

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
UNITED WAY OF WEST FLORIDA INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1301 W GOVERNMENT STREET

City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32502

D Employer identification number
59-0651076

E Telephone number
(850) 434-3157

G Gross receipts \$ 3,535,600

F Name and address of principal officer:
LAURA GILLIAM
1301 W GOVERNMENT ST
PENSACOLA, FL 325025314

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

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

J Website: ▶ WWW.UWWF.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1944 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF UNITED WAY OF WEST FLORIDA, INC. IS UNITING OUR COMMUNITY AND LEVERAGING RESOURCES TO IMPROVE LIVES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	38
6 Total number of volunteers (estimate if necessary)	6	1,644
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,155,772	3,190,751
9 Program service revenue (Part VIII, line 2g)	133,047	15,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,406	30,900
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,647	234,590
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,327,872	3,471,241
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,719,890	1,588,965
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,132,176	1,386,204
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 277,362		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	521,698	459,547
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,373,764	3,434,716
19 Revenue less expenses. Subtract line 18 from line 12	-45,892	36,525
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,015,825	2,617,803
21 Total liabilities (Part X, line 26)	1,200,388	751,885
22 Net assets or fund balances. Subtract line 21 from line 20	1,815,437	1,865,918

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2021-02-17

Type or print name and title: TOM HILTON CFO

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-02-17

Check if self-employed PTIN: P00150049

Firm's name ▶ BROWN THORNTON PACENTA & COMPANY PA Firm's EIN ▶ 59-3478013

Firm's address ▶ PO BOX 12484 Phone no. (850) 434-3146

PENSACOLA, FL 32591

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:

THE MISSION OF UNITED WAY OF ESCAMBIA COUNTY IS UNITING OUR COMMUNITY AND LEVERAGING RESOURCES TO IMPROVE LIVES.

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 \$ 1,426,905 including grants of \$ 1,322,026) (Revenue \$) See Additional Data

4b (Code:) (Expenses \$ 748,672 including grants of \$ 266,939) (Revenue \$) See Additional Data

4c (Code:) (Expenses \$ 356,192 including grants of \$) (Revenue \$) See Additional Data

(Code:) (Expenses \$ 153,069 including grants of \$) (Revenue \$ 15,000)

UNITED WAY IS INVOLVED WITH A NUMBER OF OTHER INITIATIVES DESIGNATED TO SUPPORT ITS MISSIONS, INCLUDING THE FOLLOWING; AMBASSADOR PROGRAM - AMBASSADORS ARE VOLUNTEERS WHO ARE "LOANED" TO UNITED WAY BY THEIR EMPLOYERS TO SERVE AS THE PRIMARY ADVOCATES FOR UWF THROUGH THE WORKPLACE CAMPAIGNS. THE AMBASSADOR PROGRAM IS DESIGNED TO HELP PARTICIPANTS DEVELOP THEIR LEADERSHIP SKILLS AND UNDERSTANDING OF THE NON-PROFIT COMMUNITY THROUGH REGULAR TRAINING SEMINARS THAT FEATURE COMMUNITY LEADERS AND NON-PROFIT LEADERS. DAY OF CARING - DAY OF CARING IS THE LARGEST SINGLE VOLUNTEER SERVICE IN NORTHWEST FLORIDA. LOCAL VOLUNTEERS ARE MATCHED WITH NON-PROFIT AGENCIES AND SCHOOLS TO SPEND A FULL DAY OR HALF DAY WORKING ON A VARIETY OF SERVICE PROJECTS. IN TOTAL, THE VOLUNTEERS CONTRIBUTED ALMOST 36,137 HOURS OF VOLUNTEER LABOR, VALUED AT AN ESTIMATE 918,960 OF COMMUNITY IMPACT. FAMILYWIZE - FAMILYWIZE IS A LONGTIME PARTNER WITH THE UNITED WAY SYSTEM. WORKING WITH NEARLY 1,000 UNITED WAYS DEDICATED TO HELPING IMPROVE HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES, AND COMMUNITIES. UNITED WAY HELPED LOCAL CITIZENS SAVE OVER 300,000 ON PRESCRIPTION MEDICINE IN THE LAST YEAR. VITA - VITA IS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, MANAGED BY UNITED WAY AND SERVING ESCAMBIA AND SANTA ROSA COUNTIES. THE PROGRAM USES TRAINING VOLUNTEERS TO PROVIDE FREE TAX PREPARATION FOR LOW INCOME INDIVIDUALS AND FAMILIES. IN THE LAST YEAR, THE VITA PROGRAM PREPARED OVER 4,000 RETURNS, WITH AN ESTIMATED VALUE CONTRIBUTING TO A 5,290,389 IMPACT. THE PROGRAM SAVED USERS ALMOST 700,000 IN TAX PREPARATION FEES. RSVP - RSVP IS A FEDERALLY FUNDED RETIREMENT SENIOR VOLUNTEER PROGRAM OFFERED BY UNITED WAY IN ESCAMBIA COUNTY (ANOTHER ORGANIZATION PROVIDES THE SERVICES IN SANTA ROSA COUNTY). INDIVIDUALS 55 AND OLDER ARE MATCHED WITH LOCAL VOLUNTEER SITES RECRUITED BY UNITED WAY. IN THE LAST YEAR, APPROXIMATELY 184 VOLUNTEERS AGED 55+ SERVED 8 LOCAL SITES. VISTA ALIGNS - VOLUNTEERS IN SERVICE TO AMERICA (VISTA) IS SPONSORED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE. UNITED WAY IS A GEOGRAPHIC INTERMEDIARY IN THIS PROGRAM, PLACING VISTA VOLUNTEERS WITH LOCAL NON-PROFITS IN ESCAMBIA AND SANTA ROSA COUNTIES TO HELP THEM EXPAND THEIR SERVICES IN A SUSTAINABLE WAY. IN THE LAST YEAR, 11 VISTA'S SERVED WITH LOCAL NON-PROFITS. ACHIEVE ESCAMBIA - ACHIEVE ESCAMBIA IS A CRADLE TO CAREER COLLECTIVE IMPACT INITIATIVE OF MORE THAN 150 MEMBER OF THE ACHIEVE PARTNERSHIP COMMIT TO WORKING BETTER TO IMPROVE EDUCATION OUTCOMES AFFECTING CHILDREN, YOUTH, AND YOUNG ADULTS IN THEIR PATH TO EMPLOYMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 153,069 including grants of \$) (Revenue \$ 15,000)

