS DIRECTOR (5/25/22-6/30/22)	0.25 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,023,930.	0.	150,918.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,023,930.	0.	150,918.

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

	Yes	No
3 Did the organization list any <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 & SUPPORT SERVICES	301,954.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) REBECCA PICKETT DIRECTOR	0.25 0.00	X						0.	0.	0.
(28) THAIS RODRIGUEZ-CAEZ DIRECTOR	0.25 0.00	X						0.	0.	0.
(29) STUART ROGEL DIRECTOR	0.25 0.00	X						0.	0.	0.
(30) ANTHONY ROLLE DIRECTOR (5/25/22-6/30/22)	0.25 0.00	X						0.	0.	0.
(31) SONJA ROSARIO DIRECTOR (5/25/22-6/30/22)	0.25 0.00	X						0.	0.	0.
(32) ALEX SINK DIRECTOR	0.25 0.00	X						0.	0.	0.
(33) MICHAEL SMITH DIRECTOR	0.25 0.00	X						0.	0.	0.
(34) BOB THOMPSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(35) MATTHEW WALKER DIRECTOR	0.25 0.00	X						0.	0.	0.
(36) GLENN WATERS DIRECTOR (8/25/21-6/30/22)	0.25 0.00	X						0.	0.	0.
(37) RAE DOWLING DIRECTOR (7/1/21-12/31/21)	1.00 0.00	X						0.	0.	0.
(38) MARK FERNANDEZ DIRECTOR (7/1/21-12/31/21)	0.25 0.00	X						0.	0.	0.
(39) BILL MERRILL DIRECTOR (7/1/21-12/31/21)	0.25 0.00	X						0.	0.	0.
(40) JULIO RAMIREZ DIRECTOR (7/1/21-12/31/21)	0.25 0.00	X						0.	0.	0.
(41) KAREN RUSHING DIRECTOR (7/1/21-12/31/21)	0.25 0.00	X						0.	0.	0.
(42) DAN VIGNE DIRECTOR (7/1/21-12/31/21)	1.00 0.00	X						0.	0.	0.
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>	17,245.				
	<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>	1,610,528.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	15,222,012.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 468,184.				
	<b>h Total.</b> Add lines 1a-1f .....			16,849,785.			
Program Service Revenue	<b>2 a</b> FUNDRAISING FEES	Business Code					
		561110	227,781.	227,781.			
	<b>b</b> SERVICE FEES	561110	148,002.	148,002.			
	<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 .....			375,783.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		859,160.			859,160.	
	<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	8,419,170.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	8,442,766.	131,860.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-23,596.	-131,860.			
	<b>d</b> Net gain or (loss) .....			-155,456.		-155,456.	
<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>		5,277.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		19,979.				
<b>c</b> Net income or (loss) from fundraising events .....			-14,702.		-14,702.		
<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	194.			194.	
	<b>e Total.</b> Add lines 11a-11d .....			194.			
<b>12 Total revenue.</b> See instructions .....			17,914,764.	375,783.	0.	689,196.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,779,328.	11,779,328.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	86,702.	86,702.		
<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	584,009.	305,374.	190,067.	88,568.
<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	3,990,658.	1,865,919.	1,063,914.	1,060,825.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	94,879.	43,544.	24,324.	27,011.
<b>9</b> Other employee benefits	568,078.	297,281.	118,662.	152,135.
<b>10</b> Payroll taxes	353,028.	169,477.	99,798.	83,753.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	15,665.	7,170.	8,495.	
<b>c</b> Accounting	77,086.	35,805.	19,945.	21,336.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	152,692.		152,692.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	326,619.	279,186.	47,269.	164.
<b>12</b> Advertising and promotion	186,037.	42,113.	142,080.	1,844.
<b>13</b> Office expenses	735,510.	449,979.	227,580.	57,951.
<b>14</b> Information technology	924,108.	570,575.	210,924.	142,609.
<b>15</b> Royalties				
<b>16</b> Occupancy	752,148.	382,983.	161,323.	207,842.
<b>17</b> Travel	37,732.	18,746.	7,254.	11,732.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	61,415.	10,056.	37,152.	14,207.
<b>20</b> Interest	25,553.	287.	25,092.	174.
<b>21</b> Payments to affiliates	428,146.	192,482.	102,139.	133,525.
<b>22</b> Depreciation, depletion, and amortization	149,680.	73,863.	37,071.	38,746.
<b>23</b> Insurance	55,647.	24,920.	16,272.	14,455.
<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 _____	51,030.	6,452.	38,152.	6,426.
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,435,750.	16,642,242.	2,730,205.	2,063,303.
<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 .....	23,808,798.	<b>1</b>	1,103,282.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	7,187,384.	<b>3</b>	5,645,496.
	<b>4</b> Accounts receivable, net .....	253,333.	<b>4</b>	1,400,999.
	<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 .....	84,159.	<b>9</b>	174,313.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,726,312.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,333,185.	<b>10c</b>	1,393,127.
	<b>11</b> Investments - publicly traded securities .....	29,103,358.	<b>11</b>	43,902,730.
	<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 .....	7,204,274.	<b>15</b>	6,053,555.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	69,244,541.	<b>16</b>	59,673,502.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,041,386.	<b>17</b>	1,179,800.
	<b>18</b> Grants payable .....	7,591,109.	<b>18</b>	7,899,562.
	<b>19</b> Deferred revenue .....	470,807.	<b>19</b>	596,110.
	<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 .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	457,746.	<b>25</b>	386,221.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,561,048.	<b>26</b>	10,061,693.
<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 .....	47,552,234.	<b>27</b>	39,823,138.
	<b>28</b> Net assets with donor restrictions .....	12,131,259.	<b>28</b>	9,788,671.
	<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 .....	59,683,493.	<b>32</b>	49,611,809.
<b>33</b> Total liabilities and net assets/fund balances .....	69,244,541.	<b>33</b>	59,673,502.	

