

PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF NORTHEAST FLORIDA INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>40 EAST ADAMS STREET 200</b> City or town, state or province, country, and ZIP or foreign postal code <b>JACKSONVILLE, FL 32202</b> <b>F</b> Name and address of principal officer: <b>MELANIE PATZ</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>59-0637825</b> <b>E</b> Telephone number <b>904-390-3200</b> <b>G</b> Gross receipts \$ <b>43,923,077.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYNEFL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1964</b>
		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>83</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2456</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 49,740,276.	<b>Current Year</b> 43,875,652.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	191,423.	31,339.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,927.	-274,737.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	165,432.	290,823.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,153,058.	43,923,077.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,402,376.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,701,102.	5,069,221.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,258,338.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,037,636.	4,484,266.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,141,114.	46,923,644.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	20,011,944.	-3,000,567.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 42,735,553.	<b>End of Year</b> 41,231,391.
	<b>21</b>	Total liabilities (Part X, line 26)	5,264,571.	6,190,194.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	37,470,982.	35,041,197.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ROBIN ABBOTT, CFO</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature <b>AMY BIBBY</b>
	Firm's name ▶ <b>FORVIS, LLP</b>	Date <b>02/23/23</b>
	Firm's address ▶ <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00445891</b>
		Firm's EIN ▶ <b>44-0160260</b>
		Phone no. (828) <b>254-2254</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 42,876,104. including grants of \$ 37,370,157. ) (Revenue \$ 31,339. ) SEE SCHEDULE O:

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 42,876,104.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 columns: Question ID, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 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? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 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? X; 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROBIN ABBOTT - 904-390-3292
40 EAST ADAMS STREET, SUITE 200, JACKSONVILLE, FL 32202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE BRAUN PRESIDENT, CEO AND BOARD SECRETARY	55.00			X			263,533.	0.	31,378.	
(2) MAUREEN MERCHO CHIEF DEVELOPMENT OFFICER	52.00				X		159,067.	0.	21,709.	
(3) ROBIN ABBOTT CHIEF FINANCIAL OFFICER	50.00			X			146,624.	0.	0.	
(4) BRENT DIETZ I.T. DIRECTOR	48.00				X		133,561.	0.	12,191.	
(5) ROSIMAR MELENDEZ HEAD OF COMMUNITY IMPACT & STRATEGIC	48.00				X		129,953.	0.	7,797.	
(6) BRIAN EVANS BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(7) MICHAEL HERMAN BOARD OF DIRECTORS - VICE CHAIR	2.00	X					0.	0.	0.	
(8) ROBERT HILL BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(9) RUDY JAMISON, JR., ED.D BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(10) JAVON KNIGHT BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(11) KIRK LARSEN BOARD OF DIRECTORS - TREASURER	2.00	X					0.	0.	0.	
(12) SARA LEY BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(13) GREG MONTANA BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(14) LISA PALMER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(15) NED PEVERLEY BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(16) SABEEN PERWAIZ SYED BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(17) DR. DIANA GREENE BOARD OF DIRECTORS	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DARNELL SMITH BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(19) HENRY BROWN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(20) JIM STEP NOSKI BOARD OF DIRECTORS - CHAIR	2.00	X						0.	0.	0.
(21) RUSS THOMAS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(22) AUDRA WALLACE BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(23) DELORES BARR WEAVER BOARD OF DIRECTORS (EMERITUS)	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							832,738.	0.	73,075.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							832,738.	0.	73,075.	