4e Total program service expenses 2,684,838

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TOM HILTON 1301 W GOVERNMENT STREET PENSACOLA, FL 32502 (850) 434-3157

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA GILLIAM PRESIDENT/CE	45.00			X				120,430	0	9,815
(2) TOM HILTON CFO	45.00			X				79,936	0	9,473
(3) MERI ASMAR DIRECTOR	1.00	X						0	0	0
(4) TAMMY DAVIES DIRECTOR	2.00	X						0	0	0
(5) CEDRIC DURRE DIRECTOR	1.00	X						0	0	0
(6) PETER DYSON DIRECTOR	1.00	X						0	0	0
(7) DONNA EDWARDS DIRECTOR	1.00	X						0	0	0
(8) JOHN FLOYD DIRECTOR	1.00	X						0	0	0
(9) KC GARTMAN DIRECTOR	1.00	X						0	0	0
(10) CLARE HAENZSEL TREASURER	1.00	X		X				0	0	0
(11) WESLEY HUDGENS DIRECTOR	1.00	X						0	0	0
(12) DANIEL JOYNER DIRECTOR	1.00	X						0	0	0
(13) JACK LOWREY BOARD CHAIR	2.00	X		X				0	0	0
(14) BARBARA MACNEIL DIRECTOR	1.00	X						0	0	0
(15) TRIP MAYGARDEN DIRECTOR	1.00	X						0	0	0
(16) CHRIS MCFARLAND DIRECTOR	1.00	X						0	0	0
(17) YVETTER MCLELLAN PAST CHAIR	1.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY MILLER CHAIR ELECT	1.00	X						0	0	0
(19) SUSAN PEADEN DIRECTOR	1.00	X						0	0	0
(20) TODD PHILIPS DIRECTOR	1.00	X						0	0	0
(21) MARLA PURVIS SECRETARY	1.00	X			X			0	0	0
(22) CHRIS SCALES DIRECTOR	1.00	X						0	0	0
(23) TIMOTHY STRONKO DIRECTOR	1.00	X						0	0	0
(24) PATRICE WHITTEN DIRECTOR	2.00	X						0	0	0
(25) BRIAN WYER DIRECTOR	1.00	X						0	0	0

1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							200,366		19,288

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 **▶ 1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>		No
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>		No