**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	17,914,764.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,435,750.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,520,986.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,683,493.
5	Net unrealized gains (losses) on investments	5	-5,281,289.
6	Donated services and use of facilities	6	-16,751.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,252,658.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,611,809.

**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 on 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 (2021)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**▶ Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

**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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25664942.	20619892.	18979073.	38846249.	16849785.	120959941
<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 .....	25664942.	20619892.	18979073.	38846249.	16849785.	120959941
<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) .....						31026194.
<b>6 Public support.</b> Subtract line 5 from line 4.						89933747.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	25664942.	20619892.	18979073.	38846249.	16849785.	120959941
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	501,833.	560,895.	600,396.	510,672.	859,160.	3032956.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						123992897
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,718,087.
<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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	72.53 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	70.67 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

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

Section C - Distributable Amount			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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**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 input.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

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	_____ _____ _____	\$ <u>1,266,888.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>872,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,281,827.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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>
--	---

**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.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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) 2021

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0.													
<b>d</b>	Other exempt purpose expenditures	21,435,750.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	21,435,750.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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	5,700.				5,700.
<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					

**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)).**

	(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?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

**Part IV Supplemental Information**

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

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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

**2021**

**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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021



**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	29,853,345.	24,484,184.	24,105,009.	23,218,425.	19,296,126.
b Contributions	7,619.	57,999.	41,374.	446,975.	4,074,144.
c Net investment earnings, gains, and losses	-4,255,366.	6,212,365.	801,501.	1,213,999.	1,584,361.
d Grants or scholarships					
e Other expenditures for facilities and programs	790,983.	901,203.	463,700.	774,390.	1,736,206.
f Administrative expenses					
g End of year balance	24,814,615.	29,853,345.	24,484,184.	24,105,009.	23,218,425.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  67.5884 %
  - b Permanent endowment  14.9293 %
  - c Term endowment  17.4823 %
- 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		276,459.		276,459.
b Buildings		1,332,835.	444,237.	888,598.
c Leasehold improvements		976,593.	976,244.	349.
d Equipment		1,140,425.	912,704.	227,721.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,393,127.

**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	123,016.
(2) CASH SURRENDER VALUE - LIFE INSURANCE	85,051.
(3) GIFTED FACILITY	29,435.
(4) COMMUNITY FOUNDATION INVESTMENTS	5,816,053.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,053,555.

**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	187,477.
(3) CAPITAL LEASE OBLIGATIONS	145,003.
(4) OBLIGATION UNDER REMAINDER TRUST	
(5) AGREEMENT	28,365.
(6) DEFERRED LEASE INCENTIVE	25,376.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	386,221.