**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 **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JULIE ANDERSON 1541 CEDAR BAY ROAD, JACKSONVILLE, FL 32218	CONSULTING	124,498.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	36,233.				
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	43,839,419.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			43,875,652.			
Program Service Revenue	<b>2 a</b>	SERVICE FEES	<b>Business Code</b>	900099	31,339.	31,339.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			31,339.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			-274,737.		-274,737.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b>	Gain or (loss) .....	<b>7c</b>					
<b>d</b>	Net gain or (loss) .....							
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS INCOME	<b>Business Code</b>	900099	290,823.		290,823.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			290,823.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			43,923,077.	31,339.	0.	16,086.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,276,027.	37,276,027.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	94,130.	94,130.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	309,231.	62,500.	184,231.	62,500.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,251,024.	2,584,455.	669,063.	997,506.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	176,345.	99,386.	28,215.	48,744.
<b>10</b> Payroll taxes	332,621.	202,020.	61,817.	68,784.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	8,098.		8,098.	
<b>c</b> Accounting	51,300.		51,300.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,777,656.	1,319,916.	308,086.	149,654.
<b>12</b> Advertising and promotion	19,264.	9,102.		10,162.
<b>13</b> Office expenses				
<b>14</b> Information technology	442,502.	163,768.	141,310.	137,424.
<b>15</b> Royalties				
<b>16</b> Occupancy	654,510.	484,992.	82,468.	87,050.
<b>17</b> Travel	28,024.	10,797.	3,985.	13,242.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	201,672.	115,356.	51,023.	35,293.
<b>23</b> Insurance	42,286.	21,143.	12,686.	8,457.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a OPERATING SUPPLIES &amp; EQ</b>	1,131,540.	397,008.	153,141.	581,391.
<b>b BANK CHARGES &amp; FEES</b>	77,143.		33,779.	43,364.
<b>c UNITED WAY WORLDWIDE ME</b>	50,271.	35,504.		14,767.
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	46,923,644.	42,876,104.	1,789,202.	2,258,338.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	25,371,249.	<b>1</b>	6,251,259.
	<b>2</b> Savings and temporary cash investments .....	1,234,908.	<b>2</b>	3,169,064.
	<b>3</b> Pledges and grants receivable, net .....	9,623,556.	<b>3</b>	8,291,198.
	<b>4</b> Accounts receivable, net .....	393,151.	<b>4</b>	1,307,179.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	61,246.	<b>9</b>	651,794.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,525,811.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,915,608.	807,436.	<b>10c</b> 610,203.
	<b>11</b> Investments - publicly traded securities .....	5,244,007.	<b>11</b>	20,950,694.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,735,553.	<b>16</b>	41,231,391.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	682,464.	<b>17</b>	2,025,148.
	<b>18</b> Grants payable .....	955,441.	<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,626,666.	<b>25</b>	4,165,046.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,264,571.	<b>26</b>	6,190,194.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	32,796,746.	<b>27</b>	32,027,924.
	<b>28</b> Net assets with donor restrictions .....	4,674,236.	<b>28</b>	3,013,273.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	37,470,982.	<b>32</b>	35,041,197.
<b>33</b> Total liabilities and net assets/fund balances .....	42,735,553.	<b>33</b>	41,231,391.	

**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	43,923,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,923,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,000,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,470,982.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	570,782.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,041,197.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
1		
2a		X
b	X	
2c	X	
3a		X
3b		

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	22891578.	16808892.	21631028.	49740276.	43875652.	154947426
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	22891578.	16808892.	21631028.	49740276.	43875652.	154947426
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						13610358.
<b>6 Public support.</b> Subtract line 5 from line 4.						141337068

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	22891578.	16808892.	21631028.	49740276.	43875652.	154947426
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	87,516.	71,339.	68,525.	55,927.	274,737.	558,044.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						155505470
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	436,656.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.89 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	87.90 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990) 2021

**Part VI**

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

**UNITED WAY OF NORTHEAST FLORIDA INC.**

Employer identification number

**59-0637825**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>UNITED WAY OF NORTHEAST FLORIDA INC.</b>	Employer identification number  <b>59-0637825</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,182,046.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,660,964.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF NORTHEAST FLORIDA INC.</b>	Employer identification number  <b>59-0637825</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  <b>UNITED WAY OF NORTHEAST FLORIDA INC.</b>	Employer identification number  <b>59-0637825</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** UNITED WAY OF NORTHEAST FLORIDA INC. **Employer identification number** 59-0637825

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,051,505.	1,605,655.	1,619,733.	1,551,387.	494,962.
b Contributions	332.	48,531.		5,000.	1,018,115.
c Net investment earnings, gains, and losses	-256,581.	450,921.	59,629.	73,302.	69,805.
d Grants or scholarships					
e Other expenditures for facilities and programs					20,502.
f Administrative expenses	13,130.	53,602.	73,707.	9,956.	10,993.
g End of year balance	1,782,126.	2,051,505.	1,605,655.	1,619,733.	1,551,387.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  31.0000 %
  - b Permanent endowment  69.0000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,525,811.	1,915,608.	610,203.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				610,203.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	3,290,005.
(3) DEFERRED LEASE INCENTIVE	379,274.
(4) REFUNDABLE ADVANCES	495,767.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,165,046.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	41,224,159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	41,224,159.
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		
b	Other (Describe in Part XIII.)	4b	2,698,918.	
c	Add lines 4a and 4b		4c	2,698,918.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	43,923,077.

