

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 SUNCOAST INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5201 W KENNEDY BLVD NO 600

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33609

D Employer identification number
59-3725701

E Telephone number
(813) 274-0900

G Gross receipts \$ 22,981,860

F Name and address of principal officer:
JESSICA MUROFF
5201 W KENNEDY BLVD NO 600
TAMPA, FL 33609

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.UNITEDWAYSUNCOAST.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE LEADERSHIP THAT IMPROVES LIVES AND CREATES LASTING COMMUNITY CHANGE

2 Check this box 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	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	87
6 Total number of volunteers (estimate if necessary)	6	5,335
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,619,892	18,979,073
9 Program service revenue (Part VIII, line 2g)	351,254	351,574
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,876,460	1,192,543
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,918	602
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,871,524	20,523,792
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,756,696	11,413,261
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,894,844	5,531,730
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,099,016		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,259,721	2,945,506
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,911,261	19,890,497
19 Revenue less expenses. Subtract line 18 from line 12	1,960,263	633,295
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	40,946,699	44,526,386
21 Total liabilities (Part X, line 26)	5,996,480	9,747,774
22 Net assets or fund balances. Subtract line 21 from line 20	34,950,219	34,778,612

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: 2021-03-04
JESSICA MUROFF CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN P00100222
Firm's name ▶ CBIZ MHM LLC Firm's EIN ▶ 27-3605969
Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400 Phone no. (727) 572-1400
CLEARWATER, FL 337625539

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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 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 No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,106,642 including grants of \$ 4,335,639) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 3,634,069 including grants of \$ 1,955,434) (Revenue \$ 171,620)
See Additional Data

4c (Code:) (Expenses \$ 3,738,442 including grants of \$ 2,887,919) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,018,266 including grants of \$ 2,234,269) (Revenue \$ 179,954)

4e Total program service expenses 15,497,419

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form with sections 2a through 16, including questions about employee reporting, federal employment tax returns, business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

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

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

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:
 ▶ DANIELLE LONG 5201 W KENNEDY BLVD STE 600 TAMPA, FL 33609 (813) 274-0912

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			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		1,350,538	0 135,012

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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>	4 Yes	
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>	5	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 ▶ 0

Part VIII Statement of Revenue

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

Table with 5 main 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-1g for various contributions and 1h Total.

Table for Program Service Revenue with columns for Business Code, (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-2f for service fees and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, rental income, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,345,091	11,345,091		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	68,170	68,170		
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	597,658	340,845	203,400	53,413
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,933,860	1,971,985	751,724	1,210,151
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	105,065	49,746	14,273	41,046
9 Other employee benefits	449,484	245,667	68,767	135,050
10 Payroll taxes	445,663	231,581	79,919	134,163
11 Fees for services (non-employees):				
a Management				
b Legal	3,403	2,590	813	
c Accounting	69,000	31,478	20,712	16,810
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	112,117		112,117	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	208,347	71,679	134,168	2,500
12 Advertising and promotion	332,232	4,844	323,530	3,858
13 Office expenses	405,543	244,092	116,197	45,254
14 Information technology	463,563	247,459	111,903	104,201
15 Royalties				
16 Occupancy	739,534	361,380	176,296	201,858
17 Travel	66,454	45,903	3,108	17,443
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,261	11,218	40,368	12,675
20 Interest	7,207	609	6,241	357
21 Payments to affiliates	239,540	115,243	53,883	70,414
22 Depreciation, depletion, and amortization	148,708	85,716	24,804	38,188
23 Insurance	45,870	21,993	12,422	11,455
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	39,727	130	39,417	180
25 Total functional expenses. Add lines 1 through 24e	19,890,497	15,497,419	2,294,062	2,099,016
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	4,655,057	1	7,331,985
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,746,378	3	5,558,699
	4 Accounts receivable, net	54,248	4	258,658
	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		8	
	9 Prepaid expenses and deferred charges	110,171	9	123,780
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,036,503		
	b Less: accumulated depreciation	2,461,854		
	11 Investments—publicly traded securities	23,010,435	11	23,856,180
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,742,768	15	5,822,435
16 Total assets. Add lines 1 through 15 (must equal line 34)	40,946,699	16	44,526,386	
Liabilities	17 Accounts payable and accrued expenses	728,423	17	1,137,465
	18 Grants payable	4,551,691	18	6,785,870
	19 Deferred revenue	281,885	19	420,344
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	1,030,500
	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	434,481	25	373,595
	26 Total liabilities. Add lines 17 through 25	5,996,480	26	9,747,774
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	24,524,600	27	24,728,616
	28 Net assets with donor restrictions	10,425,619	28	10,049,996
	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	34,950,219	32	34,778,612	
33 Total liabilities and net assets/fund balances	40,946,699	33	44,526,386	

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	20,523,792
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,890,497
3	Revenue less expenses. Subtract line 2 from line 1	3	633,295
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,950,219
5	Net unrealized gains (losses) on investments	5	364,201
6	Donated services and use of facilities	6	-14,626
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,154,477
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,778,612

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-3725701

Name: UNITED WAY SUNCOAST INC

Form 990 (2019)

Form 990, Part III, Line 4a:

EARLY LEARNING: EARLY LEARNING IS CRITICALLY IMPORTANT TO ENSURING THAT CHILDREN ARE PREPARED FOR SCHOOL AND THAT THEY THRIVE IN THE EARLY YEARS OF THEIR EDUCATION, SETTING THE PATH FOR FUTURE SUCCESS. THE UNITED WAY SUNCOAST FOCUSES ON IMPROVING SCHOOL READINESS AND EARLY GRADE READING SKILLS FOR CHILDREN IN THE REGION. (CONTINUED ON SCHEDULE O) STRATEGIES INCLUDE IMPROVING THE QUALITY OF EARLY CARE AND EDUCATION, HELPING FAMILIES ACQUIRE APPROPRIATE KNOWLEDGE OF AND/OR ENGAGEMENT IN THEIR CHILD'S DEVELOPMENT, PROVIDING ACCESS TO BOOKS FOR CHILDREN, QUALITY OUT-OF-SCHOOL TIME OPPORTUNITIES THAT REINFORCE LEARNING, AND IMPROVING ABSENTEEISM AND TARDINESS IN TARGETED SCHOOLS AND NEIGHBORHOODS, MENTORING AND TUTORING, AND REDUCING BARRIERS TO LEARNING DUE TO DENTAL, VISION, ASTHMA AND NUTRITION ISSUES. THROUGH OUR INVESTMENT OF \$1.38 MILLION LOCAL CHILDREN RECEIVED SUPPORT FROM UNITED WAY TO IMPROVE THEIR EDUCATIONAL OPPORTUNITIES. FOR THE CHILDREN IN SUMMER PROGRAMMING, 2,391 BOOKS WERE PROVIDED TO STUDENTS. 998 MATCHED PRE/POST TESTS AND 81% MAINTAINED OR GREW. IN ADDITION TO AGENCY-BASED PROGRAMS, UNITED WAY SUNCOAST DIRECTLY MANAGES SPECIFIC PROGRAMS FOCUSED ON EARLY LEARNING TO HELP CHILDREN IN THE SUNCOAST REGION SUCCEED. SUMMER CARE: IN ORDER TO PREVENT LEARNING LOSS OVER THE SUMMER, UNITED WAY SUNCOAST FUNDS \$500,000 IN SCHOLARSHIPS FOR LOW-INCOME CHILDREN TO ATTEND A FREE, FULL-TIME, HIGH-QUALITY SUMMER PROGRAMS. ADULT FAMILY MEMBERS OF CHILDREN RECEIVING SCHOLARSHIPS ATTEND EDUCATIONAL WORKSHOPS TO HELP BUILD MORE FINANCIALLY SECURE HOUSEHOLDS. ALL CHILDREN AT THE SUMMER CARE SITES RECEIVE A SUMMER BRIDGE BOOK AND SPEND A MINIMUM OF 30 MINUTES WORKING ON THE CURRICULUM DAILY, WITH SOME STRUGGLING READERS GETTING ADDITIONAL TUTORING SUPPORT. DURING THE SUMMER OF 2019, 734 CHILDREN RECEIVED SCHOLARSHIPS AND 107 CHILDREN WERE REPRESENTED BY PARENTS WHO ATTENDED A FINANCIAL EDUCATION COURSE. 2,391 CHILDREN USED THE SUMMER BRIDGE BOOKS AND 246 RECEIVED INDIVIDUAL TUTORING TO HELP IMPROVE THEIR READING SKILLS. READING PALS: READING PALS IS AN ACADEMIC MENTORING AND TUTORING PROGRAM FOR CHILDREN IN GRADES K-3. THE PROGRAM FOCUSES ON HELPING STRUGGLING READERS EXCEL, TO FOSTER AN APPRECIATION FOR READING IN CHILDREN, AND TO BUILD LITERACY SKILLS. THROUGH READING PALS, VOLUNTEER READING COACHES DIRECTLY IMPACT CHILDREN'S ACADEMIC SUCCESS BY SPENDING ONE HOUR EACH WEEK WORKING WITH STUDENTS WHO NEED HELP THE MOST, MAKING SURE THEY HAVE THE BEST CHANCE FOR SUCCESS. IN 2019-2020, OUR COMBINED READING PALS PROGRAM IN HILLSBOROUGH & MANATEE COUNTIES COLLECTIVELY HOSTED 182 VOLUNTEERS SERVED 212 CHILDREN WITH AT LEAST THREE HOURS OF READING (THOUGH MANY DID MORE) AND GAVE THEM 9,377 BOOKS. THIS PROGRAM CHANGED TO READING ALL-STARS IN FISCAL 2021. MYON: THE MYON PARTNERSHIP PROVIDES ALL CHILDREN FROM BIRTH THROUGH EIGHTH GRADE IN HILLSBOROUGH AND PINELLAS COUNTIES WITH ACCESS TO MORE THAN 8,500 E-BOOKS. THE GOAL OF THE MYON PARTNERSHIP IS TO PROVIDE EACH CHILD IN OUR COMMUNITY WITH EQUITABLE ACCESS TO THE LARGEST COLLECTION OF ENHANCED DIGITAL BOOKS TO ENCOURAGE READING, INCREASE LITERACY RATES, AND PROMOTE LITERACY THROUGHOUT THE REGION. TALK WITH ME BABY (TWMB): TWMB IS A PUBLIC ENGAGEMENT CAMPAIGN DESIGNED TO INCREASE THE QUANTITY AND QUALITY OF LANGUAGE DEVELOPMENT IN BABIES BY TRAINING WORKFORCES (DOCTORS, NURSES, CHILD CARE, HOME VISITORS, ETC.) TO MODEL TALKING WITH BABIES AND COACHING FAMILIES AND TO DISTRIBUTE MATERIALS AND RESOURCES ABOUT THE IMPORTANCE OF EARLY LANGUAGE DEVELOPMENT. 195 PEOPLE ATTENDED TWMB PRESENTATIONS AND OVER 3,291 MATERIALS WERE DISTRIBUTED. READING ROOMS: IN MANATEE COUNTY, 3 READING ROOMS HAVE BEEN ESTABLISHED TO BRING EARLY EDUCATION RESOURCES AND PROGRAMS TO WHERE THE MOST VULNERABLE CHILDREN AND FAMILIES LIVE: COMMUNITY SUPPORTED HOUSING NEIGHBORHOODS. IN THE SUMMER OF 2020, A VIRTUAL PROGRAM WAS HOSTED BENEFITING 24 STUDENTS 3-10 YEARS OLD, STUDENTS READ 222 BOOKS, AND 600 LUNCHES AND 700 WEEKEND FOOD BAGS WERE GIVEN AWAY. CAMPAIGN FOR GRADE-LEVEL READING: UNITED WAY IS THE LEAD AGENCY FOR THE SUNCOAST CAMPAIGN FOR GRADE-LEVEL READING IN DESOTO AND MANATEE COUNTIES, WHERE THROUGH PARTNERSHIPS WITH THE SCHOOL DISTRICTS, COMMUNITY FOUNDATIONS, COUNTY GOVERNMENT, EARLY LEARNING COALITIONS AND OTHER STRATEGIC COMMUNITY PARTNERS, THE COMMUNITY COMES TOGETHER TO IMPROVE READING RATES. THE BIG PLAN IN MANATEE COUNTY FOCUSED ON THE ATTENDANCE ZONE NEIGHBORHOODS OF 10 SCHOOLS IN THE CENTRAL CORRIDOR AND A COMMUNITY COALITION IN DESOTO COUNTY TO IMPROVE READING RATES BY EXPLORING AND REMOVING SYSTEMIC BARRIERS TO ACCESS AND EQUITY IN EARLY EDUCATION. IN HILLSBOROUGH COUNTY, THROUGH SERVICES RANGING FROM VISION HEALTH, BOOK DISTRIBUTION, AND CHILDHOOD EDUCATION, OUR PARTNERS WITHIN THE CAMPAIGN FOR GRADE-LEVEL READING WERE ABLE TO KICK OFF THEIR FIRST MONTH BY SERVING 295 WITHIN THE 33604 ZIP CODE.