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.

1	Total revenue, gains, and other support per audited financial statements		1	9,691,154.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-5,281,289.	
	b Donated services and use of facilities	2b	350.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-1,209,879.	
	e Add lines 2a through 2d	2e		-6,490,818.
3	Subtract line 2e from line 1		3	16,181,972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	152,692.	
	b Other (Describe in Part XIII.)	4b	1,580,100.	
	c Add lines 4a and 4b	4c		1,732,792.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,914,764.

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

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

1	Total expenses and losses per audited financial statements		1	19,588,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	17,101.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		17,101.
3	Subtract line 2e from line 1		3	19,571,098.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	152,692.	
	b Other (Describe in Part XIII.)	4b	1,711,960.	
	c Add lines 4a and 4b	4c		1,864,652.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	21,435,750.

**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, 2019 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include PROVISION FOR UNCOLLECTIBLE PLEDGES (-1,209,312), CHANGE IN CSV OF LIFE INSURANCE (-567), and TOTAL TO SCHEDULE D, PART XI, LINE 2D (-1,209,879).

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include DONOR DESIGNATED CONTRIBUTIONS (1,711,960), LOSS ON SALE OF ASSETS (-131,860), and TOTAL TO SCHEDULE D, PART XI, LINE 4B (1,580,100).

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Row includes DONOR DESIGNATED CONTRIBUTIONS (1,711,960).

**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

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
211 TAMPA BAY CARES, INC. 14155 58TH ST N STE 211 CLEARWATER, FL 33760	59-3355555	501(C)(3)	292,522.	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)	126,619.	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)	27,500.	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)	27,500.	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)	116,000.	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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 111.**