**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	43,653,944.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	43,653,944.
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		
b	Other (Describe in Part XIII.)	4b	3,269,700.	
c	Add lines 4a and 4b		4c	3,269,700.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	46,923,644.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

AS PART OF ITS PLANNED GIVING PROGRAM, UNITED WAY ESTABLISHED AND WILL GROW ENDOWMENT FUNDS TO PROVIDE INCOME FOR SUSTAINING OPERATIONS AGAINST FLUCTUATIONS IN THE ANNUAL CAMPAIGN REVENUE; TO ENHANCE ANNUAL CAMPAIGN REVENUE FROM INCOME GENERATED BY THE ENDOWED GIFTS; AND TO PROVIDE PROGRAM FUNDING FLEXIBILITY NOT POSSIBLE THROUGH ANNUAL CAMPAIGN REVENUE INCLUDING EMERGENCY FUNDING, VENTURE GRANTS, ADMINISTRATIVE COSTS, CHALLENGE GRANTS AND INFRASTRUCTURE NEED.

**PART X, LINE 2:**

UNITED WAY IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, THE ACCOMPANYING FINANCIAL

**Part XIII** Supplemental Information (continued)

STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. UNITED WAY HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN PENSION BENEFIT	-570,782.
DONOR DESIGNATIONS	3,269,700.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,698,918.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	3,269,700.
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF NORTHEAST FLORIDA INC.** Employer identification number **59-0637825**

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITY HOUSING, INC 3740 BEACH BLVD JACKSONVILLE, FL 32207	59-3087085	501 (C) (3)	22,917.	0.			PERMANENT SUPPORTIVE AND AFFORDABLE HOUSING
ALL SAINTS EARLY LEARNING & COMMUNITY CARE CENTER - 4171 HENDRICKS AVENUE - JACKSONVILLE, FL 32207	59-1500774	501 (C) (3)	42,757.	0.			INTERGENERATIONAL CARE CENTER
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	59-0662271	501 (C) (3)	24,312.	0.			OPEN AIRWAYS FOR SCHOOLS
AMERICAN RED CROSS NORTHEAST FLORIDA CHAPTER - 751 RIVERSIDE AVENUE - JACKSONVILLE, FL 32204-3335	53-0196605	501 (C) (3)	216,043.	0.			DISASTER SERVICES
ANGELWOOD, INC PO BOX 24925 JACKSONVILLE, FL 32241	59-3212078	501 (C) (3)	25,000.	0.			RESIDENTIAL GROUP HOME
ANNIERUTH FOUNDATION 2579 WOOLERY DRIVE JACKSONVILLE, FL 32211	46-1171456	501 (C) (3)	4,100.	0.			EDUCATIONAL PROGRAMS AND RESOURCES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **87.**