Form 990, Part III, Line 4b:

SUPPORT SERVICES: A NETWORK OF SERVICES IS PROVIDED TO HELP INDIVIDUALS/FAMILIES MOVE PAST IMMEDIATE NEED TO FULLY PARTICIPATE IN UNITED WAY SUNCOAST'S PRIORITY AREAS OF EARLY LEARNING, YOUTH SUCCESS AND FINANCIAL STABILITY. PROGRAMS INCLUDE SCREENINGS AND TREATMENT OF DENTAL, VISION, AND ASTHMA ISSUES FOR CHILDREN; ACCESS TO IDENTIFIED LEGAL SUPPORTS FOR ADULTS, NUTRITION AND FOOD ASSISTANCE, AND INFORMATION/REFERRAL SERVICES. UNITED WAY SUNCOAST INVESTED \$712,000 DURING 2019-2020. (CONTINUED ON SCHEDULE O) MISSION UNITED: THIS IS A GROWING INITIATIVE THAT COORDINATES SERVICES FOR VETERANS AND THEIR FAMILIES IN HILLSBOROUGH COUNTY BY CONNECTING THEM TO RESOURCES THAT OFFER THE OPPORTUNITY TO LIVE FULL AND MEANINGFUL LIVES DURING AND AFTER THEIR TIME IN SERVICE. THROUGH 16 ACTIVE PARTNER ORGANIZATIONS OVER 1,100 INDIVIDUALS WERE CONNECTED TO SERVICES THROUGH OUR COORDINATED CARE NETWORK, WITH A SIMPLE ENTRY POINT THROUGH THE 2-1-1 HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL LINE. MISSION UNITED IS CURRENTLY BEING EXPLORED IN SARASOTA, MANATE, AND DESOTO COUNTIES. VOLUNTEER SUPPORT: VOLUNTEERS SUPPORT MUCH OF THE WORK THAT IS DONE BOTH INTERNALLY AT UNITED WAY AS WELL AS EXTERNALLY THROUGH OUR VARIOUS PROGRAMS AND PARTNERS. THROUGH OUR VOLUNTEER RECRUITMENT AND SUPPORT THROUGH THE UNITED WAY HANDSON SUNCOAST PLATFORM, 32,617 HOURS WERE ORGANIZED ACROSS 113 DIFFERENT ORGANIZATIONS. THIS WORK TRANSLATES TO \$1,121,640 OF VOLUNTEER SUPPORT DELIVERED BACK INTO OUR COMMUNITY IN LAST YEAR ALONE.

Form 990, Part III, Line 4c:

STABLE, ADEQUATE FINANCIAL STABILITY, FAMILIES MUST HAVE STABLE, ADEQUATE INCOME AS WELL AS STABLE, ADEQUATE FINANCIAL RESOURCES. STABLE, ADEQUATE INCOME IS DERIVED FROM A JOB PAYING FAMILY-SUSTAINING WAGES AND PUBLIC, EMPLOYER AND INFORMAL INCOME SUPPORTS AND SUBSIDIES. STABLE, ADEQUATE FINANCIAL RESOURCES INCLUDE SAVINGS AND ASSETS TO COVER UNEXPECTED EXPENSES, AFFORDABLE AND ACCESSIBLE GOODS AND SERVICES, AND SAFE, AFFORDABLE HOUSING.(CONTINUED ON SCHEDULE O) UNITED WAY SUNCOAST FINANCIAL STABILITY STRATEGIES INCLUDE: INCREASE ENROLLMENT IN AND COMPLETION OF DEGREE, CERTIFICATION AND/OR TRAINING PROGRAMS; PROVIDE SUPPORTS TO HELP INDIVIDUALS RETAIN EMPLOYMENT AND ENHANCE THEIR CAREERS; INCREASE FINANCIAL KNOWLEDGE AND SKILLS; CONNECT LOW-INCOME WORKING FAMILIES WITH AFFORDABLE HOUSING; INCREASE AWARENESS OF AVAILABLE INCOME SUPPORTS THROUGH EDUCATION AND OUTREACH EFFORTS; AND IMPROVE PRODUCTS AND SYSTEMS THAT ENABLE LOW-INCOME WORKING FAMILIES TO SAVE. THROUGH OUR INVESTMENT OF \$523,000, ADULTS WERE PROVIDED PRE-EMPLOYMENT SERVICES AND FINANCIAL EDUCATION SUPPORTS TO HELP MOVE FORWARD ON THE PATH TO FINANCIAL STABILITY. OF THOSE ADULTS WHO TOOK A CERTIFICATION OR LICENSING PROGRAM, MOST RECEIVED OR MADE STRONG GROWTH TOWARD THIS LICENSE, INCREASING THE FINANCIAL STABILITY OF THEIR HOUSEHOLD. IN ADDITION TO AGENCY-BASED PROGRAMS, UNITED WAY SUNCOAST DIRECTLY MANAGES SPECIFIC PROGRAMS FOCUSED ON FINANCIAL STABILITY TO HELP FAMILIES IN THE SUNCOAST REGION SUCCEED. FREE INCOME TAX PREPARATION/VOLUNTEER INCOME TAX ASSISTANCE: UNITED WAY SUNCOAST BELIEVES THAT NO LOW TO MODERATE INCOME HOUSEHOLDS SHOULD PAY SOMEONE TO FILE THEIR TAXES. EACH YEAR, WE HELP RESIDENTS WITH A HOUSEHOLD INCOME OF \$66,000 OR LESS KEEP THEIR HARD EARNED MONEY BY OFFERING FREE INCOME TAX PREPARATION THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM AND THE PROSPERITY CAMPAIGN. DURING THE 2019 TAX YEAR, 22,324 TAX RETURNS WERE PREPARED BY OVER 511 TRAINED VOLUNTEERS THROUGH UNITED WAY'S PROSPERITY CAMPAIGN, A PARTNERSHIP BETWEEN UNITED WAY, HILLSBOROUGH AARP, AND MACDILL AIR FORCE BASE'S AIRMAN AND FAMILY READINESS CENTER. COLLECTIVELY, AT LEAST \$24 MILLION IN REFUNDS WERE GIVEN BACK TO THE COMMUNITY, WHICH HELPED PAY DEBT, SECURE SAFE HOUSING, AND MORE. INDIVIDUAL DEVELOPMENT ACCOUNTS: UNITED WAY SUNCOAST'S INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) IS A MATCHED SAVINGS ACCOUNT PROGRAM THAT HELPS LOW-INCOME INDIVIDUALS ACHIEVE THEIR GOALS OF BUYING A HOME, ATTENDING SCHOOL OR OPENING A BUSINESS. ELIGIBLE PARTICIPANTS ARE REQUIRED TO SAVE MONEY WHILE ALSO ACQUIRING CRITICAL FINANCIAL EDUCATION AND LONG-TERM MONEY MANAGEMENT SKILLS. FOR FY 2020, 53 INDIVIDUALS COMPLETED THE PROGRAM RESULTING IN \$47,328 SAVED BY PARTICIPANTS BACKED BY \$76,110 IN MATCHED FUNDS DISTRIBUTED BY UWS FOR HOME, BUSINESS, AND EDUCATION. FINANCIAL COACHING: THE UNITED WAY SUNCOAST FINANCIAL COACHING PROGRAM TRAINS AND PARTNERS VOLUNTEERS WITH INDIVIDUALS WHO ARE READY TO TAKE CONTROL OF THEIR FINANCIAL SITUATION. IN THE 2020 FISCAL YEAR, 40 INDIVIDUALS WERE MATCHED WITH A FINANCIAL COACH IN THE TAMPA AREA AND COMPLETED 116 COACHING SESSIONS.BANK ON SUNCOAST: BANK ON IS A LOCAL COALITION THAT WORKS WITH COMMUNITY STAKEHOLDERS TO IMPROVE THE FINANCIAL STABILITY OF INDIVIDUALS WHO DO NOT HAVE ANY BANK ACCOUNTS OR USE ALTERNATIVE FINANCIAL SERVICES, LIKE CHECK CASHING SERVICES AND PAYDAY LOANS. BANK ON'S GOAL IS TO ENSURE THAT EVERYONE HAS ACCESS TO SAFE AND AFFORDABLE BANKING PRODUCTS AND SERVICES. 21 FINANCIAL INSTITUTIONS JOINED THE BANK ON COALITION, 1547 PEOPLE ATTENDED BANK ON EVENTS AND 7 FINANCIAL INSTITUTIONS NOW HAVE BANK ON APPROVED ACCOUNTS AVAILABLE FOR CONSUMERS. SULPHUR SPRINGS RESOURCE CENTER: THE SULPHUR SPRINGS RESOURCE CENTER (SSRC) FOCUSES ON WORKFORCE DEVELOPMENT AND ECONOMIC SUPPORTS FOR AREA RESIDENTS AND HAS BECOME PART OF THE FABRIC OF THE COMMUNITY IN THE AREA IT REPRESENTS. SINCE 2009, IN COOPERATION WITH COMMUNITY PARTNERS, UNITED WAY SUNCOAST PROVIDES PROGRAMS AND SERVICES AT THE SSRC TO HELP INDIVIDUALS ACHIEVE EDUCATIONAL, PROFESSIONAL AND FINANCIAL GOALS. IN 2019-2020, SSRC SERVED 2,549 PEOPLE IN THE AREAS OF LEGAL ASSISTANCE, FINANCIAL EDUCATION, GED INSTRUCTION, WORKFORCE DEVELOPMENT, ETC. SSRC PLACED ROUGHLY 10 INDIVIDUALS IN JOBS AND HELPED 78 STUDENTS COMPLETE THEIR GED SEMESTERS.CAMPBELL PARK RESOURCE CENTER: SIMILAR WORKFORCE SUPPORTS OCCUR AT CAMPBELL PARK RESOURCE CENTER, LOCATED ON THE SOUTH SIDE OF ST. PETERSBURG. THERE, 2390 CLIENTS WERE SEEN BY ALL PROGRAMS WITH 415 FIRST TIME VISITORS, 70 OF WHICH INDIVIDUALS PLACED IN JOBS AND 441 INCREASING THEIR EMPLOYABILITY SKILLS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 1,841,456 including grants of \$ 1,841,456) (Revenue \$ 179,954)