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

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

Schedule I (Form 990) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMSKILLS, INC. 7825 CAMPUS DR, BUILDING 6 NEW PORT RICHEY, FL 34653	82-3888203	501(C)(3)	154,000.	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)	80,000.	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)	281,212.	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)	38,500.	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)	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)	50,012.	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)	274,951.	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)	27,500.	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)	42,260.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SARASOTA COUNTY - 3100 FRUITVILLE RD - SARASOTA, FL 34237	59-6211876	501(C)(3)	125,858.	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)	275,315.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 E BAY DR STE 103 CLEARWATER, FL 33764	59-1566799	501(C)(3)	542,000.	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)	104,359.	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 - VENICE, FL 34285	59-2473176	501(C)(3)	184,000.	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)	88,322.	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)	165,000.	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)	22,396.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
COMMUNITY LAW PROGRAM., INC. 501 1ST AVENUE NORTH SUITE 519 ST. PETERSBURG, FL 33701	59-2970727	501(C)(3)	35,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORPORATION TO DEVELOP COMMUNITIES OF TAMPA, INC - 1907 E HILLSBOROUGH AVE STE 100 - TAMPA, FL 33610	59-3150608	501(C)(3)	263,213.	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)	140,794.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
DAWNING FAMILY SERVICES 6718 N. ARMENIA AVE TAMPA, FL 33604	59-2655523	501(C)(3)	50,434.	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)	41,300.	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)	117,000.	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)	24,200.	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)	26,000.	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 - TAMPA, FL 33614	59-3626765	501(C)(3)	92,262.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY LEARNING COALITION OF MANATEE COUNTY - 600 8TH AVE W STE 100 - PALMETTO, FL 34221	65-0811318	501(C)(3)	65,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY LEARNING COALITION OF PINELLAS COUNTY - 2536 COUNTRYSIDE BVD., #500 - CLEARWATER, FL 33763	53-3726679	501(C)(3)	50,000.	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)	125,419.	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)	55,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ECHO OF BRANDON 507 N. PARSONS AVE BRANDON, FL 33510	59-3051533	501(C)(3)	10,000.	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)	82,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
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
FEEDING AMERICA TAMPA BAY 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	59-2116576	501(C)(3)	192,406.	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)	107,701.	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)	99,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INCORPORATED OF PINELLAS 7700 61ST ST N PINELLAS PARK, FL 33781	59-0970201	501(C)(3)	144,000.	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)	114,103.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GOLDEN GENERATIONS 2900 PALLANZA DRIVE S. ST. PETERSBURG, FL 33705	23-2624207	501(C)(3)	38,500.	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)	55,800.	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)	30,663.	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)	150,500.	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)	147,030.	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
HEALTHY START COALITION OF PASCO, INC - P.O BOX 1527 - NEW PORT RICHEY, FL 34656	59-3155525	501(C)(3)	14,687.	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 noncash 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)	24,062.	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)	297,052.	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)	59,000.	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)	87,444.	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)	73,527.	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)	186,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST. TAMPA, FL 33613	59-1098499	501(C)(3)	40,000.	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	59-1458151	501(C)(3)	55,000.	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)	33,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN MINISTRIES 2002 N FLORIDA AVE TAMPA, FL 33602	59-1477007	501(C)(3)	281,647.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MOTHERS HELPING MOTHERS 5933 N.WASHINGTON BLVD SARASOTA, FL 34243	65-0416462	501(C)(3)	16,324.	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)	33,000.	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)	82,568.	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)	42,000.	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)	281,000.	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)	140,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE (PAL) - 3755 46TH AVE N - ST. PETERSBURG, FL 33714	59-3760782	501(C)(3)	22,567.	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)	172,313.	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 noncash 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)	165,000.	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)	25,943.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
POSITIVE SPIN, INC 5118 N 56TH STREET SUITE 224 TAMPA, FL 33610	80-0167391	501(C)(3)	11,900.	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)	60,500.	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)	11,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
R'CLUB CHILD CARE - HAPPY WORKERS LEARNING CENTER - 920 19TH ST S - ST. PETERSBURG, FL 33712	27-4826221	501(C)(3)	100,000.	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)	177,784.	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)	53,200.	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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - BRADENTON CORPS 1204 14TH ST W BRADENTON, FL 34205	58-0660607	501(C)(3)	20,000.	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)	55,000.	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)	40,500.	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)	15,089.	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)	8,500.	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)	142,833.	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)	48,441.	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)	49,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SOUTH FLORIDA STATE COLLEGE 600 WEST COLLEGE DRIVE AVON PARK, FL 33825	59-1218159	501(C)(3)	14,750.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PETERSBURG FREE CLINIC 863 3RD AVE N ST. PETERSBURG, FL 33701	23-7208280	501(C)(3)	82,500.	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)	82,500.	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)	27,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SULPHUR SPRINGS NEIGHBORHOOD OF PROMISE - 8117 N. 13TH STREET - TAMPA, FL 33604	59-0810731	501(C)(3)	6,250.	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)	154,000.	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
SUNRISE CHILDREN'S SERVICES 2215 E HENRY AVE TAMPA, FL 33610	59-0714818	501(C)(3)	171,046.	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)	10,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA BAY WORKFORCE ALLIANCE INC. DBA CAREERSOURCE TAMPA BAY - 4902 EISENHOWER BLVD., SUITE 250 - TAMPA, FL 33634	59-3655316	501(C)(3)	82,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA FAMILY HEALTH CENTERS, INC. PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	177,000.	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)	17,552.	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)	201,391.	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)	82,545.	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)	45,000.	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)	137,500.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE STATE COLLEGE OF FLORIDA FOUNDTAION, INC. - 5824 26TH STREET WEST - BRADENTON, FL 34207	59-1843274	501(C)(3)	10,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITE USA, INC. 217 BROADWAY, FL 8 NEW YORK, NY 10007	46-1914165	501(C)(3)	30,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED COMMUNITY CENTERS, INC. DBA RUBONIA COMM CENTER BRADENTON, FL 34206	65-0282384	501(C)(3)	70,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED FOOD BANK AND SERVICES 702 E ALSOBROOK ST SUITE H PLANT CITY, FL 33563	59-3069728	501(C)(3)	60,597.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION, INC. - 14013 N 22ND STREET - TAMPA, FL 33613	31-1624121	501(C)(3)	215,000.	0.	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - EAST CAMPUS BUILDING SUITE 1250 PO BOX 113201 - GAINESVILLE, FL 32611	59-6002052	501(C)(3)	27,500.	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)	170,750.	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)	66,574.	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	2	6,982.	0.	N/A	N/A
TRAINING PROGRAM TUITION C.N.A.	44	41,800.	0.	N/A	N/A
TRAINING PROGRAM TUITION PHLEBOTOMY	48	37,920.	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)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY 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) 2021