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

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKER COUNTY COUNCIL ON AGING, INC. - 9264 BUCK STARLING RD - MACCLENNY, FL 32063	59-1596339	501 (C) (3)	34,141.	0.			HOME DELIVERED MEALS PROGRAM
BARNABAS CENTER, INC. 1303 JAMINE STREET STE 101 FERNANDINA BEACH, FL 32034	59-2920275	501 (C) (3)	36,616.	0.			CRISIS ASSISTANCE
BASCA, INC. 352 STOWE AVENUE ORANGE PARK, FL 32073	59-3318252	501 (C) (3)	25,000.	0.			PROGRAMS TO PROVIDE ASSISTANCE
BEACHES RESOURCE CENTER FOUNDATION, INC. - 700 SEAGATE AVENUE - NEPTUNE BEACH, FL 32266	20-0048420	501 (C) (3)	1,500.	0.			MH COUNSELING
BEAM 850 6TH AVENUE S SUITE 400 JACKSONVILLE BEACH, FL 32250	59-2564222	501 (C) (3)	22,748.	0.			SINGLE PARENT PROJECT/BEYOND SCHOOL WALLS
BIG BROTHERS BIG SISTERS OF NORTHEAST FLORIDA - 40 EAST ADAMS ST STE 220 - JACKSONVILLE, FL 32202	59-0683256	501 (C) (3)	144,916.	0.			ONE TO ONE MENTORING NASSAU
BOY SCOUTS OF AMERICA NORTH FLORIDA COUNCIL - 521 S EDGEWOOD AVENUE - JACKSONVILLE, FL 32205	59-0637816	501 (C) (3)	85,148.	0.			POSITIVE YOUTH DEVELOPMENT TITLE 1
BOYS AND GIRLS CLUBS OF NASSAU PO BOX 16003 FERNANDINA BEACH, FL 32035	59-3672345	501 (C) (3)	21,320.	0.			GREAT FUTURES
BOYS AND GIRLS CLUBS OF NORTHEAST FLORIDA - 555 W 25TH STREET - JACKSONVILLE, FL 32206	59-6167630	501 (C) (3)	278,784.	0.			TRADITIONAL CLUBS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE BUILDERS UNITED INC 9390 LEM TURNER RD JACKSONVILLE, FL 32208	81-5423218	501 (C) (3)	1,600.	0.			POSITIVE YOUTH DEVELOPMENT
CATHOLIC CHARITIES BUREAU 134 E CHURCH STREET STE 2 JACKSONVILLE, FL 32202-3130	59-0624375	501 (C) (3)	60,445.	0.			EMERGENCY FINANCIAL ASSISTANCE
CHILD GUIDANCE 5776 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207	59-0704727	501 (C) (3)	1,200,738.	0.			DCPS GRANT - MENTAL HEALTH SVCS
CHILDREN'S CHRISTMAS PARTY OF JACKSONVILLE - PO BOX 5338 - JACKSONVILLE, FL 32207	59-3611757	501 (C) (3)	1,000.	0.			PROVIDE TOYS TO CHILDREN IN NEED
CHILDREN'S HOME SOCIETY FLORIDA BUCKNER DIVISION - 3027 SAN DIEGO ROAD - JACKSONVILLE, FL 32207	59-0192430	501 (C) (3)	1,017,843.	0.			DCPS GRANT - MENTAL HEALTH SVCS
CITY YEAR, INC 287 COLUMBUS AVE BOSTON, MA 02116	22-2882549	501 (C) (3)	167,580.	0.			WHOLE SCHOOL WHOLE CHILD
CLARA WHITE MISSION 613 W ASHLEY STREET JACKSONVILLE, FL 32202	59-6002104	501 (C) (3)	77,147.	0.			DAILY FEEDING PROGRAM
CLAY BEHAVIORAL HEALTH CENTER, INC. - 1726 KINGSLEY AVE STE 2 - ORANGE PARK, FL 32073	59-2219317	501 (C) (3)	7,960.	0.			VOCATIONAL SERVICES
COMMUNITIES IN SCHOOLS 1700 OLD MIDDLEBURG ROAD JACKSONVILLE, FL 32210	58-1289174	501 (C) (3)	4,600.	0.			POSITIVE YOUTH DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF JACKSONVILLE - 6261 EAST DUPONT STATION COURT - JACKSONVILLE, FL 32217	59-3027895	501 (C) (3)	5,500.	0.			POSITIVE YOUTH DEVELOPMENT
CONNECTING THRU MUSIC, INC. 1917 BEACH AVENUE ATLANTIC BEACH, FL 32233	83-1825932	501 (C) (3)	7,600.	0.			MUSIC THERAPY & ENRICHMENT
DANIEL MEMORIAL, INC. 4203 SOUTHPOINT BOULEVARD JACKSONVILLE, FL 32216	59-3067752	501 (C) (3)	2,079,661.	0.			PROJECT PREPARE/MENTAL HEALTH SERVICES
DELORES BARR WEAVER POLICY CENTER 40 E ADAMS ST STE 130 JACKSONVILLE, FL 32202	46-0938295	501 (C) (3)	22,748.	0.			GIRL MATTERS CONTINUITY OF CARE
DLC NURSE & LEARN 4101 1 COLLEGE STREET JACKSONVILLE, FL 32205	59-3618761	501 (C) (3)	59,800.	0.			SPECIALIZED CHILDRENS PROGRAM
DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC - 215 NORTH OCEAN ST - JACKSONVILLE, FL 32202	59-2437003	501 (C) (3)	25,000.	0.			RENT AND ELECTRIC ASSISTANCE
DUVAL COUNTY PUBLIC SCHOOLS 1701 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	59-6000589	501 (C) (3)	121,282.	0.			FULL SERVICE SCHOOLS
EARLY LEARNING COALITION OF DUVAL (SB6) - 8301 CYPRESS PLAZA DRIVE STE 201 - JACKSONVILLE, FL 32256	59-3688924	501 (C) (3)	822,418.	0.			SUCCESS BY 6
EPISCOPAL CHILDREN'S SERVICES (SB6) - 8443 BAYMEADOWS ROAD STE 1 - JACKSONVILLE, FL 32256	59-1146765	501 (C) (3)	180,000.	0.			SUCCESS BY 6