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

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 **▶**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a DISCOUNTED AGENCY RENTAL, 2b, 2c, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,569,779	1,569,779		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,186	19,186		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,366	113,879	55,476	31,011
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	958,461	544,746	265,372	148,343
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,217	5,238	2,552	1,427
9 Other employee benefits	97,824	55,599	27,085	15,140
10 Payroll taxes	120,336	68,393	33,318	18,625
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,991		6,991	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,509	58,258	18,522	20,729
12 Advertising and promotion				
13 Office expenses	92,675	48,445	23,449	20,781
14 Information technology				
15 Royalties				
16 Occupancy	39,169	22,741	10,768	5,660
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	632	395	212	25
21 Payments to affiliates	27,273	27,273		
22 Depreciation, depletion, and amortization	45,635	45,635		
23 Insurance	38,041	22,087	10,457	5,497
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	46,848	40,458	4,227	2,163
b STAFF DEVELOPMENT	31,463	19,549	6,652	5,262
c REPAIRS	20,164	15,552	3,766	846
d DUES	13,147	7,625	3,669	1,853
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,434,716	2,684,838	472,516	277,362
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	166,903	1	341,042
	2 Savings and temporary cash investments	274,218	2	56,266
	3 Pledges and grants receivable, net	901,882	3	699,624
	4 Accounts receivable, net	116,251	4	80,543
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,450	8	1,794
	9 Prepaid expenses and deferred charges	65,261	9	44,578
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,395,326		
	b Less: accumulated depreciation	905,875		
	11 Investments—publicly traded securities	954,948	11	904,505
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,015,825	16	2,617,803	
Liabilities	17 Accounts payable and accrued expenses	115,047	17	100,900
	18 Grants payable	1,073,355	18	631,599
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,053	21	18,518
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,933	25	868
	26 Total liabilities. Add lines 17 through 25	1,200,388	26	751,885
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,009,435	27	1,234,244
	28 Net assets with donor restrictions	806,002	28	631,674
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,815,437	32	1,865,918	
33 Total liabilities and net assets/fund balances	3,015,825	33	2,617,803	

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	3,471,241
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,434,716
3	Revenue less expenses. Subtract line 2 from line 1	3	36,525
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,815,437
5	Net unrealized gains (losses) on investments	5	13,956
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,865,918

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-0651076

Name: UNITED WAY OF WEST FLORIDA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

UNITED WAY OF ESCAMBIA COUNTY MANAGES A COMMUNITY INVESTMENT PROCESS TO DISTRIBUTE UNDESIGNATED DONOR CONTRIBUTIONS TO NON-PROFITS SERVING ESCAMBIA AND SANTA ROSA COUNTIES THAT ARE AFFECTING POSITIVE COMMUNITY CHANGES IN THE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY. OUR GOALS ARE TO REDUCE OBESITY AND UNHEALTHY BEHAVIORS WHILE INCREASING STABLE AND HEALTHY INDEPENDENT LIVING, INCREASING READING PROFICIENCY AND DECREASING POVERTY WHILE STABILIZING FAMILIES WITH AN INCREASE IN BANKING, EMPLOYABILITY, AND SUSTAINABLE FINANCIAL SUCCESS. WE AWARDED 1,432,715 TO PARTNER AGENCY PROGRAMS THROUGH THIS PROCESS. IN ADDITION, WE PARTICIPATED IN THE CRAM THE VAN PROGRAM (NOW CALLED THE STUFF THE BUS) WHICH DISTRIBUTED FUNDS TO ESCAMBIA AND SANTA ROSA SCHOOL COUNTY DISTRICTS FOR THE PURPOSE OF SCHOOL SUPPLIES. WE ALSO PARTNERED WITH LOCAL TELEVISION AND RADIO STATIONS IN SUPPORT OF COMMUNITIES CARING AT CHRISTMAS AND MIRACLES ON PALAFOX, WHICH DISTRIBUTED GIFTS TO LOW INCOME FAMILIES, AS WELL AS A SEPARATE PROGRAM MANAGED BY OUR 211 NW FLORIDA PROGRAM THAT PROVIDED ASSISTANCE TO LOW INCOME, EMPLOYED INDIVIDUALS. UNITED WAY OF WEST FLORIDA ALSO RAISED 406,192 TO HELP THOSE AFFECTED BY COVID-19.