DONOR DESIGNATED CONTRIBUTIONS: CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC 501(C)(3) AGENCIES.

(Code:) (Expenses \$ 1,145,749 including grants of \$ 392,813) (Revenue \$)

YOUTH SUCCESS: GRADUATING FROM HIGH SCHOOL ON-TIME IS AN ESSENTIAL BUILDING BLOCK FOR FUTURE SUCCESS. UNITED WAY SUNCOAST INVESTS \$314,000 IN ORDER TO SUPPORT OUR STRATEGIES OF INCREASING QUALITY OUT-OF-SCHOOL TIME EXPERIENCES THAT REINFORCE LEARNING, INCREASING PARENTAL INVOLVEMENT AND CONNECTION TO SCHOOLS, EXPOSING YOUTH TO LIFE AND WORKFORCE SKILLS, AND IMPROVING ABSENTEEISM AND TARDINESS IN TARGETED SCHOOLS AND NEIGHBORHOODS. IN ADDITION TO AGENCY-BASED PROGRAMS, UNITED WAY SUNCOAST DIRECTLY MANAGES SPECIFIC PROGRAMS FOCUSED ON YOUTH SUCCESS TO HELP YOUTH IN THE SUNCOAST REGION SUCCEED. OPERATION GRADUATE: OPERATION GRADUATE IN PINELLAS COUNTY PROVIDES EDUCATIONAL OPPORTUNITIES AND A FOCUS ON LIFE SKILLS TO DEVELOP A FOUNDATION FOR TEENS TO BECOME SUCCESSFUL, CONTRIBUTING MEMBERS OF SOCIETY. THE PROGRAM TARGETS TEENS THAT HAVE BEEN IDENTIFIED AS AT-RISK OR NOT ACHIEVING THEIR FULL POTENTIAL. THIS INCLUDES HIGH SCHOOL STUDENTS WHO ARE IN THE "ACADEMIC MIDDLE" - NOT IN THE HIGHEST OR LOWEST QUARTER OF STUDENTS ACADEMICALLY; MIDDLE AND HIGH SCHOOL STUDENTS THAT ARE BEHIND IN THE NUMBER OF CREDITS NEEDED TO GRADUATE ON TIME; AND MIDDLE AND HIGH SCHOOL STUDENTS THAT WERE RECOMMENDED BY SCHOOL PERSONNEL OR COMMUNITY MEMBERS AS NEEDING SUPPORT AND ACADEMIC TUTORING AFTER SCHOOL TO IMPROVE GRADES. THE PROGRAM HAS THREE TRACKS: DUAL ENROLLMENT, CREDIT RECOVERY, AND TUTORING. IN 2019-2020, 77 STUDENTS WERE SEEN AND 100% OF THE 15 DUAL ENROLLMENT STUDENTS COMPLETED THE PROGRAM AND SUCCESSFULLY GRADUATED ON TIME AND 12 OF THE STUDENTS WERE ACCEPTED INTO HIGHER EDUCATION OR THE MILITARY. FAFSA: COMPLETING THE FREE APPLICATION FOR STUDENT AID (FAFSA) IS THE FIRST STEP IN RECEIVING FEDERAL AID FOR POST-SECONDARY STUDIES. HOWEVER, EVERY YEAR MILLIONS OF THESE DOLLARS GO UNCLAIMED. IN ORDER TO ASSIST STUDENTS AND FAMILIES WITH THEIR ABILITY TO PAY FOR POST-SECONDARY EDUCATION, REGIONALLY, UNITED WAY SUNCOAST TEAM MEMBERS HAVE LEADERSHIP ROLES ON FAFSA LCN COALITIONS AND ARE FOCUSED ON RECRUITING, TRAINING AND DEPLOYING "FAFSA ASSISTORS" AT FAFSA LABS IN THE HIGH SCHOOLS. IN 2019-2020, 30 VOLUNTEERS WERE TRAINED PROVIDING 40 FAFSA LABS HELD IN PARTNERSHIP WITH LCANS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 31,061 including grants of \$) (Revenue \$)

DURING FISCAL YEAR JUNE 30, 2019, UNITED WAY SUNCOAST PARTNERED WITH FOUNDATION FOR HEALTHY ST. PETERSBURG AND PINELLAS COUNTY JUVENILE WELFARE BOARD TO CREATE UNITE PINELLAS. UNITE PINELLAS IS A COLLECTIVE OF ORGANIZATIONS UNITED IN A COMMON MISSION TO INCREASE INCOME AND RACE EQUITY THROUGH COUNTYWIDE SYSTEMS CHANGE. UNITE PINELLAS FOCUSES ON POLICY SOLUTIONS AS A PART OF A CONTINUUM OF MANY PEOPLE AND ORGANIZATIONS WHO HAVE A LONG HISTORY OF WORKING FOR FAIRNESS AND JUSTICE. UNITE PINELLAS DEVELOPED AN EQUITY PROFILE THAT WILL BE USED OVER THE NEXT 12 TO 24 MONTHS TO HELP PINPOINT SOME AREAS THAT DESERVE MORE DETAILED EXAMINATION RELATED TO POLICIES, INSTITUTIONAL PRACTICES, AND NARRATIVES. PEOPLE MOST IMPACTED BY THOSE ISSUES, IN CONCERT WITH POLICY AND PRACTICE SPECIALISTS, WILL DEVELOP SOLUTIONS AND INFLUENCE THEIR ADOPTION. THE NONPROFIT, PHILANTHROPIC AND GOVERNMENTAL SECTORS WILL BE ENCOURAGED TO INCREASE THE LEVEL OF DIVERSITY AND INCLUSION WITHIN THEIR ORGANIZATIONS CODIFIED BY SPECIFIC POLICIES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CARRIE ZEISSE CHIEF STRATEGY & OPERATING (7/1/19-1/21/20)	45.00 0.00			X				170,364	0	17,825
SUZANNE MCCORMICK PRESIDENT & CEO (7/1/19-7/19/19)	45.00 0.00			X				152,114	0	18,551
TIMOTHY DUTTON CEO UNITE PINELLAS	45.00 0.00					X		151,249	0	12,951
EMERY IVERY CHIEF IMPACT OFFICER	45.00 0.00			X				146,444	0	12,876
GAIL NURSEY CHIEF DEVELOPMENT OFFICER	45.00 0.00					X		121,030	0	5,330
M BRONWYN BEIGHTOL MANATEE AREA PRESIDENT	45.00 0.00					X		107,773	0	16,755
DALLAS SMITH JR VP INFORMATION TECHNOLOGY	45.00 0.00					X		111,460	0	12,868
DEANNA WILLSEY CHIEF MARKETING OFFICER (7/1/19-06/25/19)	45.00 0.00						X	103,130	0	14,094
SUSAN WETZEL MILLER SARASOTA AREA PRESIDENT	45.00 0.00					X		110,911	0	4,909
ANDREEA LLOYD VP FINANCE & OPERATIONS (7/3/19-2/7/20)	45.00 0.00			X				80,470	0	12,079