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FOUNDATIONS OF NORTHEAST FLORIDA, INC. - 40 E ADAMS STREET SUITE 320 - JACKSONVILLE, FL 32202	59-0768265	501 (C) (3)	604,048.	0.			MENTAL HEALTH SVCS
FAMILY SUPPORT SERVICES OF NORTH FLORIDA, INC - 1300 RIVERPLACE BLVD STE 700 - JACKSONVILLE, FL 32207	59-3759863	501 (C) (3)	25,000.	0.			PARENT NEEDS ASSISTANCE
FITNESS AND CHARACTER EDUCATION 1015 ATLANTIC BLVD., #297 ATLANTIC BEACH, FL 32233	27-2132221	501 (C) (3)	5,200.	0.			FULL SERVICE SCHOOLS
FIVE STAR VETERANS CENTER, INC. 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501 (C) (3)	25,000.	0.			VETERANS LIVING INDEPENDENTLY
FRIENDS OF BRENTWOOD LIBRARY 101 WEST 27TH STREET JACKSONVILLE, FL 32206	47-4519534	501 (C) (3)	4,000.	0.			FULL SERVICE SCHOOLS
GENERATION: YOU EMPLOYED, INC. 616 A PHILLIP RANDOLPH BLVD JACKSONVILLE, FL 32202	47-1073442	501 (C) (3)	110,500.	0.			FINANCIAL STABILITY
GIRL SCOUTS OF GATEWAY COUNCIL, INC. - 13007 W LINEBAUGH AVE - TAMPA, FL 33626	59-0637857	501 (C) (3)	79,800.	0.			SUMMER CAMPS
GIRLS, INCORPORATED OF JACKSONVILLE - 100 FESTIVAL PARK AVE - JACKSONVILLE, FL 32202	59-1317196	501 (C) (3)	86,208.	0.			STRONG SMART BOLD
HOPE HAVEN CHILDREN'S CLINIC AND FAMILY CENTER - 4600 BEACH BOULEVARD - JACKSONVILLE, FL 32207	59-0668485	501 (C) (3)	7,862.	0.			ACCESS TO SUCCESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUBBARD HOUSE, INC. PO BOX 4909 JACKSONVILLE, FL 32201	59-1814635	501 (C) (3)	80,700.	0.			EMERGENCY SERVICES/CHILDREN'S PROGRAM
JACKSONVILLE AREA LEGAL AID, INC. 126 WEST ADAMS STREET 7TH FLOOR JACKSONVILLE, FL 32202	59-0696291	501 (C) (3)	71,988.	0.			LEGAL ASSISTANCE PROGRAM
JACKSONVILLE ARTS AND MUSIC SCHOOL ONE INDEPENDENT DRIVE STE 3120 JACKSONVILLE, FL 32202	47-1225657	501 (C) (3)	3,000.	0.			FULL SERVICE SCHOOLS
JACKSONVILLE PUBLIC EDUCATION FUND (PARENT ENGAGEMENT) - 40 EAST ADAMS ST STE 110 - JACKSONVILLE, FL 32202	59-2756660	501 (C) (3)	44,700.	0.			PARENT ENGAGEMENT
JACKSONVILLE SPEECH AND HEARING CENTER, INC. - 40 E ADAMS ST STE LL20 - JACKSONVILLE, FL 32202	59-0970718	501 (C) (3)	83,756.	0.			ADULT HEARING DISORDERS/SPEECH SERVICES
JASMYN 923 PENINSULAR PLACE JACKSONVILLE, FL 32205	59-3284175	501 (C) (3)	25,000.	0.			YOUTH HOMELESSNESS
JEWISH COMMUNITY ALLIANCE 8505 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217	59-2620208	501 (C) (3)	135,400.	0.			BALANCE PREVENTION/SENIOR ENGAGEMENT
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	59-0637868	501 (C) (3)	2,350,453.	0.			ACHIEVERS FOR LIFE
LEARN TO READ-LITERACY ALLIANCE OF NEFL - PO BOX 2178 - JACKSONVILLE, FL 32203	23-7153919	501 (C) (3)	44,660.	0.			EDUCATION ASSESSMENT AND LDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA, INC. - 4615 PHILLIPS HIGHWAY - JACKSONVILLE, FL 32207-1514	59-1965600	501 (C) (3)	62,808.	0.			NOURISHMENT NETWORK
MALIVAI WASHINGTON YOUTH FOUNDATION - 1096 WEST 6TH STREET - JACKSONVILLE, FL 32209	59-3559150	501 (C) (3)	22,748.	0.			TNT PROGRAM
MILLENNIUM SOL JAX INC 121 EAST 8TH STREET, SUITE 9 JACKSONVILLE, FL 32206	47-4929242	501 (C) (3)	400.	0.			PERSONAL CARE SERVICES
MUSLIM AMERICAN SOCIAL SERVICES 2251 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246-2347	46-5096772	501 (C) (3)	25,000.	0.			FREE CLINIC
MYGANI LLC PO BOX 12308 JACKSONVILLE, FL 32206	81-1435749	501 (C) (3)	2,000.	0.			FULL SERVICE SCHOOLS
NASSAU COUNTY COUNCIL ON AGING 1367 SOUTH 18TH STREET FERNANDINA BEACH, FL 32034	23-7375273	501 (C) (3)	51,628.	0.			GERIATRIC CASE MANAGER PROGRAM