Form 990, Part III, Line 4b:

DONORS TO THE UNITED WAY OF WEST FLORIDA'S FALL 2019 CAMPAIGN DESIGNATED 266,939 OF THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES AND/OR THEIR PROGRAMS. TO THE EXTENT POSSIBLE, UNITED WAY TRIES TO ENSURE THAT ALL DESIGNATIONS STAY LOCAL IN OUR SERVICE AREA, ESCAMBIA AND SANTA ROSA COUNTIES. THE REVENUES GENERATED FROM DESIGNATION DISTRIBUTIONS REPRESENT THE FEES UNITED WAY ASSESSES TO RECIPIENT AGENCIES TO OFFSET THE COSTS OF FUNDRAISING AND MANAGEMENT RELATED TO THESE DESIGNATIONS.

Form 990, Part III, Line 4c:

2019 AND 2020 WAS A TIME OF GROWTH AND EXPANSION FOR THE PROGRAM PROVIDED BY 211NWFL. WE CAN CONTINUALLY OFFERED OUR FREE SERVICE TO ANYONE IN NEED WHO CALLS OUR EASY TO REMEMBER 211 NUMBER 24 HOURS A DAY, 7 DAYS A WEEK - INCLUDING ALL HOLIDAYS. OUR SERVICE AREA EXPANDED FROM 7 TO 8 COUNTIES WITH THE ADDITION OF SANTA ROSA. THE EXPANDED SERVICE AREA REQUIRED A CONGRUENT GROWTH IN STAFFING TO ADDRESS THE ADDITIONAL POPULATION SERVED AND THE RESOURCES TO BE RECRUITED. DURING THE SECOND FULL YEAR OF SERVICE TO THE NEW COUNTY, THE 211 RESOURCE TEAM ADDED 200 ADDITIONAL SERVICES SPECIFIC TO SANTA ROSA COUNTY 2019 ALSO SAW IMPLEMENTATION OF THE STATEWIDE ROLLOUT FOR THE FLORIDA VETERANS SUPPORT LINE. THE 211NWFL CONTRACTED SERVICE AREA FOR THE FLORIDA VETERANS SUPPORT LINE INCLUDED THE COUNTIES OF OKALOOSA AND WALTON MAKING THE COVERAGE AREA A TOTAL OF 10 COUNTIES. AS THE NORTHWEST FLORIDA FACILITATOR OF THE PROGRAM 211NWFL ADDED 2 DEGREEED FULL TIME VETERAN CARE COORDINATORS AND 1 FULL TIME VETERAN RECOURSE SPECIALIST THAT SERVED 1,887 AT-RISK VETERANS DURING THEIR YEAR. SPECIFIC TO THE PROVISION OF 211 SERVICES, 211NWFL ASSISTED 55,164 INDIVIDUALS WITH 105,670 REFERRALS TO COMMUNITY SERVICES. THE 211NWFL PUBLIC WEBSITE IS A RESOURCE DATA BASE THAT CONTAINS INFORMATION ON OVER 1,500 HUMAN SERVICES. LOCAL NONPROFITS AND CASE MANAGEMENT SPECIALISTS ALSO HAVE ACCESS TO THE DATABASE TO HELP THEIR CLIENTS THAT MAY NOT HAVE IMMEDIATE ACCESS TO A TELEPHONE OR THE INTERNET.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF WEST FLORIDA INC

Employer identification number
59-0651076

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,347,761	2,849,072	2,681,954	3,155,772	3,190,751	15,225,310
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	3,347,761	2,849,072	2,681,954	3,155,772	3,190,751	15,225,310
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						15,225,310

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	3,347,761	2,849,072	2,681,954	3,155,772	3,190,751	15,225,310
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	40,825	16,403	24,774	23,917	23,907	129,826
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						15,355,136
12 Gross receipts from related activities, etc. (see instructions)					12	420,433

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.150 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.050 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-0651076

Name: UNITED WAY OF WEST FLORIDA INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
UNITED WAY OF WEST FLORIDA INC

Employer identification number
59-0651076

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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? Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,205,718	1,203,501	1,168,549	360,788	367,055
b Contributions					
c Net investment earnings, gains, and losses	44,840	58,858	60,366	89,648	-4,902
d Grants or scholarships					
e Other expenditures for facilities and programs	-333,240	-49,722	81,651		
f Administrative expenses	-6,977	-6,919	-7,065	-5,098	-2,365
g End of year balance	910,341	1,205,718	1,203,501	1,168,549	360,788

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 59.690 %
- b** Permanent endowment ▶ 40.310 %
- c** Temporarily restricted endowment ▶

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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		92,350		92,350
b Buildings		1,143,825	759,199	384,626
c Leasehold improvements				
d Equipment		159,151	146,676	12,475
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				489,451

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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) CAPITAL LEASE	868
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	868