**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 and/or 1099-NEC 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 CEO	(i)	207,524.	0.	13,291.	340.	14,414.	235,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EMERY IVERY CHIEF IMPACT OFFICER	(i)	155,093.	0.	1,941.	5,880.	13,948.	176,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) M. BRONWYN BEIGHTOL CHIEF IMPACT OFFICER	(i)	135,734.	0.	742.	5,594.	23,989.	166,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES GILLEN CHIEF MARKETING OFFICER	(i)	117,548.	0.	669.	0.	38,333.	156,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER MCINTOSH CHIEF TALENT OFFICER	(i)	132,820.	0.	220.	5,695.	11,504.	150,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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	51	468,184.	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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY SUNCOAST, INC.

Employer identification number

59-3725701

**FORM 990, PART III, LINE 1, 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 TO GROW FOR ASSET-LIMIT, INCOME-CONSTRAINED, EMPLOYED (ALICE) FAMILIES. THESE HARD-WORKING PARENTS AND CHILDREN STAND JUST ONE UNEXPECTED EXPENSE FROM DIRE CIRCUMSTANCES. ALICE FAMILIES COMPOSE MORE THAN 43 PERCENT OF ALL HOUSEHOLDS IN OUR REGION, AND WE'RE WORKING TO CREATE EQUITY FOR THEM AND ALL THE COMMUNITY MEMBERS IN OUR FIVE-COUNTY FOOTPRINT: DESOTO, HILLSBOROUGH, MANATEE, PINELLAS AND SARASOTA COUNTIES. WE'RE OPERATING AND FUNDING SERVICES AND PROGRAMS TO HELP THEM CREATE THE LIFE THEY ENVISION FOR THEMSELVES AND FUEL THEIR FREEDOM TO RISE.

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

WE ALSO DISTRIBUTED UNITED4LITERACY KITS ACROSS THE REGION. RESEARCH SUPPORTS THIS EARLY LEARNING APPROACH, WITH MULTIPLE STUDIES INDICATING THAT STUDENTS WHO ARRIVE AT KINDERGARTEN READY TO LEARN ARE MORE LIKELY TO THRIVE IN A K-12 ENVIRONMENT, MORE LIKELY TO GRADUATE FROM HIGH SCHOOL, MORE LIKELY TO ENJOY POSTSECONDARY SUCCESS AND MORE LIKELY TO AVOID A HOST OF SOCIETAL PITFALLS, INCLUDING INCARCERATION AND DRUG ADDICTION. HOWEVER, THE COVID-19 HAS EXACERBATED THE CHALLENGES REVOLVING AROUND THE UNITED WE LEARN EFFORT. THE PANDEMIC HEIGHTENED

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization UNITED WAY SUNCOAST, INC.	Employer identification number 59-3725701
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THE NATION'S EARLY LEARNING CRISIS, REDUCING THE NUMBER OF EARLY LEARNING EDUCATORS ACROSS THE NATION BY 100,000, WHILE ADVERSELY IMPACTING ACCESS AND INCREASING COSTS. IN OUR FIVE-COUNTY REGION, THE ANNUAL AVERAGE COST FOR A YEAR OF CHILDCARE FOR A NON-INFANT IS HIGHER THAN A YEAR OF TUITION AT THE UNIVERSITY OF SOUTH FLORIDA. THE CRISIS PROPELLED UNITED WAY SUNCOAST INTO ITS LEADERSHIP ROLE, AND WE PRODUCED AN EARLY LEARNING DASHBOARD THAT CRYSTALIZES THE ISSUES AND PROVIDES STAKEHOLDERS ACROSS THE REGION WITH A VIABLE SOURCE AS THEY CHART ACTION. THE LEARNING LOSSES CREATED BY VIRTUAL LEARNING ALSO IMPACTED THIRD GRADE READING, ANOTHER KEY FOCUS FOR THIS INITIATIVE. UNITED WAY SUNCOAST MET THE CHALLENGE, FUNDING THE PLACEMENT OF PARAPROFESSIONALS IN FOUR OF OUR FIVE SCHOOL DISTRICTS AND EXPANDING ITS ELEMENTARY SUPPORT TO 36 SCHOOLS OF FOCUS. IN ADDITION, UNITED WAY SUNCOAST CONTINUED ITS HIGHLY SUCCESSFUL SUMMER CARE PROGRAM, REDUCING LITERACY REGRESSION FOR MORE THAN 500 STUDENTS.