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MINDY FOREY VP FINANCE & OPERATIONS (7/1/19-7/3/19)	45.00 0.00			X				54,901	0	6,774
JESSICA MUROFF PRESIDENT & CEO (10/9/19-6/30/20)	45.00 1.00			X				40,692	0	0
BEMETRA SIMMONS CHIEF STRATEGY & OPERATIONS OFFICER	45.00 0.00			X				0	0	0
DAN VIGNE CHAIR	1.00 0.00	X						0	0	0
ERIC BAILEY IMMEDIATE PAST CHAIR	1.00 0.00	X						0	0	0
BRIAN DEMING VICE CHAIR	1.00 0.00	X						0	0	0
KIMBERLY HOPPER SECRETARY	0.50 0.00	X						0	0	0
DAVID WALKER TREASURER/FINANCE CHAIR	1.00 0.00	X						0	0	0
SCOTT CURTIS DIRECTOR	0.25 0.00	X						0	0	0
JACKI DEZELSKI DIRECTOR	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RAE DOWLING DIRECTOR	1.00 0.00	X						0	0	0
BOB DUTKOWSKY DIRECTOR	0.00 0.00	X						0	0	0
MARK FERNANDEZ DIRECTOR	0.25 0.00	X						0	0	0
ESTELLA GRAY DIRECTOR	0.50 0.00	X						0	0	0
BILL MERRILL DIRECTOR	0.25 0.00	X						0	0	0
DAVID PIZZO DIRECTOR	0.50 0.00	X						0	0	0
STUART ROGEL DIRECTOR	0.50 0.00	X						0	0	0
KAREN RUSHING DIRECTOR	0.25 0.00	X						0	0	0
ALEX SINK DIRECTOR	0.50 0.00	X						0	0	0
ROBERT THOMPSON DIRECTOR	1.00 1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TIM HENNING DIRECTOR (7/1/19-12/31/19)	2.00 1.00	X						0	0	0
ROB LANE DIRECTOR (7/1/19-12/31/19)	2.00 0.00	X						0	0	0

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 SUNCOAST INC

Employer identification number
 59-3725701

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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.") . . .	20,531,166	21,834,685	25,664,942	20,619,892	18,979,073	107,629,758
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	20,531,166	21,834,685	25,664,942	20,619,892	18,979,073	107,629,758
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). . .						36,146,217
6	Public support. Subtract line 5 from line 4.						71,483,541

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. . .	20,531,166	21,834,685	25,664,942	20,619,892	18,979,073	107,629,758
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	504,800	477,819	501,833	560,895	600,396	2,645,743
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	1,566	3,677				5,243
11	Total support. Add lines 7 through 10						110,280,744
12	Gross receipts from related activities, etc. (see instructions)					12	2,282,716

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	64.820 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	65.770 %

- 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: 59-3725701

Name: UNITED WAY SUNCOAST 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

19,890,497	
19,890,497	
1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

250,000	
0	
0	

Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	60,935	65,400	5,700		132,035
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	56,435	62,900			119,335

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
------------------	-------------

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 SUNCOAST INC

Employer identification number
59-3725701

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	24,105,009	23,218,425	19,296,126	17,838,781	17,926,272
b Contributions	41,374	446,975	4,074,144	40,726	195,653
c Net investment earnings, gains, and losses	801,501	1,213,999	1,584,361	1,868,019	109,006
d Grants or scholarships					
e Other expenditures for facilities and programs	463,700	774,390	1,736,206	451,400	392,150
f Administrative expenses					
g End of year balance	24,484,184	24,105,009	23,218,425	19,296,126	17,838,781

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 66.940 %
 - b** Permanent endowment ▶ 15.070 %
 - c** Temporarily restricted endowment ▶ 17.990 %
- 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 | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		386,245		386,245
b Buildings		1,332,835	389,990	942,845
c Leasehold improvements		1,008,550	918,584	89,966
d Equipment		1,308,873	1,153,280	155,593
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,574,649

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) ACCRUED INTEREST RECEIVABLE	68,372
(2) CASH SURRENDER VALUE - LIFE INSURANCE	74,947
(3) GIFTED FACILITY	61,874
(4) COMMUNITY FOUNDATION INVESTMENTS	5,617,242
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	5,822,435

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	
(1) ANNUITIES PAYABLE	237,476
(2) CAPITAL LEASE OBLIGATIONS	30,710
(3) OBLIGATION UNDER REMAINDER TRUST AGREEMENT	56,801
(4) DEFERRED LEASE INCENTIVE	48,608
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	373,595

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	17,513,273
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	364,201
b	Donated services and use of facilities	2b	1,557
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,168,823
e	Add lines 2a through 2d	2e	-803,065
3	Subtract line 2e from line 1	3	18,316,338
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	112,117
b	Other (Describe in Part XIII.)	4b	2,095,337
c	Add lines 4a and 4b	4c	2,207,454
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,523,792

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	17,953,107
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,183
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	16,183
3	Subtract line 2e from line 1	3	17,936,924
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	112,117
b	Other (Describe in Part XIII.)	4b	1,841,456
c	Add lines 4a and 4b	4c	1,953,573
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,890,497

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: 59-3725701

Name: UNITED WAY SUNCOAST INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE FUTURE SUPPORT FOR THE ORGANIZATION'S MISSION. THE ORGANIZATION'S INTERNALLY-CONTROLLED ENDOWMENT NET ASSETS ARE COMPRISED OF INVESTMENTS HELD IN VARIOUS DONOR ENDOWMENTS, INVESTMENTS HELD UNDER A CHARITABLE REMAINDER UNIT TRUST AGREEMENT, AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER THE PROVISIONS OF THE FLORIDA STATUTES. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740 RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE INCOME TAX FILINGS FOR UNITED WAY SUNCOAST, INC., UNITED WAY OF MANATEE COUNTY, INC. AND UNITED WAY FOUNDATION OF MANATEE COUNTY FOR THE YEAR ENDED JUNE 30, 2017 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PROVISION FOR UNCOLLECTIBLE PLEDGES -1,168,828. AFFILIATE INCOME 5.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS 1,841,456. GAIN ON SALE OF BUILDING 253,881.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS 1,841,456.

Note: To capture the full content of this document as Filed, 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 SUNCOAST INC

Employer identification number

59-3725701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 169
3 Enter total number of other organizations listed in the line 1 table 0

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) INDIVIDUAL SAVINGS ACCOUNT (IDA) PROGRAM MATCHES	10	32,710		N/A	N/A
(2) TRAINING PROGRAM TUITION (GED, CNA, CPR/AED, ETC.)	18	35,400		N/A	N/A
(3) FLORIDA 529 SAVINGS PLAN DEPOSIT ASSITANCE	1	60		N/A	N/A
(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
PART I, LINE 2:	MONITORING POLICIES FOR ALLOCATED GRANT FUNDING: ALL ORGANIZATIONS RECEIVING GRANT FUNDING HAVE PASSED AN INITIAL APPLICATION PROCESS THAT DEMANDS QUALIFICATION BASED ON QUALITY AND ACCOUNTABILITY FOR ALL ASPECTS OF THE ORGANIZATION (GOVERNANCE, FISCAL, PERSONNEL MANAGEMENT, AND PROGRAMS). ONCE ELIGIBLE, AGENCIES ARE INVITED TO APPLY ANNUALLY (OR ON A TIMELINE DETERMINED BY THE BOARD) FOR SUPPORT OF SPECIFIC PROGRAMS ADDRESSING CRITICAL COMMUNITY NEED. PROGRAM APPLICATIONS ARE REVIEWED BY TEAMS OF STAFF AND VOLUNTEERS IN THE INVESTMENT REVIEW PROCESS. RECOMMENDATIONS FROM THESE TEAMS GO TO THE COMMUNITY AND PARTNERSHIP DEVELOPMENT COMMITTEE FOR APPROVAL BEFORE GOING TO THE BOARD FOR FINAL APPROVAL. PROGRAM GRANT CRITERIA INCLUDES: ALIGNMENT WITH UNITED WAY'S IMPACT AGENDA, PROGRAM PERFORMANCE, AND NEED OR AVAILABILITY OF FUNDS FROM OTHER SOURCES. QUALIFYING FOR FUNDING AS AN AGENCY DOES NOT GUARANTEE FUNDING FOR PROGRAM APPLICATIONS. GRANT PERFORMANCE IS REVIEWED EVERY 6 MONTHS OR AS DETERMINED NECESSARY BY STAFF AND VOLUNTEERS.