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,496,068
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,956
b	Donated services and use of facilities	2b	284,803
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	298,759
3	Subtract line 2e from line 1	3	3,197,309
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	6,993
b	Other (Describe in Part XIII.)	4b	266,939
c	Add lines 4a and 4b	4c	273,932
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,471,241

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	3,445,587
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	284,803
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	284,803
3	Subtract line 2e from line 1	3	3,160,784
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	6,993
b	Other (Describe in Part XIII.)	4b	266,939
c	Add lines 4a and 4b	4c	273,932
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,434,716

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0651076

Name: UNITED WAY OF WEST FLORIDA INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION HOLDS PERMANENTLY RESTRICTED FUNDS OF 366,926 AS OF JUNE 30, 2020. THE ORGANIZATION CAN USE THE INCOME THEREFROM FOR OPERATIONS. THE ORGANIZATION HOLDS QUASI-ENDOWED FUNDS OF 568,051 AS OF JUNE 30, 2020, FOR WHICH THE BOARD DESIGNATED AS A RESERVE FUND, EQUIVALENT TO 90 DAYS OF OPERATIONS AND ARE SET ASIDE IN THE EVENT OF FUTURE DISASTERS OR ECONOMIC DOWNTURNS IN THE COMMUNITY.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	UNITED WAY OF WEST FLORIDA, INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECOGNIZED. THE ORGANIZATION ANNUALLY FILES FEDERAL INFORMATION RETURNS (FORM 990), WHICH ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED STATUTE OF LIMITATIONS, WHICH IS GENERALLY THREE YEARS, FOR THE YEARS ENDED JUNE 30, 2017 THROUGH 2020. MANAGEMENT BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DESIGNATED CONTRIBUTIONS 266,939

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DIRECT DESIGNATIONS 266,939

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF WEST FLORIDA INC

Employer identification number

59-0651076

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY ASSISTANCE		19,186		DONOR APPR	BOOKS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 4, PART IV	UNITED WAY DISTRIBUTES GRANTS THROUGH ITS ANNUAL COMMUNITY INVESTMENT PROCESS, WHICH INCLUDES SOLICITATION OF GRANT APPLICATIONS FROM OUR CERTIFIED PARTNER AGENCIES. UNITED WAY VOLUNTEERS TO REVIEW ALL GRANT APPLICATIONS INCLUDING REVIEW OF APPLICATION OUTCOMES AND MEASURES. FOR ANY GRANTS AWARDED, THE RECIPIENT AGENCY IS REQUIRED TO PROVIDE SEMI ANNUAL REPORTS DETAILING THEIR ACCOMPLISHMENTS, IN ACCORDANCE WITH THEIR ORIGINAL GRANT APPLICATIONS, INCLUDING DOCUMENTING THEIR OUTCOME RESULTS.