MYON: IN PARTNERSHIP WITH OTHER AREA LEADERS IN LITERACY, UWS COORDINATES THE USE OF THE MYON DIGITAL PLATFORM IN HILLSBOROUGH AND PINELLAS COUNTIES AND PROVIDES A TOTAL OF \$150,000 IN FINANCIAL SUPPORT. FROM JULY 1, 2021 - JUNE 30, 2022, OVER 50,000 HILLSBOROUGH COUNTY STUDENTS LOGGED IN, WITH AN ADDITIONAL 28,000 IN PINELLAS COUNTY. IN BOTH COUNTIES, STUDENTS ACCESSED OVER 6.9 MILLION BOOKS THROUGHOUT THE YEAR.

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

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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 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 ALSO LEAD THE CAMPAIGN FOR GRADE-LEVEL READING IN HILLSBOROUGH COUNTY.

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

TO ADDRESS THIS, WE LAUNCHED A COMPREHENSIVE EFFORT IN 2022 THAT HAS HELPED THOUSANDS OF FAMILIES STAY IN THEIR HOMES OR FIND NEW, STABLE HOUSING.

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 \$74,000 OR LESS KEEP THEIR HARD-EARNED MONEY BY OFFERING FREE INCOME TAX PREPARATION THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM. DURING THE 2022 TAX SEASON, 7,145 TAX RETURNS WERE PREPARED BY TRAINED VITA VOLUNTEERS, RETURNING NEARLY \$11 MILLION TO OUR FIVE-COUNTY REGION. THIS INCLUDES NEARLY \$5 MILLION IN EARNED INCOME TAX CREDITS AND CHILD TAX CREDITS ALONE. OVER THE LAST TWO YEARS, VITA HAS RETURNED MORE THAN \$20 MILLION IN TAX REFUNDS TO OUR

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

BANK ON SUNCOAST: BANK ON IS A LOCAL GRASSROOTS 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 2022, BANK ON WORKED TO ESTABLISH 24 BANK ON CERTIFIED ACCOUNTS AT LOCAL BANKS AND CREDIT UNIONS AND THROUGH THESE ACCOUNTS, NEARLY 50,000 BANK ON ACCOUNTS ARE OPEN IN OUR FIVE-COUNTY AREA.

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 2022 FISCAL YEAR, UWS SERVED 97 PEOPLE WITH 88% OF THOSE PEOPLE MAKING PROGRESS TOWARD THEIR FINANCIAL GOALS.

INDIVIDUAL DEVELOPMENT ACCOUNTS: UNITED WAY SUNCOAST'S INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) IS A MATCHED SAVINGS ACCOUNT PROGRAM THAT HELPS LOW-INCOME INDIVIDUALS ACHIEVE THEIR GOALS OF BUYING A HOME, ATTENDING SCHOOL OR OPENING A BUSINESS. ELIGIBLE PARTICIPANTS ARE REQUIRED TO SAVE MONEY WHILE ALSO ACQUIRING CRITICAL FINANCIAL EDUCATION AND LONG-TERM MONEY MANAGEMENT SKILLS. DURING FISCAL YEAR 2022, 18 PEOPLE SAVED UP ENOUGH FUNDS TO PURCHASE A VEHICLE.

EVICTION MITIGATION: DURING THE FOURTH QUARTER OF FISCAL 2021, UNITED WAY SUNCOAST DEVOTED \$3 MILLION TOWARDS ADDRESSING THE EVICTION CRISIS

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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. IN THE FINAL SIX MONTHS IN FY2022, WE SUPPORTED 2,153 INDIVIDUALS WITH HOUSING SERVICES, KEEPING 1,925 INDIVIDUALS IN THEIR HOME OR ACHIEVING NEW OR STABLE HOUSING (89% SUCCESS RATE). IN ADDITION, UNITED WAY SUNCOAST ALSO CREATED A HOUSING CRISIS DASHBOARD THAT AMPLIFIED THE LEVEL OF AWARENESS AND SPURRED MEDIA COVERAGE ABOUT THE CRISIS AND OUR CRITICAL SUPPORT ROLE. AND, AS ONE OF THE REGION'S LEADING CONVENERS, WE'VE BROUGHT TOGETHER LOCAL ERA PROGRAM MANAGERS TO INCREASE CROSS-COUNTY COLLABORATION, AND WE'VE TAKEN THE LEAD ON PROVIDING INFORMATION AND RESOURCES TO THOSE WHO NEED HELP OR WANT TO HELP.