Additional Data

Software ID:
Software Version:
EIN: 59-3725701
Name: UNITED WAY SUNCOAST 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
BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 E BAY DRIVE SUITE 103 CLEARWATER, FL 33764	59-1566799	501(C)(3)	423,758	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CORPORATION TO DEVELOP COMMUNITIES OF TAMPA INC 1907 E HILLSBOROUGH AVE STE 100 TAMPA, FL 33610	59-3150608	501(C)(3)	363,606	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
BIG BROTHERS BIG SISTERS - TAMPA BAY 711 S DALE MABRY HWY SUITE 300 TAMPA, FL 33609	59-2173085	501(C)(3)	291,187	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
FEEDING AMERICA TAMPA BAY 4702 TRANSPORT DRIVE BUILDING 6 TAMPA, FL 33602	59-2116576	501(C)(3)	289,729	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
HEART OF FLORIDA UNITED WAY INC 1940 TRAYLOR BLVD ORLANDO, FL 328044714	59-0808854	501(C)(3)	286,406	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOYS & GIRLS CLUBS OF TAMPA BAY 1307 N MACDILL AVE TAMPA, FL 33607	59-0624368	501(C)(3)	272,616	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PINELLAS COUNTY URBAN LEAGUE INC 333 31ST STREET NORTH ST PETERSBURG, FL 33713	59-1665523	501(C)(3)	245,120	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
METROPOLITAN MINISTRIES 2002 NORTH FLORIDA AVENUE TAMPA, FL 336022204	59-1477077	501(C)(3)	211,334	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
REDLANDS CHRISTIAN MIGRANT ASSOCIATION (RCMA) 402 W MAIN ST IMMOKALEE, FL 34142	59-1221966	501(C)(3)	208,771	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA METROPOLITAN AREA YMCA 110 E OAK AVENUE TAMPA, FL 336022210	59-1742909	501(C)(3)	199,178	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
JEWISH FAMILY & CHILDREN'S SERVICE OF THE SUNCOAST 2688 FRUITVILLE ROAD SARASOTA, FL 34237	59-2693318	501(C)(3)	195,093	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG 1213 16TH STREET NORTH ST PETERSBURG, FL 337051032	59-0875805	501(C)(3)	193,161	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
ST PETERSBURG COLLEGE FOUNDATION INC PO BOX 13489 ST PETERSBURG, FL 33733	59-1211489	501(C)(3)	175,813	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CHILDREN FIRST INC 1723 N ORANGE AVENUE SARASOTA, FL 34234	59-0968249	501(C)(3)	171,749	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
BAY AREA LEGAL SERVICES INC 1302 N 19TH ST STE 400 TAMPA, FL 336055230	59-1171886	501(C)(3)	170,172	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA FAMILY HEALTH CENTERS INC PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	161,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SUNCOAST VOICES FOR CHILDREN FOUNDATION 8550 ULMERTON ROAD SUITE 255 LARGO, FL 33771	20-1133518	501(C)(3)	150,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS EX OFFENDER RE ENTRY COALITION 12810 US HWY 19N CLEARWATER, FL 33764	59-3643636	501(C)(3)	150,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
HOMELESS EMERGENCY PROJECT 1120 N BETTY LN CLEARWATER, FL 33755	59-2729694	501(C)(3)	143,058	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
A BRIGHTER COMMUNITY INC 1613 MARION STREET TAMPA, FL 33602	59-0624453	501(C)(3)	141,619	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
AMSKILLS APPRENTICESHIP FOUNDATION INC 7825 CAMPUS DR BUILDING 6 NEW PORT RICHEY, FL 34653	82-3888203	501(C)(3)	140,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOYS & GIRLS CLUBS OF SARASOTA COUNTY 3100 FRUITVILLE ROAD SARASOTA, FL 34237	59-6211876	501(C)(3)	133,436	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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 COAST JEWISH FAMILY AND COMMUNITY SERVICES 14041 ICOT BOULEVARD CLEARWATER, FL 33760	59-1229354	501(C)(3)	132,823	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA TAMPA, FL 336131238	59-1785265	501(C)(3)	127,954	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
THE SHIRLEY PROCTOR PULLER FOUNDATION 4133 CORTEZ WAY ST PETERSBURG, FL 33712	46-4930592	501(C)(3)	125,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED CEREBRAL PALSY OF TAMPA BAY 2215 E HENRY AVE TAMPA, FL 33610	59-0714818	501(C)(3)	124,548	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PINELLAS COUNTY SCHOOLS PO BOX 2942 LARGO, FL 337792942	59-6000799	501(C)(3)	114,644	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS COMMUNITY FOUNDATION 17755 US HWY 19 N SUITE 150 CLEARWATER, FL 33764	23-7113194	501(C)(3)	112,917	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
GULFCOAST LEGAL SERVICES INC 501 FIRST AVE N STE 420 ST PETERSBURG, FL 33701	59-1882749	501(C)(3)	108,426	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BIG BROTHERS BIG SISTERS - SUN COASTMANATEE 1000 S TAMIAMI TRAIL SUITE C VENICE, FL 34285	59-1361826	501(C)(3)	104,028	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
EARLY LEARNING COALITION OF SARASOTA COUNTY INC 1750 17TH STREET BLDG L SARASOTA, FL 34234	65-1110174	501(C)(3)	103,462	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
FLORIDA DREAM CENTER 4017 56TH AVE N ST PETERSBURG, FL 33714	46-0663472	501(C)(3)	100,110	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
HAPPY WORKERS LEARNING CENTER 4140 49TH STREET NORTH ST PETERSBURG, FL 33709	27-4826221	501(C)(3)	100,009	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ALLIANCE FOR PUBLIC SCHOOLS 5810 FALCONCREEK PL LITHIA, FL 33547	45-5598673	501(C)(3)	100,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
CHAMPIONS FOR CHILDREN 3108 WEST AZEELE STREET TAMPA, FL 33609	59-1807551	501(C)(3)	93,747	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
STARTING RIGHT NOW 5328 PRIMROSE LAKE CIRCLE SUITE A TAMPA, FL 33647	26-3725699	501(C)(3)	93,473	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
THE CHILDREN'S HOME INC 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501(C)(3)	93,068	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ALL FAITHS FOOD BANK 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	92,400	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
ST PETERSBURG FREE CLINIC 863 3RD AVE N ST PETERSBURG, FL 33701	23-7208280	501(C)(3)	90,024	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SUNCOAST WORKFORCE BOARD INC DBA CAREERSOURCE SUNCOAST 1112 MANATEE AVE E BRADENTON, FL 34208	59-2334811	501(C)(3)	90,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
FRIENDS OF THE CHILDREN TAMPA BAY 2655 ULMERTON RD 362 CLEARWATER, FL 33762	82-5141973	501(C)(3)	90,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
COMMUNITY ACTION STOPS ABUSE INC (CASA) 1011 FIRST AVENUE NORTH ST PETERSBURG, FL 33701	59-2114359	501(C)(3)	88,065	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SUNCOAST CENTER PO BOX 10970 SAINT PETERSBURG, FL 337330970	59-2092717	501(C)(3)	86,725	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ENTERPRISING LATINAS INC 18238 US HWY 301 WIMAUMA, FL 33598	27-1247381	501(C)(3)	83,500	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PACE CENTER FOR GIRLS - HILLSBOROUGH 1933 E HILLSBOROUGH AVENUE SUITE 300 TAMPA, FL 33610	59-2414492	501(C)(3)	82,085	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
YMCA OF THE SUNCOAST INC 2469 ENTERPRISE ROAD CLEARWATER, FL 33763	59-0810731	501(C)(3)	81,774	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
HISPANIC SERVICES COUNCIL 2902 N ARMENIA AVE SUITE 201 TAMPA, FL 336071660	59-3198934	501(C)(3)	81,064	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CATHOLIC CHARITIES DIOCESE OF VENICE 1000 PINEBROOK RD VENICE, FL 34285	59-2473176	501(C)(3)	80,494	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNITED FOOD BANK AND SERVICES 702 E ALSOBROOK ST SUITE H PLANT CITY, FL 33563	59-3069728	501(C)(3)	79,054	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
211 TAMPA BAY CARES INC 14155 58TH ST NORTH SUITE 211 CLEARWATER, FL 33760	59-3355555	501(C)(3)	77,419	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC 14013 N 22ND STREET TAMPA, FL 33613	31-1624121	501(C)(3)	76,686	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA BAY ECONOMIC DEVELOPMENT COUNCIL 101 EAST KENNEDY BLVD SUITE 1750 TAMPA, FL 33602	27-1010441	501(C)(3)	75,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SAFE CHILDREN COALITION INC 1500 INDEPENDENCE BLVD SUITE 210 SARASOTA, FL 34234	59-1618413	501(C)(3)	75,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA BAY WORKFORCE ALLIANCE INC DBA CAREERSOURCE TAMPA BAY 4902 EISENHOWER BLVD SUITE 250 TAMPA, FL 33634	59-3655316	501(C)(3)	75,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	74,261	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GIRLS INCORPORATED OF PINELLAS 7700 61ST STREET NORTH PINELLAS PARK, FL 337813213	59-0970201	501(C)(3)	71,224	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNITED WAY OF NORTHWEST FLORIDA 602 HARRISON AVE PANAMA CITY, FL 32401	59-0863698	501(C)(3)	70,645	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES - PEMHS 11254 58TH ST N PINELLAS PARK, FL 33782	59-3153549	501(C)(3)	70,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
GLASSERSCHOENBAUM HUMAN SERVICES CENTER 1750 17TH STREET BLDG J-1 SARASOTA, FL 34234	59-2707877	501(C)(3)	66,095	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ALPHA HOUSE OF TAMPA INC 6718 N ARMENIA AVE TAMPA, FL 33604	59-2655523	501(C)(3)	64,718	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SALVATION ARMY - SARASOTA CORPS 1400 10TH STREET SARASOTA, FL 34236	59-0631403	501(C)(3)	64,701	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
WOMEN'S RESOURCE CENTER OF MANATEE 1926 MANATEE AVE W BRADENTON, FL 34205	59-3034653	501(C)(3)	63,736	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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 CLUBS OF MANATEE COUNTY PO BOX 280 BRADENTON, FL 34206	59-0675141	501(C)(3)	62,948	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY 6800 N DALE MABRY HWY SUITE 158 TAMPA, FL 33614	59-3626765	501(C)(3)	62,829	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PARC 3190 TYRONE BOULEVARD NORTH ST PETERSBURG, FL 33710	59-0791038	501(C)(3)	60,666	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED WAY OF PASCO COUNTY 17230 CAMELOT COURT LANDOLAKES, FL 346387202	59-2193178	501(C)(3)	59,083	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
DEVEREUX FOUNDATION INC 5850 T G LEE BLVD SUITE 400 ORLANDO, FL 32822	23-1390618	501(C)(3)	59,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED WAY OF SOUTH SARASOTA COUNTY 157 HAVANA ROAD VENICE, FL 34292	59-1100846	501(C)(3)	56,952	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PRESERVE VISION FLORIDA 9200 SEMINOLE BOULEVARD SECOND FLOOR SEMINOLE, FL 33772	59-6181662	501(C)(3)	55,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
YMCA OF GREATER ST PETERSBURG 600 1ST AVE N SUITE 201 ST PETERSBURG, FL 33701	59-0624468	501(C)(3)	54,898	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
EARLY LEARNING COALITION OF MANATEE COUNTY 600 8TH AVE W STE 100 PALMETTO, FL 34221	65-0811318	501(C)(3)	52,821	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GREATER TAMPA BAY AREA COUNCIL INC BOY SCOUTS OF AMERICA 13228 NORTH CENTRAL AVE TAMPA, FL 336123462	59-0637815	501(C)(3)	52,799	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
MACDONALD TRAINING CENTER 5420 W CYPRESS STREET TAMPA, FL 336075730	59-0777827	501(C)(3)	51,864	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DRIVE TAMPA, FL 33605	59-3622978	501(C)(3)	50,969	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
RELIGIOUS COMMUNITY SERVICES (RCS) 503 S MARTIN LUTHER KING AVE CLEARWATER, FL 33756	59-1309186	501(C)(3)	50,824	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SENIORS IN SERVICE OF TAMPA BAY INC 1306 W SLIGH AVENUE TAMPA, FL 33604	59-2422975	501(C)(3)	50,199	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNITED COMMUNITY CENTERS INC DBA RUBONIA COMM CENTER PO BOX 1683 BRADENTON, FL 34206	65-0282384	501(C)(3)	50,132	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
LIONS EYE INSTITUTE FOR TRANSPLANT AND RESEARCH FOUNDATION 1410 NORTH 21ST STREET TAMPA, FL 33605	01-0843838	501(C)(3)	50,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
EARN TO LEARN FL INC 27911 CROWN LAKE BLVD SUITE 223 BONITA SPRINGS, FL 34135	45-2514055	501(C)(3)	50,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GOODWILL INDUSTRIES- MANASOTA INC 2705 51ST AVE EAST BRADENTON, FL 34203	59-2074391	501(C)(3)	50,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNIVERSITY OF SOUTH FLORIDA SARASOTA MANATEE 8350 N TAMIAMI TRAIL C263 SARASOTA, FL 34243	59-3102112	501(C)(3)	46,668	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SOAR LEARNING CENTER INC 2731 N LINKS AVENUE SARASOTA, FL 34234	81-4840233	501(C)(3)	45,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