Additional Data

Software ID:
Software Version:
EIN: 59-0651076
Name: UNITED WAY OF WEST FLORIDA INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIKIDS PENSACOLA 3685 MULDOON RD PENSACOLA, FL 32526	23-7440836	501C3	21,000				DESIGNATION/ALLOC
ARC GATEWAY 3932 N 10TH AVE PENSACOLA, FL 32503	59-1940528	501C3	26,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM PENSACOLA PO BOX 30213 PENSACOLA, FL 32503	11-3643957	501C3	15,000				DESIGNATION/ALLOC
BIGBROSBIGSISTERS OF NWFL 114 CREIGHTON RD STE 1 PENSACOLA, FL 32504	59-2996893	501C3	20,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB 923 DENTON BLVD NW DESTIN, FL 32547	59-1390241	501C3	32,500				DESIGNATION/ALLOC
BRIGHT BRIDGE MINISTRIES 2600 W STRONG ST PENSACOLA, FL 32505	61-1523951	501C3	10,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPSTONE ADAPTIVE LEARNING 2912 N E STREET PENSACOLA, FL 32501	59-0737912	501C3	20,000				DESIGNATION/ALLOC
CATHOLIC CHARITIES NWFL 1000 GARDEN ST PENSACOLA, FL 32502	59-3213644	501C3	20,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAIN REACTION 1301E GARDEN ST PENSACOLA, FL 32501	20-5966578	501C3	16,000				DESIGNATION/ALLOC
CHILDRENS HOME SOC OF FL PO BOX 19136 PENSACOLA, FL 32523	59-0192430	501C3	20,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PROGRAM 2050 W BLOUNT ST PENSACOLA, FL 32501	59-1118735	501C3	16,816				DESIGNATION/ALLOC
COUNCIL ON AGING OF WFL PO BOX 17066 PENSACOLA, FL 32522	59-1373939	501C3	25,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERY CHILD A READER IN ESC PO BOX 71 PENSACOLA, FL 32591	26-1200860	501C3	25,000				DESIGNATION/ALLOC
FAMILY RESOURCE PROGRAM 6576 CAROLINE ST MILTON, FL 32570	59-2810379	501C3	10,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAVORHOUSE OF NW FL 2001 W BLOUNT ST PENSACOLA, FL 32501	59-2075120	501C3	20,000				DESIGNATION/ALLOC
FEEDING THE GULF COAST 5248 MOBILE SOUTH ST THEODORE, AL 36582	63-0821997	501C3	16,500				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF KIDS HOUSE 3401 N 12TH AVE PENSACOLA, FL 32503	59-3520130	501C3	26,420				DESIGNATION/ALLOC
HEALTH&HOPE CLINIC 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501C3	20,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKEVIEW CENTER INC 1221 W LAKEVIEW AVE PENSACOLA, FL 32501	59-0737872	501C3	8,060				DESIGNATION/ALLOC
LEGAL SVCS OF NORTH FL 118 S BAYLEN ST PENSACOLA, FL 32502	51-0197090	501C3	21,933				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SVCS OF NWFL 4610 W FAIRFIELD DR PENSACOLA, FL 32506	59-2198911	591C3	10,000				DESIGNATION/ALLOC
MANNA FOOD BANK 3030 NORTH E ST PENSACOLA, FL 32501	59-2181031	501C3	33,000				DESIGNATION/ALLOC

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

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OUTREACH NAVARRE 8668 NAVARRE PKWY SUITE 225 NAVARRE, FL 32566	81-3816899	501C3	13,814				DESIGNATION/ALLOC
PACE CTR FOR GIRLS 1201 COLLEGE BLVD PENSACOLA, FL 32504	59-2414492	501C3	15,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RE-ENTRY ALLIANCE PENSACOLA 1000 W BLOUNT ST PENSACOLA, FL 32501	38-3908383	501C3	15,000				DESIGNATION/ALLOC
SALVATION ARMY PO BOX 18569 PENSACOLA, FL 32523	58-0660607	501C3	10,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA ROSA KIDS HOUSE 5643 STEWART ST MILTON, FL 32570	20-1524354	501C3	20,000				DESIGNATION/ALLOC
WATERFRONT RESCUE MISSION PO BOX 870 PENSACOLA, FL 32591	59-0838106	501C3	10,000				DESIGNATION/ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF NW FL 165E INDENDENCIA ST PENSACOLA, FL 32502	59-0624465	501C3	33,000				DESIGNATION/ALLOC
VARIOUS CORPORATE ENTITIES			1,012,797				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF WEST FLORIDA INC

Employer identification number
59-0651076

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCHOOL SUPPLIES)	X	2	50,080	SCHOOL DISTRICT APPRAISAL
26 Other ▶ (OTHER)	X	1	687	PROVIDED BY DONORS
27 Other ▶ ()				
28 Other ▶ ()				

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

29	
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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?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