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

OUR EFFORTS SUPPORTED IMMEDIATE COMMUNITY NEEDS ADDRESSING THE IMPACTS OF THE AFFORDABLE HOUSING CRISIS AND DEEPENED OUR LASTING IMPACT IN EARLY LEARNING. WE ALSO BEGAN WORK IN OUR BIG & BOLD INITIATIVES BY INVESTING IN THE CAPACITY AND IMPACT DATA SUPPORT OF OUR NONPROFIT PARTNERS AS WELL AS LAUNCHING NEW COMMUNITY DATA TOOLS INCLUDING OUR AFFORDABLE HOUSING CRISIS AND EARLY LEARNING DASHBOARDS. WE ALSO INVESTED IN STRENGTHENING UWS' ABILITY TO THRIVE LONG-TERM BY ADDRESSING OUR TECHNOLOGY NEEDS.

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

SUPPORT SERVICES: UNITED WAY SUNCOAST BELIEVES THE BEST WAY TO HELP OUR NEIGHBORS IS TO JOIN THEM IN THE NEIGHBORHOODS. WE MAINTAIN PLACE-BASED INITIATIVES WITH THREE NEIGHBORHOOD RESOURCE CENTERS IN TAMPA (SULPHUR SPRINGS), SOUTH ST. PETERSBURG (CAMPBELL PARK) AND CLEARWATER (NORTH

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GREENWOOD). AVAILABLE SERVICES AT THE CENTERS INCLUDE JOB SEARCHES, RESUME BUILDING, COMPUTER ACCESS, FAX AND COPYING AND NOTARY. IN ADDITION, WE LEND GRANT SUPPORT AND CAPACITY BUILDING GUIDANCE TO DOZENS OF NONPROFITS THAT PROVIDE SUPPORT SERVICES. 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. WITH ALL OUR ENDEAVORS, WE INSIST THE SERVICES BE DELIVERED WITH DIGNITY. THIS 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.

EMERGENCY FOOD AND SHELTER PROGRAM: IN MARCH 2022, THE LOCAL MANATEE EMERGENCY FOOD AND SHELTER BOARD, MANAGED BY UWS, ALLOCATED \$455,002 TO AGENCIES. FUNDING IS USED TO SUPPLEMENT FEEDING, SHELTERING (INCLUDING TRANSITIONAL SHELTERING) AND RENT/MORTGAGE AND UTILITY ASSISTANCE EFFORTS. THE SPENDING PERIOD FOR THESE FUNDS IS NOVEMBER 1, 2021, THROUGH APRIL 30, 2023. THE FOLLOWING LOCAL RECIPIENT ORGANIZATIONS (LRO'S) WERE AWARDED FUNDING FOR THIS WORK: MEALS ON WHEELS+; FEEDING TAMPA BAY; THE SALVATION ARMY OF MANATEE; HOPE FAMILY SERVICES; AND TURNING POINTS. UWS ALSO INVESTED \$10,000 IN SUPPORTING THE TAMPA BAY NETWORK TO END HUNGER IN ITS MANAGEMENT OF OVER \$3 MILLION IN EFSP FUNDING FOR HILLSBOROUGH AND PINELLAS COUNTIES FOR THE SAME PERIOD.

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 2022, UNITED WAY SUNCOAST LED 3,017 VOLUNTEERS TO DEVOTE 29,114 HOURS TO 55 UNIQUE NONPROFIT ORGANIZATIONS

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IN OUR FIVE-COUNTY REGION. THIS INCLUDES A SUCCESSFUL WEEK OF CARING EFFORT IN APRIL THAT SAW 463 VOLUNTEERS COMPLETE 53 PROJECTS FOR 26 NONPROFIT ORGANIZATIONS. THE 1,058 HOURS THEY DEVOTED DURING WEEK OF CARING HELD A VALUE OF \$30,195. FOR THE YEAR, THE WORK TRANSLATES TO \$871,964 OF VOLUNTEER SUPPORT DELIVERED BACK INTO OUR COMMUNITY. EXPENSES \$ 1,840,411. INCLUDING GRANTS OF \$ 190,778. REVENUE \$ 227,781.