THE SPRING OF TAMPA BAY INC 2810 N 35TH ST TAMPA, FL 33605	59-1777135	501(C)(3)	44,369	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA JEWISH FAMILY SERVICES 13009 COMMUNITY CAMPUS DRIVE SUITE 114 TAMPA, FL 33625	59-1549670	501(C)(3)	42,762	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
EXCHANGE CLUB FAMILY PARTNERSHIP CENTER OF MANATEE 602 3RD STREET EAST SUITE A BRADENTON, FL 34208	65-0374386	501(C)(3)	41,900	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	59-1098499	501(C)(3)	40,598	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SALVATION ARMY - TAMPA AREA COMMAND 1603 N FLORIDA AVE TAMPA, FL 33602	58-0660607	501(C)(3)	37,783	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE CAPITAL GOOD FUND 22 A STREET PROVIDENCE, RI 02907	80-0348384	501(C)(3)	36,366	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST RD BRANDON, FL 33511	26-2757636	501(C)(3)	36,150	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SALVATION ARMY - BRADENTON CORPS 1204 14TH ST W BRADENTON, FL 34205	58-0660607	501(C)(3)	35,099	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
GOLDEN GENERATIONS 2900 PALLANZA DRIVE S ST PETERSBURG, FL 33705	23-2624207	501(C)(3)	35,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BESS THE BOOK BUS INC 2316 E 3RD AVE TAMPA, FL 33605	51-0518142	501(C)(3)	35,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
AMERICAN RED CROSS TAMPA BAY CHAPTER 3310 WEST MAIN STREET TAMPA, FL 336074221	53-0196605	501(C)(3)	32,907	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
COMMUNITY FOUNDATION OF TAMPA BAY INC 550 NORTH REO STREET SUITE 301 TAMPA, FL 33609	59-3001853	501(C)(3)	31,650	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
HILLSBOROUGH COUNTY PUBLIC SCHOOLS 901 E KENNEDY BLVD TAMPA, FL 33602	59-6000660	501(C)(3)	31,250	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PINELLAS OPPORTUNITY COUNCIL INC 501 1ST AVENUE N SUITE 517 ST PETERSBURG, FL 33701	59-1227051	501(C)(3)	30,207	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
THE DL RANDALL FOUNDATION INC 1523 72ND ST EAST RUBONIA, FL 34221	47-4988613	501(C)(3)	30,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MYAKKA CITY COMMUNITY CENTER 37010 SINGLETARY RD MYAKKA CITY, FL 34251	59-1050657	501(C)(3)	30,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNITED WAY OF THE BIG BEND 307 EAST 7TH AVENUE TALLAHASSEE, FL 32303	59-6011150	501(C)(3)	30,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CHILDREN'S HOME SOCIETY OF FLORIDA SUNCOAST REGION 482 S KELLER ROAD ORLANDO, FL 32810	59-0192430	501(C)(3)	29,720	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
ARTZ 4 LIFE ACADEMY 1751 KINGS HIGHWAY CLEARWATER, FL 33755	59-3483799	501(C)(3)	29,333	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
LUTHERAN SERVICES OF FLORIDA - TAMPA 3627 W WATERS AVE TAMPA, FL 33614	59-2198911	501(C)(3)	28,798	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
FLORIDA CENTER FOR EARLY CHILDHOOD 4620 17TH STREET SARASOTA, FL 34235	59-1947024	501(C)(3)	27,048	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MANATEE COMMUNITY ACTION AGENCY 6428 PARKLAND DRIVE SARASOTA, FL 34243	59-6208766	501(C)(3)	25,199	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
CHAPTERS HEALTH SYSTEM 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637	59-2264957	501(C)(3)	25,013	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BOOTSTRAP BUSINESS SCHOOL INC 33 BROADWAY DUNEDIN, FL 34698	83-2586036	501(C)(3)	25,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
TAMPA BAY PARTNERSHIP REGIONAL RESEARCH & EDUCATION FDN 4300 W CYPRESS ST STE 875 TAMPA, FL 33607	59-3414776	501(C)(3)	25,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
RISE TAMPA 411 N FRANKLIN ST TAMPA, FL 33602	46-5291016	501(C)(3)	22,537	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
FORTY CARROTS OF SARASOTA 1500 S TUTTLE AVE SARASOTA, FL 34239	65-0405988	501(C)(3)	22,500	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUNTY 4210 W BAY VILLA AVE TAMPA, FL 33611	59-2998189	501(C)(3)	22,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
R'CLUB CHILD CARE INC 4140 49TH STREET NORTH ST PETERSBURG, FL 33709	59-1704870	501(C)(3)	21,908	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GIRL SCOUTS WEST CENTRAL FLORIDA COUNCIL 4610 EISENHOWER BLVD TAMPA, FL 33634	59-0624454	501(C)(3)	21,714	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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 COALITION ON HOMELESSNESS 707 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)	20,566	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
PALMETTO YOUTH CENTER 501 17TH ST W PALMETTO, FL 34221	59-1090377	501(C)(3)	20,334	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PROJECT LIGHT OF MANATEE INC 1104 14TH STREET WEST BRADENTON, FL 34205	65-0490652	501(C)(3)	20,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MOTHERS HELPING MOTHERS PO BOX 342 SARASOTA, FL 342303042	65-0416462	501(C)(3)	20,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SUNCOAST PACE 6774 102ND AVE N PINELLAS PARK, FL 33782	45-2980257	501(C)(3)	20,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MANATEE COUNTY HABITAT FOR HUMANITY 1901 MANATEE AVE W 2ND FLOOR BRADENTON, FL 34205	65-0484034	501(C)(3)	19,800	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNITED WAY OF THE MID-SOUTH 6775 LENOX CENTER CT SUITE200 MEMPHIS, TN 38115	56-1010742	501(C)(3)	19,729	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EASTER SEALS SOUTHWEST FLORIDA INC 350 BRADEN AVENUE SARASOTA, FL 34243	59-0638490	501(C)(3)	19,399	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
HELPING HAND DAY NURSERY INC 10320 N 56TH ST SUITE 120 TAMPA, FL 33617	59-0724461	501(C)(3)	18,697	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
CHILDREN'S HOME SOCIETY OF FLORIDA GULF COAST DIVISION 1515 MICHELIN COURT LUTZ, FL 33549	59-0192430	501(C)(3)	18,584	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE CLEARWATER, FL 33762	59-1218100	501(C)(3)	18,458	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA LIGHTHOUSE FOR THE BLIND 1106 W PLATT STREET TAMPA, FL 33606	59-0637876	501(C)(3)	18,084	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
DAYSTAR LIFE CENTER 226 - 6TH ST S ST PETERSBURG, FL 33701	65-0523539	501(C)(3)	17,756	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SALVATION ARMY - ST PETERSBURG 340 14TH AVE S ST PETERSBURG, FL 33701	58-0660607	501(C)(3)	16,854	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNITED METHODIST COOPERATIVE MINISTRIES SUNCOAST INC 12945 SEMINOLE BLVD BLDG 2 LARGO, FL 33778	59-1623437	501(C)(3)	16,854	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA POLICE MEMORIAL FUND COMMITTEE INC 411 NORTH FRANKLIN STREET TAMPA, FL 33602	59-3397263	501(C)(3)	16,814	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SENIOR FRIENDSHIP CENTERS SARASOTA 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)	12,171	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
GUARDIAN AD LITEM FOUNDATION OF TAMPA BAY 14250 49TH ST N SUITE 4000 CLEARWATER, FL 33762	59-2961546	501(C)(3)	12,126	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
THE CENTRE FOR WOMEN INC 305 S HYDE PARK AVENUE TAMPA, FL 33606	59-1787902	501(C)(3)	12,115	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA BAY-JOB-LINKS 1211 N WESTSHORE BLVD STE 300 TAMPA, FL 33607	27-4629468	501(C)(3)	12,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
AMERICAN CANCER SOCIETY - TAMPA 3709 WEST JETTON AVE TAMPA, FL 33629	13-1788491	501(C)(3)	11,834	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE (DACCO) 4422 E COLUMBUS DRIVE TAMPA, FL 33605	59-1514993	501(C)(3)	11,777	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA INC 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	11,603	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
BROOKWOOD FLORIDA CENTRAL 901 7TH AVE S ST PETERSBURG, FL 33705	59-0624387	501(C)(3)	11,360	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SCHOOL DISTRICT OF DESOTO COUNTY 530 LASOLONA AVENUE ARCADIA, FL 34266	59-6000580	501(C)(3)	10,800	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
LAUREL CIVIC ASSOCIATION INC PO BOX 511 LAUREL, FL 34272	65-0187752	501(C)(3)	10,145	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
PROJECT PROSPER 13575 58TH AVE N107 CLEARWATER, FL 33760	20-8936475	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA BAY ECONOMIC PROSPERITY FOUNDATION 101 E KENNEDY BLVD STE 1750 TAMPA, FL 33602	27-1010441	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNIDOSNOW INC 1750 17TH STREET BUILDING D SARASOTA, FL 34234	27-4102169	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EVERYDAY BLESSINGS INC 8421 PRITCHER ROAD LITHIA, FL 33547	30-0578702	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
TAMPA BAY NETWORK TO END HUNGER 4532 W KENNEDY BLVD SUITE 252 TAMPA, FL 33609	36-4758155	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ABE BROWN MINISTRIES INC 2921 N 29TH ST TAMPA, FL 33605	59-2410601	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
POLICE ATHLETIC LEAGUE OF PINELLAS COUNTY 3755 46TH AVE N ST PETERSBURG, FL 33714	59-3760782	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
EARLY LEARNING COALITION OF FLORIDA'S HEARTLAND INC 2886 TAMIAMI TRAIL STE 1 PORT CHARLOTTE, FL 33952	64-1047991	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
LIGHTHOUSE MINISTRIES INC PO BOX 3112 LAKELAND, FL 33802	59-1722768	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
SOLITA'S HOUSE INC 3101 E 7TH AVENUE TAMPA, FL 33605	51-0585799	501(C)(3)	10,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
OUR DAILY BREAD OF BRADENTON INC 710 18TH AVE W BRADENTON, FL 34205	65-0374954	501(C)(3)	9,975	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THE ARC OF WALKER COUNTY 745 RUSSELL DAIRY ROAD JASPER, AL 35503	63-0760044	501(C)(3)	9,150	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
UNITED WAY OF ABILENE PO BOX 82 ABILENE, TX 79604	75-0808772	501(C)(3)	9,150	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
TAMPA FIREFIGHTERS CHARITY FUND INC 3116 NORTH BLVD TAMPA, FL 336035500	55-0842602	501(C)(3)	8,843	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
FRAMEWORKS OF TAMPA BAY 402 E OAK AVENUE TAMPA, FL 33602	20-8776228	501(C)(3)	8,566	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
THINK BIG FOR KIDS INC 1219 ROLLING WOODS LANE LAKELAND, FL 33813	83-3978138	501(C)(3)	7,187	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SEARCH DOGS SOUTH PO BOX 1440 BYHALIA, MS 38611	62-1611491	501(C)(3)	7,050	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
COLLIERVILLE LITERACY COUNCIL 167 WASHINGTON STREET COLLIERVILLE, TN 38017	58-1860713	501(C)(3)	7,050	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
POSITIVE SPIN INC 5118 N 56TH STREET SUITE 224 TAMPA, FL 33610	80-0167391	501(C)(3)	7,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HILLSBOROUGH COUNTY FIRE RESCUE FOUNDATION 2709 E HANNA AVE TAMPA, FL 33610	46-3310942	501(C)(3)	6,825	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
STATE COLLEGE OF FLORIDA FOUNDATION 5840 26TH ST W BRADENTON, FL 34207	26-3725699	501(C)(3)	6,335	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
MENTAL HEALTH COMMUNITY CENTERS INC 240 B SOUTH TUTTLE AVENUE SARASOTA, FL 34237	65-0238526	501(C)(3)	6,292	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
SCHOOL DISTRICT OF MANATEE 215 MANATEE AVE W BRADENTON, FL 34205	59-6000728	501(C)(3)	6,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
UNITED WAY OF SOUTHWEST LOUISIANA INC 715 RYAN ST STE 102 LAKE CHARLES, LA 70601	72-0456901	501(C)(3)	5,640	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
TAMPA FIREFIGHTERS MUSEUM 720 ZACK STREET TAMPA, FL 33602	59-3467403	501(C)(3)	5,504	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
HILLSBOROUGH EDUCATION FOUNDATION 2306 N HOWARD AVE TAMPA, FL 33607	59-2883361	501(C)(3)	5,455	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
EASTER SEALS FLORIDA INC 2401 E HENRY AVE TAMPA, FL 33610	59-0637848	501(C)(3)	5,408	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
ST GEORGES EPISCOPAL CHURCH 912 63RD AVE W BRADENTON, FL 34207	59-1236292	501(C)(3)	5,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
HARVEST TABERNACLE OF SARASOTA INC 3650 17TH ST SARASOTA, FL 34235	59-2186807	501(C)(3)	5,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING
KIND MOUSE PRODUCTIONS INC 1801 16TH ST N SUITE B ST PETERSBURG, FL 33704	45-2455492	501(C)(3)	5,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