NEW HEIGHTS OF NORTHEAST FLORIDA, INC. - 3311 BEACH BLVD - JACKSONVILLE, FL 32207-3704	59-0718304	501 (C) (3)	85,256.	0.			ADULT & CHILDREN THERAPY SERVICES
NORTH FLORIDA OFFICE OF PUBLIC GUARDIAN, INC - 1425 E PIEDMONT DRIVE - TALLAHASSEE, FL 32308	16-1652866	501 (C) (3)	25,000.	0.			CASE MANAGER POSITION
NORTHEAST FLORIDA AREA AGENCY ON AGING, INC. D/B/A ELDESOURCE - 10688 OLD ST AUGUSTINE RD - JACKSONVILLE, FL 32257	59-1569867	501 (C) (3)	25,000.	0.			SENIOR MEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE CHURCH OF CHRIST 4736 AVENUE B JACKSONVILLE, FL 32209	59-1606667	501 (C) (3)	400.	0.			YOUTH SUMMER CAMP
NORTHSIDE COMMUNITY INVOLVEMENT 4736 AVENUE B JACKSONVILLE, FL 32209	59-3390714	501 (C) (3)	1,600.	0.			FULL SERVICE SCHOOLS
ONE MORE CHILD 2300 BARTRAM ROAD JACKSONVILLE, FL 32207	45-3175893	501 (C) (3)	6,500.	0.			FULL SERVICE SCHOOLS
ONEJAX INSTITUTE AT UNF 1 UNF DR BLDG 53 STE 2750 JACKSONVILLE, FL 32224	20-2719059	501 (C) (3)	14,640.	0.			ONEYOUTH
OPERATION NEW HOPE, INC. 1830 NORTH MAIN STREET JACKSONVILLE, FL 32206-3736	59-3590360	501 (C) (3)	25,000.	0.			READY4WORK
PACE CENTER FOR GIRLS JACKSONVILLE 2933 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	59-2414492	501 (C) (3)	28,528.	0.			HEALTH CLINIC
PINE CASTLE, INC. 4911 SPRING PARK ROAD JACKSONVILLE, FL 32207	59-0704733	501 (C) (3)	67,384.	0.			GROUP HOME SERVICES
QUIGLEY HOUSE, INC. PO BOX 142 ORANGE PARK, FL 32067	59-2935027	501 (C) (3)	67,948.	0.			EMERGENCY SHELTER AND SUPPORT SERVICES
SANCTUARY ON 8TH STREET PO BOX 3301 JACKSONVILLE, FL 32206	59-3108041	501 (C) (3)	34,036.	0.			AFTERSCHOOL AND SUMMER PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SULZBACHER CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501 (C) (3)	196,968.	0.			HOMELESS HEALTH CARE & SHELTER SERVICES
THE ARC JACKSONVILLE, INC 1050 DAVIS STREET NORTH JACKSONVILLE, FL 32209	59-6209603	501 (C) (3)	79,480.	0.			EMPLOYMENT INITIATIVE
THE ARC OF NASSAU, INC. 86051 HAMILTON STREET YULEE, FL 32097	59-1404429	501 (C) (3)	25,235.	0.			LIFE SKILLS
THE BLACK COMMISSION 3607 RIBAULT SCENIC DRIVE JACKSONVILLE, FL 32208	81-4393370	501 (C) (4)	4,000.	0.			FULL SERVICE SCHOOLS
THE CARPENTER'S SHOP CENTER 1601 UNIVERSITY BLVD JACKSONVILLE, FL 32211	20-2828807	501 (C) (3)	24,000.	0.			AFTERSCHOOL AND SUMMER PROGRAM
THE SALVATION ARMY PO BOX 52508 JACKSONVILLE, FL 32201	58-0660607	501 (C) (3)	368,824.	0.			RED SHIELD LODGE & FAMILY SERVICES (CLAY, DUVAL & NASSAU)
THE SOYINI CIRCLES GIRLS CORP 5922 LAWSONIA LINKS DRIVE JACKSONVILLE, FL 32222	81-1692772	501 (C) (3)	13,400.	0.			FULL SERVICE SCHOOLS
URBAN GEOPONICS 3607 RIBAULT SCENIC DRIVE JACKSONVILLE, FL 32208	46-2265009	501 (C) (3)	400.	0.			FULL SERVICE SCHOOLS
US AND OUR CHILDREN, INC. PO BOX 18761 JACKSONVILLE, FL 32229	06-1690984	501 (C) (3)	22,100.	0.			FULL SERVICE SCHOOLS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION IS PRICELESS COUNCIL, INC 3 SHIRCLIFF WAY SUITE 546 JACKSONVILLE, FL 32204	59-3386495	501 (C) (3)	25,000.	0.			VISION CARE SERVICES
WE CARE JACKSONVILLE 4080 WOODCOCK DR BLDG 2400 STE 130 JACKSONVILLE, FL 32207	59-3431724	501 (C) (3)	148,304.	0.			ACCESS TO HEALTHCARE
WOMENS CENTER OF JACKSONVILLE 5644 COLCORD AVENUE JACKSONVILLE, FL 32211	23-7437216	501 (C) (3)	25,000.	0.			RAPE CRISIS AND SAFE PROGRAM
YMCA OF FLORIDA'S FIRST COAST, INC. - 40 EAST ADAMS ST STE 210 - JACKSONVILLE, FL 32202	59-0638514	501 (C) (3)	177,976.	0.			YMCA URBAN TEEN & HEALTH PROGRAMS
YOUTH CRISIS CENTER 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216	59-2176287	501 (C) (3)	109,990.	0.			YOUNG ADULTS EMERGENCY SHELTER & MENTAL HEALTH SVCS