DONOR DESIGNATED CONTRIBUTIONS: CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC 501(C)(3) AGENCIES. EXPENSES \$ 1,711,960. INCL GRANTS OF \$ 1,711,960. REVENUE \$ 148,002.

YOUTH SUCCESS: THIS INITIATIVE REVOLVES AROUND A \$2.8 MILLION INVESTMENT INTO 21 PROGRAMS FOCUSED ON YOUTH SUCCESS OVER THE NEXT THREE YEARS IN HILLSBOROUGH AND PINELLAS COUNTY WHERE OUR ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) FAMILIES LIVE. THESE INVESTMENTS INCLUDE FUNDING FOR A NUMBER OF PROGRAMS WITH A TRACK RECORD OF STEERING YOUTH TO SUCCESS, INCLUDING BOYS & GIRLS CLUBS, BIG BROTHERS/BIG SISTERS, STARTING RIGHT, NOW AND FRIENDS OF THE CHILDREN. OF COURSE, OUR NEVER-ENDING FOCUS ON STEWARDSHIP HAS LED US TO TAKE A DEEPER LOOK AT THE IMPACT OF OUR YOUTH SUCCESS WORK. WITH THE HELP OF RESEARCH FROM CAREERSOURCE TAMPA BAY, THE EDUCATION TEAM HAS INITIATED A COMPREHENSIVE ASSESSMENT OF THE PROGRAMMATIC WORK. ITS RESEARCH ALREADY HAS IDENTIFIED AND STREAMLINED KEY FACTORS IN THE YOUTH SUCCESS AREA: ACADEMIC SUCCESS, FINANCIAL LITERACY, SOCIAL/EMOTIONAL LEARNING, HEALTH AND WELLNESS AND CAREER EXPLORATION. CAREERSOURCE WILL CONTINUE TO CONDUCT RESEARCH TO IDENTIFY KEY ORGANIZATIONS AND CONTACTS IN EACH COUNTY AND THEIR ROLES IN EACH SEGMENT OF THE YOUTH SUCCESS FRAMEWORK. IT WILL PUBLISH A REPORT DEFINING THE YOUTH SUCCESS LANDSCAPE WITHIN

Name of the organization UNITED WAY SUNCOAST, INC.	Employer identification number 59-3725701
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AND ACROSS THE FIVE-COUNTY FOOTPRINT, AND IT WILL CONVENE STAKEHOLDERS TO DISCUSS YOUTH SUCCESS AND TO FOSTER SUPPORT AND ENGAGEMENT FROM OTHER ORGANIZATIONS. THE GOAL OVER THE NEXT 12-24 MONTHS IS TO DEVELOP A CUSTOMIZED YOUTH SUCCESS FRAMEWORK FOR EACH COUNTY AND IMPLEMENT IT NO LATER THAN 2024 AS WE PREPARE FOR THE NEXT ROUND OF MULTI-YEAR COMMUNITY INVESTMENT FUNDING.

EXPENSES \$ 1,295,438. INCLUDING GRANTS OF \$ 429,250. REVENUE \$ 0.

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

THE CORPORATION HAS THREE CLASSES OF MEMBERS: THE MEMBERS OF THE MANATEE AREA BOARD (MANATEE MEMBERS), THE MEMBERS OF THE SARASOTA/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 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,



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

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

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

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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.

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.

Name of the organization UNITED WAY SUNCOAST, INC.	Employer identification number 59-3725701
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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 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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-42,779.
PROVISION FOR UNCOLLECTIBLE PLEDGES	-1,209,312.
CHANGE IN CSV OF LIFE INSURANCE	-567.
TOTAL TO FORM 990, PART XI, LINE 9	-1,252,658.

FORM 990, PART XII, LINE 2C:

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

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

**2021**

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. (DISSOLVED 11/17/22)	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 (i) interest, (ii) annuities, (iii) royalties, or (iv) 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)			



**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.