UNITED WAY OF WEST FLORIDA INC

Employer identification number

59-0651076

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	UNITED WAY OF ESCAMBIA COUNTY MANAGES A COMMUNITY INVESTMENT PROCESS TO DISTRIBUTE UNDESIGNATED DONOR CONTRIBUTIONS TO NON-PROFITS SERVING ESCAMBIA AND SANTA ROSA COUNTIES THAT ARE AFFECTING POSITIVE COMMUNITY CHANGES IN THE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY. OUR GOALS ARE TO REDUCE OBESITY AND UNHEALTHY BEHAVIORS WHILE INCREASING STABLE AND HEALTHY INDEPENDENT LIVING, INCREASING READING PROFICIENCY AND DECREASING POVERTY WHILE STABILIZING FAMILIES WITH AN INCREASE IN BANKING, EMPLOYABILITY, AND SUSTAINABLE FINANCIAL SUCCESS. WE AWARDED 1,432,715 TO PARTNER AGENCY PROGRAMS THROUGH THIS PROCESS. IN ADDITION, WE PARTICIPATED IN THE CRAM THE VAN PROGRAM (NOW CALLED THE STUFF THE BUS) WHICH DISTRIBUTED FUNDS TO ESCAMBIA AND SANTA ROSA SCHOOL COUNTY DISTRICTS FOR THE PURPOSE OF SCHOOL SUPPLIES. WE ALSO PARTNERED WITH LOCAL TELEVISION AND RADIO STATIONS IN SUPPORT OF COMMUNITIES CARING AT CHRISTMAS AND MIRACLES ON PALAFOX, WHICH DISTRIBUTED GIFTS TO LOW INCOME FAMILIES, AS WELL AS A SEPARATE PROGRAM MANAGED BY OUR 211 NW FLORIDA PROGRAM THAT PROVIDED ASSISTANCE TO LOW INCOME, EMPLOYED INDIVIDUALS. UNITED WAY OF WEST FLORIDA ALSO RAISED 406,192 TO HELP THOSE AFFECTED BY COVID-19.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>2019 AND 2020 WAS A TIME OF GROWTH AND EXPANSION FOR THE PROGRAM PROVIDED BY 211NWFL. WE CONTINUALLY OFFERED OUR FREE SERVICE TO ANYONE IN NEED WHO CALLS OUR EASY TO REMEMBER 211 NUMBER 24 HOURS A DAY, 7 DAYS A WEEK - INCLUDING ALL HOLIDAYS. OUR SERVICE AREA EXPANDED FROM 7 TO 8 COUNTIES WITH THE ADDITION OF SANTA ROSA. THE EXPANDED SERVICE AREA REQUIRED A CONGRUENT GROWTH IN STAFFING TO ADDRESS THE ADDITIONAL POPULATION SERVED AND THE RESOURCES TO BE RECRUITED. DURING THE SECOND FULL YEAR OF SERVICE TO THE NEW COUNTY, THE 211 RESOURCE TEAM ADDED 200 ADDITIONAL SERVICES SPECIFIC TO SANTA ROSA COUNTY 2019 ALSO SAW IMPLEMENTATION OF THE STATEWIDE ROLLOUT FOR THE FLORIDA VETERANS SUPPORT LINE. THE 211NWFL CONTRACTED SERVICE AREA FOR THE FLORIDA VETERANS SUPPORT LINE INCLUDED THE COUNTIES OF OKALOOSA AND WALTON MAKING THE COVERAGE AREA A TOTAL OF 10 COUNTIES. AS THE NORTHWEST FLORIDA FACILITATOR OF THE PROGRAM 211NWFL ADDED 2 DEGREEED FULL TIME VETERAN CARE COORDINATORS AND 1 FULL TIME VETERAN RECOURSE SPECIALIST THAT SERVED 1,887 AT-RISK VETERANS DURING THEIR YEAR. SPECIFIC TO THE PROVISION OF 211 SERVICES, 211NWFL ASSISTED 55,164 INDIVIDUALS WITH 105,670 REFERRALS TO COMMUNITY SERVICES. THE 211NWFL PUBLIC WEBSITE IS A RESOURCE DATA BASE THAT CONTAINS INFORMATION ON OVER 1,500 HUMAN SERVICES. LOCAL NONPROFITS AND CASE MANAGEMENT SPECIALISTS ALSO HAVE ACCESS TO THE DATABASE TO HELP THEIR CLIENTS THAT MAY NOT HAVE IMMEDIATE ACCESS TO A TELEPHONE OR THE INTERNET.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>UNITED WAY IS INVOLVED WITH A NUMBER OF OTHER INITIATIVES DESIGNATED TO SUPPORT ITS MISSIONS, INCLUDING THE FOLLOWING; AMBASSADOR PROGRAM - AMBASSADORS ARE VOLUNTEERS WHO ARE "LOANED" TO UNITED WAY BY THEIR EMPLOYERS TO SERVE AS THE PRIMARY ADVOCATES FOR UWF THROUGH THE WORKPLACE CAMPAIGNS. THE AMBASSADOR PROGRAM IS DESIGNED TO HELP PARTICIPANTS DEVELOP THEIR LEADERSHIP SKILLS AND UNDERSTANDING OF THE NON-PROFIT COMMUNITY THROUGH REGULAR TRAINING SEMINARS THAT FEATURE COMMUNITY LEADERS AND NON-PROFIT LEADERS. DAY OF CARING - DAY OF CARING IS THE LARGEST SINGLE VOLUNTEER SERVICE IN NORTHWEST FLORIDA. LOCAL VOLUNTEERS ARE MATCHED WITH NON-PROFIT AGENCIES AND SCHOOLS TO SPEND A FULL DAY OR HALF DAY WORKING ON A VARIETY OF SERVICE PROJECTS. IN TOTAL, THE VOLUNTEERS CONTRIBUTED ALMOST 36,137 HOURS OF VOLUNTEER LABOR, VALUED AT AN ESTIMATE 918,960 OF COMMUNITY IMPACT. FAMILYWISE - FAMILYWISE IS A LONGTIME PARTNER WITH THE UNITED WAY SYSTEM. WORKING WITH NEARLY 1,000 UNITED WAYS DEDICATED TO HELPING IMPROVE HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES, AND COMMUNITIES. UNITED WAY HELPED LOCAL CITIZENS SAVE OVER 300,000 ON PRESCRIPTION MEDICINE IN THE LAST YEAR. VITA - VITA IS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, MANAGED BY UNITED WAY AND SEVERAL ESCAMBIA AND SANTA ROSA COUNTIES. THE PROGRAM USES TRAINING VOLUNTEERS TO PROVIDE FREE TAX PREPARATION FOR LOW INCOME INDIVIDUALS AND FAMILIES. IN THE LAST YEAR, THE VITA PROGRAM PREPARED OVER 4,000 RETURNS, WITH AN ESTIMATED VALUE CONTRIBUTING TO A 5,290,389 IMPACT. THE PROGRAM SAVED USERS ALMOST 700,000 IN TAX PREPARATION FEES. RSVP - RSVP IS A FEDERALLY FUNDED RETIREMENT SENIOR VOLUNTEER PROGRAM OFFERED BY UNITED WAY IN ESCAMBIA COUNTY (ANOTHER ORGANIZATION PROVIDES THE SERVICES IN SANTA ROSA COUNTY). INDIVIDUALS 55 AND OLDER ARE MATCHED WITH LOCAL VOLUNTEER SITES RECRUITED BY UNITED WAY. IN THE LAST YEAR, APPROXIMATELY 184 VOLUNTEERS AGED 55+ SERVED 8 LOCAL SITES. VISTA ALIGNS - VOLUNTEERS IN SERVICE TO AMERICA (VISTA) IS SPONSORED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE. UNITED WAY IS A GEOGRAPHIC INTERMEDIARY IN THIS PROGRAM, PLACING VISTA VOLUNTEERS WITH LOCAL NON-PROFITS IN ESCAMBIA AND SANTA ROSA COUNTIES TO HELP THEM EXPAND THEIR SERVICES IN A SUSTAINABLE WAY. IN THE LAST YEAR, 11 VISTA'S SERVED WITH LOCAL NON-PROFITS. ACHIEVE ESCAMBIA - ACHIEVE ESCAMBIA IS A CRADLE TO CAREER COLLECTIVE IMPACT INITIATIVE OF MORE THAN 150 MEMBER OF THE ACHIEVE PARTNERSHIP COMMIT TO WORKING BETTER TO IMPROVE EDUCATION OUTCOMES AFFECTING CHILDREN, YOUTH, AND YOUNG ADULTS IN THEIR PATH TO EMPLOYMENT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT OF THE COMPLETE FORM 990 IS SENT TO ALL BOARD MEMBERS PRIOR TO SUBMISSION. BOARD MEMBERS ARE ASKED TO REVIEW THE DOCUMENT AND DIRECT ANY QUESTIONS TO THE CHIEF FINANCIAL OFFICER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	PART VI, LINE 12C - ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY, ANY POTENTIAL CONFLICTS OF INTEREST IN A WRITTEN DISCLOSURE DOCUMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	PART VI, LINE 15A - THE CEO'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY. THE SALARY IS COMPARED TO SIMILAR NON-PROFITS LOCALLY AND WITHIN THE UNITED WAY SYSTEM FOR REASONABLENESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	PART VI, LINE 15B - AS A PART OF THE ANNUAL BUDGET PROCESS, THE SALARIES OF ALL STAFF, INCLUDING THE CEO AND CFO, ARE REVIEWED BY THE BOARD'S FINANCE COMMITTEE AND HUMAN RESOURCES COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UNITED WAY POSTS ITS MOST RECENTLY COMPLETED AUDITED FINANCIAL STATEMENTS AND FORM 990 ON ITS WEBSITE FOR PUBLIC INSPECTION. IN ADDITION, THE 990 IS AVAILABLE ON GUIDESTAR.ORG AND THE ORGANIZATION IS LISTED AS A BBB ACCREDITED CHARITY UNDER THE BETTER BUSINESS BUREAU'S WISE GIVING ALLIANCE.