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT ASSISTANCE	51	53,997.	0.		
STUFF THE BUS	0	20,133.	0.		
PRIORITY GOAL ALLOCATIONS	0	20,000.	0.		

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

**PART I, LINE 2:**

BECAUSE FUNDING IS REPORTED BY PURPOSE, AGENCIES MAY BE LISTED MORE THAN ONCE. HOWEVER, THE DOLLARS ARE NOT DUPLICATED. A VOLUNTEER COMMITTEE OF ACCOUNTING PROFESSIONALS REVIEWS THE FINANCIAL STATEMENTS OF THE AGENCIES REQUESTING FUNDING TO ENSURE PROPER USE OF UNITED WAY FUNDS. FUNDING IS GRANTED BASED ON THE CRITICALITY OF THE NEED BEING ADDRESSED BY THE PROGRAM, THE PROGRAM'S IMPACT ON ADDRESSING THE NEED, THE PARTICIPANTS' RESULTS IN THE PROGRAM, THE UTILIZATION OF THE PROGRAM'S CAPACITY AND THE IMPORTANCE OF UNITED WAY FUNDING TO THE SUCCESS OF THE PROGRAM. FUNDING IS

**Part IV** Supplemental Information

GRANTED THROUGH TARGETED NOTICE OF FUNDING OPPORTUNITIES (NOFO) WITH FORMAL REVIEW PROCESSES OCCURRING ANNUALLY. BI-ANNUAL REPORTS OF PERFORMANCE MEASURES AND UTILIZATION OF CAPACITY ARE REVIEWED BY STAFF AND VOLUNTEERS. IN ADDITION, UNITED WAY OF NORTHEAST FLORIDA IS AN OPEN DONOR CHOICE ORGANIZATION AND DISTRIBUTES DONOR DESIGNATIONS AS REQUESTED.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF NORTHEAST FLORIDA INC.** Employer identification number **59-0637825**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE BRAUN PRESIDENT, CEO AND BOARD SECRETARY	(i)	238,533.	25,000.	0.	16,500.	14,878.	294,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAUREEN MERCHO CHIEF DEVELOPMENT OFFICER	(i)	154,067.	5,000.	0.	9,518.	12,191.	180,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC.

Employer identification number

59-0637825

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

FOUNDED IN 1924, UNITED WAY OF NORTHEAST FLORIDA, INC. ("UNITED WAY")  
HAS EARNED A REPUTATION AS A RESPECTED AND EFFICIENT PHILANTHROPIC  
ORGANIZATION. UNITED WAY ENVISIONS A COMMUNITY OF OPPORTUNITY WHERE  
EVERYONE HAS HOPE AND CAN REACH THEIR FULL POTENTIAL. UNITED WAY'S  
MISSION IS TO SOLVE NORTHEAST FLORIDA'S TOUGHEST CHALLENGES BY  
CONNECTING PEOPLE, RESOURCES AND IDEAS.