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
TRI-COUNTY COUNSELING & LIFE SKILLS CENTER INC 12543 TAMiami TRAIL SOUTH NORTH PORT, FL 34287	20-2102079	501(C)(3)	5,000	0	N/A	N/A	ALLOCATIONS, DESIGNATIONS, DISASTER RELIEF RESPONSE, GRANTS & PROGRAM IMPACT FUNDING

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY SUNCOAST INC

Employer identification number
59-3725701

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARRIE ZEISSE CHIEF STRATEGY & OPERATING (7/1/19-1)	(i)	154,845	15,000	519	6,927	10,898	188,189	0
	(ii)	0	0	0	0	0	0	0
2 SUZANNE MCCORMICK PRESIDENT & CEO (7/1/19-7/19/19)	(i)	129,119	15,000	7,995	6,232	12,319	170,665	0
	(ii)	0	0	0	0	0	0	0
3 TIMOTHY DUTTON CEO UNITE PINELLAS	(i)	149,816	0	1,433	6,000	6,951	164,200	0
	(ii)	0	0	0	0	0	0	0
4 EMERY IVERY CHIEF IMPACT OFFICER	(i)	145,113	0	1,331	5,812	7,064	159,320	0
	(ii)	0	0	0	0	0	0	0
5 DEANNA WILLSEY CHIEF MARKETING OFFICER (7/1/19-06/2)	(i)	72,956	0	30,174	3,065	11,029	117,224	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	DEANNA WILLSEY, CHIEF MARKETING OFFICER, RECEIVED A SEVERANCE PAYMENT OF \$29,974 DURING THE PRIOR FISCAL YEAR THAT WAS PAID DURING CALENDAR 2019. THE SEVERANCE PAYMENT IS INCLUDED IN THE 2019 CALENDAR YEAR TOTALS ABOVE.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY SUNCOAST INC

Employer identification number 59-3725701

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SCOTT CURTIS	BOARD MEMBER	76,680	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	THE BOARD MEMBER IS THE PRESIDENT, PRIVATE CLIENT GROUP, OF RAYMOND JAMES WHERE UNITED WAY SUNCOAST HAS SEVERAL BROKERAGE ACCOUNTS. THE MARKET BASIS OF THE INVESTMENTS AS OF JUNE 30, 2020 IS \$14,519,217. THE AMOUNT OF THE TRANSACTION REPORTED IN COLUMN (C) ABOVE REPRESENTS INVESTMENT MANAGEMENT FEES PAID TO RAYMOND JAMES DURING THE YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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 SUNCOAST INC

Employer identification number
59-3725701

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	58	434,585	STOCK QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
UNITED WAY SUNCOAST INC