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

UNITED WAY PROVIDES AND FUNDS PROGRAMS IN NORTHEAST FLORIDA, THAT  
DELIVER VITAL SERVICES TO THE COMMUNITY THAT CREATE A COMMUNITY OF  
OPPORTUNITY WHERE EVERYONE HAS HOPE AND CAN REACH THEIR FULL  
POTENTIAL. THIS BEGINS WITH IMPROVING ECONOMIC MOBILITY FOR ALL  
NORTHEAST FLORIDA RESIDENTS. WE DO THIS BY INVESTING IN PROGRAMS AND  
INITIATIVES THAT MAKE IT EASIER FOR PEOPLE TO BREAK THE CYCLE OF  
POVERTY AND LIVE A BETTER LIFE.

CREATING OPPORTUNITY BY ADDRESSING: BASIC NEEDS, FINANCIAL WELL BEING  
AND RACIAL EQUITY

BASIC NEEDS PROVIDE FAMILIES WITH ACCESS TO NUTRITIOUS FOOD, STABLE  
HOUSING AND MENTAL HEALTH SUPPORT DURING TIMES OF CRISIS. FINANCIAL

WELL-BEING HELP INDIVIDUALS OBTAIN A QUALITY EDUCATION, STEADY

EMPLOYMENT AND ASSETS TO WEATHER FINANCIAL CHALLENGES; AND RACIAL

EQUITY ELIMINATE DEEP DISPARITIES AND SYSTEMIC INEQUITIES LIMITING OUR  
COMMUNITIES OF COLOR.

Name of the organization UNITED WAY OF NORTHEAST FLORIDA INC.	Employer identification number 59-0637825
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THE FOLLOWING LINK TO OUR 2021-2022 IMPACT REPORT WILL SHOW HOW WE ARE IMPACTING OUR COMMUNITY.

[HTTPS://UNITEDWAYNEFL.ORG/WP-CONTENT/UPLOADS/2022/12/IMPACTREPORT\\_2022\\_A\\_G\\_REVISED.PDF](HTTPS://UNITEDWAYNEFL.ORG/WP-CONTENT/UPLOADS/2022/12/IMPACTREPORT_2022_A_G_REVISED.PDF)

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

UNITED WAY'S BOARD OF DIRECTORS ESTABLISHED AN AUDIT COMMITTEE TO ASSIST THE DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES. THE AUDIT COMMITTEE MET WITH THE INDEPENDENT AUDITORS ON OCTOBER 10, 2022. THEY DISCUSSED THE AUDIT PROCESS; REVIEWED AND ACCEPTED THE AUDIT; AND MET IN EXECUTIVE SESSION WITH THE AUDIT TEAM. AT THE FEBRUARY 02, 2023 AUDIT COMMITTEE MEETING, THE IRS FORM 990 WAS REVIEWED, FOLLOWED BY REVIEW BY THE BOARD OF DIRECTORS AT THE FEBRUARY 16, 2023 MEETING.

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

ANNUALLY ALL DIRECTORS, AUDIT COMMITTEE MEMBERS AND STAFF MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY INCLUDED IN THE CODE OF ETHICS AND CERTIFY THEY RECOGNIZE AND UNDERSTAND THEIR OBLIGATIONS AND DISCLOSE ANY CONFLICTS. SHOULD SITUATIONS ARISE DURING THE COURSE OF THE YEAR, THE INDIVIDUAL IMMEDIATELY DISCLOSES THE NEW SITUATION.

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

COMPENSATION IS REVIEWED AND APPROVED WITH THE BUDGET. THE MOST RECENT NATIONAL UNITED WAY COMPENSATION STUDY AND LOCAL MARKET DATA ARE PART OF THE ANALYSIS PROCESS. IN ADDITION ORGANIZATIONAL GROWTH, STRATEGIC DIRECTION AND INDIVIDUAL RESPONSIBILITIES AND PERFORMANCE ARE CONSIDERED WHEN THE PRESIDENT DETERMINES ANNUAL COMPENSATION FOR EACH LEADERSHIP TEAM

Name of the organization UNITED WAY OF NORTHEAST FLORIDA INC.	Employer identification number 59-0637825
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MEMBER. THE PRESIDENT'S COMPENSATION IS EVALUATED AND SET ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

UNITED WAY PROVIDES GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST. BOTH PRIOR YEAR AND CURRENT YEAR AUDITS ARE POSTED ELECTRONICALLY ON UNITED WAY'S WEBSITE WWW.UNITEDWAYNEFL.ORG/ABOUT-US/FINANCIAL-INFORMATION/

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

UNITED WAY PROVIDES GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST. BOTH PRIOR YEAR AND CURRENT YEAR AUDITS ARE POSTED ELECTRONICALLY ON UNITED WAY'S WEBSITE WWW.UNITEDWAYNEFL.ORG/ABOUT-US/FINANCIAL-INFORMATION/

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

CHANGE IN PENSION BENEFIT	570,782.
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FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.