Employer identification number

59-3725701

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION HAS THREE CLASSES OF MEMBERS: THE MEMBERS OF THE MANATEE AREA BOARD (MANATEE MEMBERS), THE MEMBERS OF THE SARASOTA AREA BOARD (SARASOTA MEMBERS), AND THE MEMBERS OF THE TAMPA BAY AREA BOARD (TAMPA BAY MEMBERS). EACH AREA BOARD SHALL CONSIST OF NOT LESS THAN 9 AND NOT MORE THAN 25 MEMBERS. THE PURPOSES OF EACH AREA BOARD ARE: (A) TO LEAD FUNDRAISING IN THE COUNTIES APPLICABLE TO SUCH AREA BOARD; (B) TO HAVE A SUBSTANTIAL ROLE WITH RESPECT TO THE ALLOCATION OF FUNDS RAISED WITH RESPECT TO SUCH COUNTIES TO AGENCIES AND INITIATIVES LOCATED IN SUCH COUNTIES; (C) TO APPOINT THE MEMBERS OF SUCH AREA BOARD; AND (D) TO APPOINT CERTAIN INDIVIDUALS TO THE BOARD OF DIRECTORS OF THE CORPORATION. EACH AREA BOARD SHALL MEET SEPARATELY NOT LESS THAN FOUR TIMES PER YEAR. ONE OF SUCH MEETINGS SHALL BE AN ANNUAL MEETING. AT EACH ANNUAL MEETING OF AN AREA BOARD, THE MEMBERS OF THE AREA BOARD SHALL ELECT A CHAIR, VICE CHAIR, AND SECRETARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>EACH AREA BOARD SHALL SUBMIT TO THE BOARD OF DIRECTORS OF THE CORPORATION, NOT EARLIER THAN 90 DAYS, AND NOT LATER THAN 30 DAYS, BEFORE THE DATE OF EACH ANNUAL MEETING OF THE BOARD OF DIRECTORS, THE NAME OF ANY INDIVIDUAL WHOM SUCH AREA BOARD WISHES TO ELECT TO THE BOARD OF DIRECTORS OF THE CORPORATION AT SUCH ANNUAL MEETING. SUCH INDIVIDUAL SHALL BE DEEMED ELECTED TO THE BOARD OF DIRECTORS OF THE CORPORATION AT SUCH ANNUAL MEETING UNLESS SUCH ELECTION IS VETOED BY A VOTE OF NOT LESS THAN TWO-THIRDS OF THE ENTIRE BOARD OF DIRECTORS. WITHIN 10 DAYS AFTER ANY SUCH VETO, THE AREA BOARD WHOSE ELECTION WAS VETOED MAY SUBMIT TO THE BOARD OF DIRECTORS THE NAME OF ANOTHER INDIVIDUAL WHOM THE AREA BOARD PROPOSES TO ELECT TO THE BOARD OF DIRECTORS INSTEAD OF THE INDIVIDUAL WHO WAS VETOED, AND SUCH OTHER INDIVIDUAL WILL BECOME A MEMBER OF THE BOARD OF DIRECTORS UNLESS, AT OR BEFORE THE NEXT REGULARLY SCHEDULED MEETING OF THE BOARD OF DIRECTORS, SUCH OTHER INDIVIDUAL'S ELECTION IS VETOED BY THE VOTE OF NOT LESS THAN TWO-THIRDS OF THE ENTIRE BOARD OF DIRECTORS. THE APPLICABLE AREA BOARD SHALL CONTINUE TO SUBMIT THE NAMES OF INDIVIDUALS PURSUANT TO THE PROCESS DESCRIBED ABOVE UNTIL AN INDIVIDUAL IS NOT VETOED BY THE BOARD OF DIRECTORS. ANY VETOES SHALL BE FINAL AND BINDING ON THE AREA BOARD AND EACH INDIVIDUAL WHO WAS VETOED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UPON APPROVAL OF THE AUDIT AND ETHICS COMMITTEE, THE DRAFT FORM 990 WILL BE SENT TO THE UNITED WAY SUNCOAST REGIONAL BOARD FOR REVIEW AND APPROVAL. THE BOARD WILL SEND BACK, VIA ELECTRONIC VOTING, AN APPROVAL OF THE RETURN AS PRESENTED BEFORE FILING. IT IS MANDATORY THAT THERE BE 100% PARTICIPATION BY THE MEMBERS OF THE BOARD TO VOTE BEFORE A FINAL JUDGEMENT CAN BE MADE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO COMPLETE AND SUBMIT A SIGNED CONFLICT OF INTEREST FORM TO THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE REVIEWS ALL SUBMISSIONS AND, IF NECESSARY, FOLLOWS UP WITH ANY POSSIBLE CONFLICTS. ANY MEMBERS WITH CONFLICTS MUST RECUSE THEMSELVES FROM ANY RELATED ACTION OR VOTE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE EXECUTIVE COMPENSATION COMMITTEE IS A COMMITTEE OF THE BOARD OF DIRECTORS, AND IS RESPONSIBLE, SUBJECT TO APPROVAL OF THE BOARD, FOR ESTABLISHING AND MAINTAINING A BROAD COMPETITIVE COMPENSATION PROGRAM FOR THE EXECUTIVES OF THE UNITED WAY IN ORDER TO ATTRACT, RETAIN, AND MOTIVATE EXECUTIVE LEVEL EMPLOYEES; AND FOR ENSURING THAT THE COMPENSATION PROGRAM MEETS ALL LEGAL REQUIREMENTS UNDER THE IRS INTERMEDIATE SANCTION RULES AND BEST GOVERNANCE PRACTICES FOR TRANSPARENCY AND ACCOUNTABILITY. THE COMMITTEE SHALL MAKE RECOMMENDATIONS TO THE BOARD WITH RESPECT TO COMPENSATION PROGRAM STRUCTURE, POLICY, PAY LEVELS AND SUCCESSION PLANS FOR KEY STAFF. THE EXECUTIVE COMPENSATION COMMITTEE REGULARLY REVIEWS COMPENSATION COMPARABILITY DATA. AT LEAST EVERY THREE YEARS, THE COMMITTEE CONTRACTS WITH AN OUTSIDE, INDEPENDENT CONTRACTOR TO CONDUCT A THOROUGH COMPENSATION COMPARABILITY ANALYSIS (LAST DONE IN 2019). FOR THE PURPOSES OF THIS CHARTER, "EXECUTIVES" REFERS TO THE CHIEF EXECUTIVE OFFICER (CEO), THE CHIEF FINANCIAL OFFICER (CFO), CEO DIRECT REPORTS AND/OR ANY EMPLOYEE THAT HAS SIGNIFICANT MANAGEMENT RESPONSIBILITY FOR A SEGMENT OF THE ORGANIZATION OR WOULD OTHERWISE BE CONSIDERED A "DISQUALIFIED PERSON" UNDER THE INTERMEDIATE SANCTION RULES. THE COMMITTEE SHALL CONSIST OF THREE OR MORE MEMBERS, THE MAJORITY (TWO) OF WHICH SHALL BE MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE CHAIR SHALL BE APPOINTED BY THE BOARD CHAIR, AND MUST BE A MEMBER OF THE BOARD. WHENEVER POSSIBLE, THE BOARD CHAIR WILL SERVE AS THE VICE CHAIR OF THE COMMITTEE IN RECOGNITION OF HIS/HER RELATIONSHIP TO THE CEO AND HIS/HER RESPONSIBILITY IN CARRYING OUT THE CEO PERFORMANCE REVIEW ON BEHALF OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS SHALL BE RECRUITED BY THE COMMITTEE CHAIR. THE COMMITTEE SHOULD INCLUDE MEMBERS OF THE COMMUNITY WHO POSSESS EXPERIENCE AND EXPERTISE IN HUMAN RESOURCES, BENEFITS OR COMPENSATION. THE CEO PRESENTS THE RECOMMENDED SALARY AND TOTAL BENEFIT COMPENSATION FOR OTHER KEY EXECUTIVES ANNUALLY TO THE EXECUTIVE COMPENSATION COMMITTEE FOR APPROVAL.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, ANNUAL REPORT, AND ITS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII:	AT THE BEGINNING OF 2018, UNITED WAY SUNCOAST (UWS), FOUNDATION OF HEALTHY ST PETE (FHSP) AND JUVENILE WELFARE BOARD (JWB) PARTNERED TO CREATE UNITE PINELLAS, A COMMUNITY COLLABORATION PROGRAM. THE MAJORITY OF FUNDING FOR THIS COLLABORATION COMES FROM FHSP AND JWB WITH A MINOR AMOUNT COMING FROM UWS. UWS ACTS AS THE FISCAL AGENT FOR THIS PROGRAM AND THUS, THE UWS FINANCE DEPARTMENT PROCESSES UNITE PINELLAS PAYROLL, PAYABLES AND DOES THE FINANCIAL REPORTING. UNITE PINELLAS IS INCLUDED IN UWS'S BOOKS, HOWEVER ACTS COMPLETELY INDEPENDENT FROM UWS. TIMOTHY DUTTON'S OFFICIAL TITLE IS CEO OF UNITE PINELLAS AND HE REPORTS TO THE CEO'S OF THE 3 ORGANIZATIONS. SINCE UWS PROCESSES THE PAYROLL FOR UNITE PINELLAS, TIMOTHY DUTTON'S COMPENSATION IS REPORTED ON UWS'S RETURN ALTHOUGH THE MAJORITY OF IT IS REIMBURSED BY FHSP AND JWB.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 14,351. PROVISION FOR UNCOLLECTIBLE PLEDGES -1,168,828.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION'S AUDIT & ETHICS COMMITTEE (THE COMMITTEE) IS RESPONSIBLE FOR ASSISTING THE BOARD OF DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES. AMONG THE RESPONSIBILITIES OF THE COMMITTEE IS THE OVERSIGHT OF THE INTEGRITY OF THE ORGANIZATION'S FINANCIAL ACCOUNTING PROCESSES AND SYSTEMS OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING AND USE OF ASSETS; THE INDEPENDENCE AND PERFORMANCE OF THE INDEPENDENT AUDITORS AND STAFF WITH FINANCE RESPONSIBILITIES; AND THE AUDITOR SELECTION PROCESS. IN RELATION TO THE ANNUAL AUDIT, THE COMMITTEE: -MEETS IN EXECUTIVE SESSION WITH THE INDEPENDENT AUDITORS -OBTAINS A FORMAL STATEMENT FROM THE AUDITORS ANNUALLY REGARDING THEIR INDEPENDENCE -OBTAINS A REPORT ANNUALLY REGARDING THE AUDITORS' QUALITY CONTROL PROCEDURES AND ANY REPORT ISSUED AS A RESULT OF A QUALITY CONTROL REVIEW OF THE AUDITORS -OBTAINS AND REVIEWS ANY SIGNIFICANT CORRECTING AUDIT ADJUSTMENTS OR PASSED CORRECTING AUDIT ADJUSTMENTS -REVIEWS THE DISPOSITION OF ANY MANAGEMENT LETTER COMMENTS, INTERNAL CONTROL AND/OR FRAUD RELATED MATTERS THAT ARISE DURING THE COURSE OF THE ANNUAL AUDIT -PRE-APPROVES ALL NON-AUDIT SERVICES (OTHER THAN 990 AND 5500 PREPARATION) -REVIEWS AND DISCUSSES WITH MANAGEMENT AND THE INDEPENDENT AUDITOR ALL CRITICAL ACCOUNTING POLICIES -REQUIRES THE INDEPENDENT AUDITING FIRM TO ROTATE AUDIT MANAGER EVERY 3-5 YEARS -REVIEWS ANNUALLY THE FORM 990 PRIOR TO FILING AND ENSURES THE CEO AND COO HAVE CERTIFIED THE CONTENTS OF THE FORM -PROVIDES AN AVENUE OF COMMUNICATION AMONG THE ORGANIZATION'S INDEPENDENT AUDITORS, MANAGEMENT, STAFF, AND THE BOARD OF DIRECTORS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY SUNCOAST INC

Employer identification number

59-3725701

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

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

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

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

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation