

WHITTAKER COOPER (GRENNAN FENDER, LLP)
1692 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

UNITED WAY OF BREVARD COUNTY
1100 ROCKLEDGE BLVD., SUITE 300
ROCKLEDGE, FL 32955



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CLIENT'S COPY



WHITTAKER COOPER

CERTIFIED PUBLIC ACCOUNTANTS
A Grennan Fender Company

May 15, 2023

United Way of Brevard County
1100 Rockledge Blvd., Suite 300
Rockledge, FL 32955

United Way of Brevard County:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Lynn Iacopelli, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

United Way of Brevard County
1100 Rockledge Blvd., Suite 300
Rockledge, FL 32955

Prepared By:

Whittaker Cooper (Grennan Fender, LLP)
1692 W. Hibiscus Blvd.
Melbourne, FL 32901

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-TE and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

UNITED WAY OF BREVARD COUNTY

EIN or SSN

59-0836384

Name and title of officer or person subject to tax **CARON PARTRIDGE
INTERIM PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>8,501,055.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WHITTAKER COOPER (GRENNAN FENDER, LLP) to enter my PIN 36384
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50883665703

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/15/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 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

Form sections B through M: B Check if applicable, C Name of organization (UNITED WAY OF BREVARD COUNTY), D Employer identification number (59-0836384), E Telephone number (321-631-2740), G Gross receipts (\$8,514,243), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.UWBREVARD.ORG), K Form of organization (Corporation), L Year of formation (1957), M State of legal domicile (FL)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature block fields: Sign Here (Signature of officer: CARON PARTRIDGE, INTERIM PRESIDENT), Paid (Preparer: LYNN IACOPELLI, CPA), Preparer Use Only (Firm: WHITTAKER COOPER (GRENNAN FENDER, LLP))

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO BE BREVARD'S LEADER IN MOBILIZING THE CARING POWER OF OUR COMMUNITY.

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 \$ 5,898,079. including grants of \$ 3,711,856.) (Revenue \$ 53,411.) UNITED WAY OF BREVARD PARTNER AGENCIES ARE A DIVERSE GROUP OF HEALTH AND HUMAN SERVICE PROVIDERS WHO PROVIDE CRITICAL SERVICES TO OUR COMMUNITY AND MEET COMPREHENSIVE FUNDING STANDARDS AND BI-ANNUAL PERFORMANCE REVIEWS FOR EFFICIENT, HIGH-QUALITY PROGRAMS SERVING BREVARD COUNTY RESIDENTS. AGENCIES MUST DEMONSTRATE ACCOUNTABILITY AND COMPLETE ALL REPORTING REQUIREMENTS IN ADDITION TO MAINTAINING ESTABLISHED STANDARDS OF PERFORMANCE. 80 COMMUNITY VOLUNTEERS SPENT OVER 1,000 HOURS REVIEWING FUNDING APPLICATIONS, FISCAL PERFORMANCE AND OUTCOMES IN ORDER TO RECOMMEND FUNDING LEVELS TO THE UNITED WAY BOARD OF DIRECTORS. 43 PARTNER AGENCY PROGRAMS WILL SERVE MORE THAN 200,000 PEOPLE THROUGHOUT THE BREVARD COMMUNITY. IN ADDITION TO DOLLARS DONATED THROUGH THE COMMUNITY CARE FUND, DONORS ALSO HAVE THE OPPORTUNITY TO

4b (Code:) (Expenses \$ 987,945. including grants of \$ 7,066.) (Revenue \$) HEALTHY FAMILIES BREVARD IS A PROGRAM DESIGNATED TO PREVENT CHILD ABUSE AND NEGLECT AND PROMOTE HEALTHY CHILD DEVELOPMENT. SINCE 1999, HEALTHY FAMILIES BREVARD HAS HELPED PARENTS WITH THEIR MOST IMPORTANT ROLE - NURTURING AND RAISING THEIR CHILDREN IN A SAFE AND HEALTHY HOME. UNITED WAY OF BREVARD IS THE DIRECT SERVICE PROVIDER FOR THIS HIGHLY SUCCESSFUL PROGRAM. DURING 2021/2022 2,399 HOME VISITS WERE COMPLETED AND 236 FAMILIES WERE SERVED BY THIS PROGRAM. IN ADDITION, 1,416 REFERRALS WERE MADE TO OTHER COMMUNITY AGENCIES.

4c (Code:) (Expenses \$ 497,146. including grants of \$ 347,616.) (Revenue \$) HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) SUPPORTS LONG-TERM SOLUTIONS TO HOUSING CHALLENGES OF ELIGIBLE PERSONS BY PROVIDING FUNDING FOR EMERGENCY AND TEMPORARY HOUSING NEEDS OF PERSONS WITH HIV/AIDS. FOR FY 21-22 \$486,774 IN FUNDING PROVIDED CRITICAL SERVICES TO IMPROVE ACCESS TO HIV TREATMENT AND HEALTHCARE AND REDUCED THE RISK OF HOMELESSNESS AMONG PEOPLE LIVING WITH HIV/AIDS. UNITED WAY OF BREVARD DISTRIBUTED THESE FUNDS TO AGENCIES SERVING THE ENTIRE COUNTY AND PERFORMED ALL REPORTING TO THE FL DEPARTMENT OF HEALTH. UNITED WAY OF BREVARD WAS ALSO RESPONSIBLE FOR THE MONITORING OF SUBCONTRACTORS PROVIDING DIRECT SERVICE. HOPWA FUNDING PROVIDED CASE MANAGEMENT, HOUSING AND UTILITIES ASSISTANCE TO 218 PERSONS WITH HIV/AIDS.

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

4e Total program service expenses 7,383,170.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 55		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 55		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
UNITED WAY OF BREVARD COUNTY - 321-631-2740
1100 ROCKLEDGE BLVD., ROCKLEDGE, FL 32955

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) ROBERT RAINS PRESIDENT	40.00			X				179,384.	0.	25,115.
(2) DEBBIE GOODE PAST BOARD CHAIR	0.50	X		X				0.	0.	0.
(3) LAURA CHIESMAN BOARD CHAIR	0.80	X		X				0.	0.	0.
(4) LYNDY WEATHERMAN BOARD CHAIR-ELECT	0.80	X		X				0.	0.	0.
(5) JOHNETTE GINDLING VICE CHAIR/OVERSIGHT	0.80	X		X				0.	0.	0.
(6) MOSES HARVIN II VICE CHAIR/COMMUNITY	0.80	X		X				0.	0.	0.
(7) ROBB MORRISON TREASURER	0.80	X		X				0.	0.	0.
(8) HEATHER MCDONOUGH MEMBER-AT-LARGE	0.50	X						0.	0.	0.
(9) MIKE WILLIAMS MEMBER-AT-LARGE	0.50	X						0.	0.	0.
(10) LOUIS D WILSON MEMBER-AT-LARGE	0.50	X						0.	0.	0.
(11) KRISTIN COLACCHIO MEMBER-AT-LARGE	0.50	X						0.	0.	0.
(12) FRANK ABBATE DIRECTOR	0.50	X						0.	0.	0.
(13) HENRY ANDERSSON DIRECTOR	0.50	X						0.	0.	0.
(14) TIM ANTONITION MEMBER-AT-LARGE	0.50	X						0.	0.	0.
(15) MICHAEL AYERS DIRECTOR	0.50	X						0.	0.	0.
(16) MARA BELLABY DIRECTOR	0.50	X						0.	0.	0.
(17) DANA BLICKLEY DIRECTOR	0.50	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) PASCAL BUDGE DIRECTOR	0.50	X						0.	0.	0.
(19) LAURIE CAPPELLI DIRECTOR	0.50	X						0.	0.	0.
(20) RANDY COLEMAN DIRECTOR	0.50	X						0.	0.	0.
(21) ERIK COSTIN DIRECTOR	0.50	X						0.	0.	0.
(22) DEL CRAGIN DIRECTOR	0.50	X						0.	0.	0.
(23) FRANK DIBELLO DIRECTOR	0.50	X						0.	0.	0.
(24) JASON FLEISCHMAN DIRECTOR	0.50	X						0.	0.	0.
(25) MARCIA GAEDCKE DIRECTOR	0.50	X						0.	0.	0.
(26) MICHELE GOODWIN DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								179,384.	0.	25,115.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								179,384.	0.	25,115.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ERIC JOHNS DIRECTOR	0.50	X						0.	0.	0.
(28) DR SUMMERPAL S KAHLON DIRECTOR	0.50	X						0.	0.	0.
(29) SHANNON LEWIS DIRECTOR	0.50	X						0.	0.	0.
(30) MARK MALEK DIRECTOR	0.50	X						0.	0.	0.
(31) CHRIS MCALPINE DIRECTOR	0.50	X						0.	0.	0.
(32) DR DWAYNE MCCAY DIRECTOR	0.50	X						0.	0.	0.
(33) PETER MONTGOMERY DIRECTOR	0.50	X						0.	0.	0.
(34) DR MARK MULLINS DIRECTOR	0.50	X						0.	0.	0.
(35) REGINA OENBRINK DIRECTOR	0.50	X						0.	0.	0.
(36) DAVE OTT DIRECTOR	0.50	X						0.	0.	0.
(37) SISI PACKARD DIRECTOR	0.50	X						0.	0.	0.
(38) TRAVIS PROCTOR DIRECTOR	0.50	X						0.	0.	0.
(39) ANDY ROMINE DIRECTOR	0.50	X						0.	0.	0.
(40) SUMMIT SHAH DIRECTOR	0.50	X						0.	0.	0.
(41) JENNIFER SUGARMAN DIRECTOR	0.50	X						0.	0.	0.
(42) DAWN PATRELLA VP OF FINANCE/ADMIN.	40.00			X				0.	0.	0.
(43) BART GAETJENS CAMPAIGN CHAIR	0.80	X						0.	0.	0.
(44) JACKIE BARKER MEMBER-AT-LARGE	0.50	X						0.	0.	0.
(45) DENNIS BROUGHTON DIRECTOR	0.50	X						0.	0.	0.
(46) WES COVELL DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for DR. KRISTOPHER DOAN, RON FORSTON, COREY LANCASTER, MELANIE RAKITA, CORDELL ROLLE, SUZANNE SHERMAN, and DR. DEDRA SIBLEY.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,966,427.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,287,873.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 851,712.				
	h Total. Add lines 1a-1f		8,254,300.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		163,508.			163,508.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	37,644.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	37,644.				
	d Net gain or (loss)		37,644.			37,644.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		5,380.				
		b Less: direct expenses	8b	13,188.			
		c Net income or (loss) from fundraising events		-7,808.			-7,808.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a ADMINISTRATION FEE INC	Business Code	561499	28,251.	28,251.		
	b _____						
	c _____						
	d All other revenue		561499	25,160.	25,160.		
	e Total. Add lines 11a-11d			53,411.			
12 Total revenue. See instructions			8,501,055.	53,411.	0.	193,344.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,066,538.	4,066,538.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	223,729.	134,237.	44,746.	44,746.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,653,892.	1,241,372.	102,258.	310,262.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,981.	79,925.	6,985.	16,071.
9 Other employee benefits	234,108.	186,927.	9,763.	37,418.
10 Payroll taxes	136,353.	100,865.	9,902.	25,586.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	33,040.	14,949.	15,011.	3,080.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,862.	17,862.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	161,692.	133,346.	17,931.	10,415.
12 Advertising and promotion				
13 Office expenses	187,148.	87,404.	9,388.	90,356.
14 Information technology	77,333.	64,364.	3,738.	9,231.
15 Royalties				
16 Occupancy	143,765.	104,675.	10,240.	28,850.
17 Travel	40,468.	35,481.	1,312.	3,675.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,645.	5,129.	334.	2,182.
20 Interest				
21 Payments to affiliates	134,641.	105,485.	7,054.	22,102.
22 Depreciation, depletion, and amortization	12,013.	9,452.	614.	1,947.
23 Insurance	13,937.	11,545.	579.	1,813.
24 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.)				
a IN KIND GIFTS	840,855.	840,855.		
b GRANT EXPENDITURES	127,972.	127,972.		
c DUES AND FEES	13,447.	10,989.	115.	2,343.
d _____				
e All other expenses _____	16,834.	3,798.	2,378.	10,658.
25 Total functional expenses. Add lines 1 through 24e	8,246,253.	7,383,170.	242,348.	620,735.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	717,441.	1	655,991.
	2 Savings and temporary cash investments	595,909.	2	555,611.
	3 Pledges and grants receivable, net	2,105,505.	3	1,815,267.
	4 Accounts receivable, net	201,363.	4	301,744.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	12,545.
	9 Prepaid expenses and deferred charges	35,496.	9	29,805.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 67,994.		
	b Less: accumulated depreciation	10b 52,989.	21,425.	10c 15,005.
	11 Investments - publicly traded securities	4,795,082.	11	4,363,852.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,629.	15	9,915.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,481,850.	16	7,759,735.	
Liabilities	17 Accounts payable and accrued expenses	161,481.	17	149,875.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,335,492.	25	3,335,632.
	26 Total liabilities. Add lines 17 through 25	3,496,973.	26	3,485,507.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,458,390.	27	3,784,618.
	28 Net assets with donor restrictions	526,487.	28	489,610.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,984,877.	32	4,274,228.
33 Total liabilities and net assets/fund balances	8,481,850.	33	7,759,735.	

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	8,501,055.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,246,253.
3	Revenue less expenses. Subtract line 2 from line 1	3	254,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,984,877.
5	Net unrealized gains (losses) on investments	5	-705,644.
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	-259,807.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,274,228.

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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF BREVARD COUNTY Employer identification number 59-0836384

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8620397.	8849502.	8320072.	14010206.	8254300.	48054477.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8620397.	8849502.	8320072.	14010206.	8254300.	48054477.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10736016.
6 Public support. Subtract line 5 from line 4.						37318461.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8620397.	8849502.	8320072.	14010206.	8254300.	48054477.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111,843.	151,619.	167,121.	106,224.	163,508.	700,315.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						48754792.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	76.54 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	86.70 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). 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 - <i>explain in Part VI</i>). 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 Total 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2021

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
L3 HARRIS	8,081,729.	7,106,633.
PUBLIX SUPER MARKETS	4,604,479.	3,629,383.
Total Excess Contributions to Schedule A, Part II, Line 5		10,736,016.

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 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY OF BREVARD COUNTY

Employer identification number

59-0836384

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 UNITED WAY OF BREVARD COUNTY	Employer identification number 59-0836384
-----------------------------------------------------------------	---------------------------------------------------------

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	L3HARRIS CORPORATION 1025 W NASA BOULEVARD MELBOURNE, FL 32919	\$ 1,528,476.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PUBLIX SUPER MARKETS P.O. BOX 407 LAKELAND, FL 33802	\$ 888,871.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BREVARD PUBLIC SCHOOLS 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	\$ 188,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SPACE COAST CREDIT UNION 8045 N. WICKHAM RD MELBOURNE, FL 32940	\$ 245,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF BREVARD COUNTY	Employer identification number 59-0836384
-----------------------------------------------------------------	---------------------------------------------------------

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 UNITED WAY OF BREVARD COUNTY	Employer identification number 59-0836384
-----------------------------------------------------------------	---------------------------------------------------------

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF BREVARD COUNTY **Employer identification number** 59-0836384

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	782,624.	632,474.	512,874.	467,891.	438,591.
b Contributions	216,242.	278,532.	161,115.	13,187.	9,250.
c Net investment earnings, gains, and losses	-32,102.	-128,382.	-41,515.	31,796.	20,050.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	966,764.	782,624.	632,474.	512,874.	467,891.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		4,184.	2,928.	1,256.
d Equipment		17,401.	11,386.	6,015.
e Other		46,409.	38,675.	7,734.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,005.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UW ALLOCATIONS	2,856,000.
(3) DONOR DESIGNATIONS PAYABLE	463,425.
(4) PUBLIX EMERGENCY ASSISTANCE FUND	16,207.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,335,632.

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	7,126,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-705,644.	
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	-705,644.	
3	Subtract line 2e from line 1	3	7,832,216.	
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	17,862.	
b	Other (Describe in Part XIII.)	4b	650,977.	
c	Add lines 4a and 4b	4c	668,839.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,501,055.	

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	7,837,221.
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	7,837,221.	
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	17,862.	
b	Other (Describe in Part XIII.)	4b	391,170.	
c	Add lines 4a and 4b	4c	409,032.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,246,253.	

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 X, LINE 2:

UWBC IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. FASB ASC 740, ACCOUNTING FOR INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE OF THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT EVALUATES THE ORGANIZATIONS TAX POSITIONS ON AN ANNUAL BASIS, BOTH PAST AND CURRENT. IF MANAGEMENT DETERMINES THAT A PAST OR CURRENT TAX POSITION IS UNCERTAIN THEN A TAX LIABILITY IS CALCULATED TO REPRESENT THE INCREASE IN TAXES ANTICIPATED UPON EXAMINATION. AS OF JUNE 30, 2022, MANAGEMENT HAS DETERMINED THAT ALL PAST AND CURRENT TAX

Part XIII Supplemental Information (continued)

POSITIONS WERE LIKELY TO BE REALIZABLE AND SUSTAINABLE UPON EXAMINATION AND THAT THE CALCULATION OF A TAX LIABILITY WAS NOT NECESSARY. TAX YEARS ENDED JUNE 30, 2020 THROUGH 2022 REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECEIVED \$650,977

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAID \$391,170

**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 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF BREVARD COUNTY** Employer identification number **59-0836384**

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
2-1-1 BREVARD PO BOX 561627 ROCKLEDGE, FL 32956	59-1897447	501(C)(3)	170,000.	0.			ALLOCATION
AGING MATTERS IN BREVARD 3600 WEST KING STREET SUITE 1 COCOA, FL 32926	59-1110325	501(C)(3)	233,293.	0.			ALLOCATION
AMERICAN RED CROSS SPACE COAST CHAPTER- 10022 - 1700 CEDAR STREET - ROCKLEDGE, FL 32955	59-0668470	501(C)(3)	75,000.	0.			ALLOCATION
AMIKIDS SPACE COAST THE MELBOURNE CENTER FOR PERSONAL GROWTH - 1000 INSPIRATION LANE - MELBOURNE, FL 32934	59-2869412	501(C)(3)	50,000.	0.			ALLOCATION
BIG BROTHERS BIG SISTERS OF CENTRAL FLORIDA COUNCIL - 618 EAST SOUTH STREET SUITE 500 - ORLANDO, FL 32801	59-6555007	501(C)(3)	78,000.	0.			ALLOCATION
BOY SCOUTS OF AMERICA CENTRAL FLORIDA - 1951 SOUTH ORANGE BLOSSOM TRAIL SUITE 102 - APOPKA, FL 32703	59-0624376	501(C)(3)	18,000.	0.			ALLOCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **48.**
- 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
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA - 101 EAST COLONIAL DRIVE - ORLANDO, FL 32801	59-0951887	501(C)(3)	160,000.	0.			ALLOCATION
BREVARD ACHIEVEMENT CENTER 1845 COGSWELL STREET ROCKLEDGE, FL 32955	59-1203280	501(C)(3)	138,000.	0.			ALLOCATION
BREVARD ALZHEIMERS FOUNDATION 4676 NORTH WICKHAM ROAD MELBOURNE, FL 32935	59-3369526	501(C)(3)	75,000.	0.			ALLOCATION
BREVARD COUNTY LEGAL AID 1038 HARVIN WAY SUITE 100 ROCKLEDGE, FL 32955	59-1301750	501(C)(3)	53,000.	0.			ALLOCATION
BREVARD ZOO EAST COAST ZOOLOGICAL SOCIETY OF FL - 8225 NORTH WICKHAM ROAD - MELBOURNE, FL 32940	59-2496749	501(C)(3)	20,000.	0.			ALLOCATION
BRIDGES BTC 1694 CEDAR STREET ROCKLEDGE, FL 32955	59-0905505	501(C)(3)	56,000.	0.			ALLOCATION
CATHOLIC CHARITIES OF CENTRAL FLORIDA - 1819 NORTH SEMORAN BOULEVARD - ORLANDO, FL 32807	59-1214353	501(C)(3)	32,000.	0.			ALLOCATION
CENTRAL BREVARD SHARING CENTER 113 AURORA STREET COCOA, FL 32922	59-1839108	501(C)(3)	163,000.	0.			ALLOCATION
CHILDREN'S ADVOCACY CENTER OF BREVARD - 1100 ROCKLEDGE BOULEVARD SUITE 200 - ROCKLEDGE, FL 32955	59-2432318	501(C)(3)	43,293.	0.			ALLOCATION

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
CHILDRENS HOME SOCIETY OF FL- BREVARD - 1403 DIXON BOULEVARD - COCOA, FL 32922	59-0192430	501(C)(3)	23,000.	0.			ALLOCATION
CLUB ESTEEM 3316 SOUTH MONROE STREET MELBOURNE, FL 32901	59-3317831	501(C)(3)	65,000.	0.			ALLOCATION
CROSSWINDS YOUTH SERVICES 1407 DIXON BOULEVARD COCOA, FL 32922	23-7376943	501(C)(3)	53,000.	0.			ALLOCATION
EARLY LEARNING COALITION OF BREVARD COUNTY - 1018 SOUTH FLORIDA AVENUE - ROCKLEDGE, FL 32955	59-3651961	501(C)(3)	267,000.	0.			ALLOCATION
GIRL SCOUTS OF CITRUS COUNCIL 341 NORTH MILLS AVENUE ORLANDO, FL 32803	59-0696293	501(C)(3)	18,000.	0.			ALLOCATION
GRANDPARENTS RAISING GRANDCHILDREN OF BREVARD COUNTY FLORIDA - 123 BARTON BOULEVARD SUITE 102 - ROCKLEDGE, FL 32955	59-3712039	501(C)(3)	18,000.	0.			ALLOCATION
HOUSING FOR HOMELESS 4087 US HIGHWAY 1 SUITE 3 ROCKLEDGE, FL 32955	59-2981409	501(C)(3)	37,000.	0.			ALLOCATION
JUNIOR ACHIEVEMENT OF THE SPACE COAST - 1275 SOUTH PATRICK DRIVE SUITE E - SATELLITE BEACH, FL 32937	59-2461562	501(C)(3)	18,000.	0.			ALLOCATION
LIFETIME COUNSELING CENTER 1100 ROCKLEDGE BOULEVARD ROCKLEDGE, FL 32955	59-2432318	501(C)(3)	78,500.	0.			ALLOCATION

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
LINKS OF HOPE 3735 NORTH INDIAN RIVER DRIVE COCOA, FL 32926	01-0553077	501(C)(3)	24,000.	0.			ALLOCATION
NATIONAL VETERANS HOMELESS SUPPORT 1436 WEST KING STREET COCOA, FL 32922	35-2330290	501(C)(3)	17,000.	0.			ALLOCATION
NEIGHBOR UP BREVARD, FORMERLY BNDC 1151 MASTERSON STREET MELBOURNE, FL 32935	59-3483505	501(C)(3)	51,000.	0.			ALLOCATION
NEW LIFE MISSION PO BOX 362203 MELBOURNE, FL 32936	26-1686406	501(C)(3)	18,000.	0.			ALLOCATION
NORTH BREVARD CHARITIES SHARING CENTER - 4475 SOUTH HOPKINS AVENUE - TITUSVILLE, FL 32780	59-3079635	501(C)(3)	113,000.	0.			ALLOCATION
PROJECT RESPONSE 745 SOUTH APOLLO BOULEVARD MELBOURNE, FL 32901	59-3036563	501(C)(3)	38,000.	0.			ALLOCATION
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	82,000.	0.			ALLOCATION
SERENE HARBOR CONFIDENTIAL PER STATE STATUTE PALM BAY, FL 32910	59-3115093	501(C)(3)	53,500.	0.			ALLOCATION
SPACE COAST DISCOVERY, ACADEMY OF PROMISING FUTURES - 3790 DAIRY ROAD - MELBOURNE, FL 32904	59-2858471	501(C)(3)	20,000.	0.			ALLOCATION

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
STEPS 1033 NORTH PINE HILLS ROAD SUITE 30 ORLANDO, FL 32808	63-0836930	501(C)(3)	31,500.	0.			ALLOCATION
THE CHILDREN'S HUNGER PROJECT 1855 WEST KING STREET COCOA, FL 32926	36-4686823	501(C)(3)	30,000.	0.			ALLOCATION
THE CHILDRENS CENTER NORTH BREVARD MEDICAL SUPPORT - 5650 SOUTH WASHINGTON AVENUE - TITUSVILLE, FL 32780	59-3074052	501(C)(3)	30,000.	0.			ALLOCATION
THE HAVEN FOR CHILDREN 555 GRANT AVENUE SATELLITE BEACH, FL 32937	59-2722408	501(C)(3)	15,000.	0.			ALLOCATION
THE SALVATION ARMY NORTH CENTRAL BREVARD CORPS - 919 WEST PEACHTREE STREET - COCOA, FL 32922	58-0660607	501(C)(3)	69,500.	0.			ALLOCATION
THE SALVATION ARMY OF SOUTH BREVARD COUNTY - 1080 SOUTH HICKORY STREET - MELBOURNE, FL 32901	58-0660607	501(C)(3)	84,000.	0.			ALLOCATION
WOMEN'S CENTER OF BREVARD 1425 AURORA ROAD MELBOURNE, FL 32935	59-1628264	501(C)(3)	99,000.	0.			ALLOCATION
MY COMMUNITY CARES 301 GROVE BOULEVARD MERRITT ISLAND, FL 32953	46-3723291	501(C)(3)	20,000.	0.			STRATEGIC ALLOCATION
ROLLING READERS SPACE COAST 101 PIRATE LANE PORTABLE 27 MELBOURNE, FL 32901	59-3755192	501(C)(3)	18,000.	0.			STRATEGIC ALLOCATION

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
CHILDREN'S HOME SOCIETY - ENDEAVOUR COMM SCHOOL - 482 SOUTH KELLER ROAD 3RD FLOOR - ORLANDO, FL 32810	59-0192430	501(C)(3)	22,000.	0.			STRATEGIC ALLOCATION
2-1-1 BREVARD HELP ME GROW PO BOX 561627 ROCKLEDGE, FL 32956	59-1897447	501(C)(3)	12,000.	0.			STRATEGIC ALLOCATION
COMPUTERS ADVANCING EDUCATION PO BOX 902 SHARPES, FL 32959	75-3130752	501(C)(3)	8,000.	0.			STRATEGIC ALLOCATION
NATIONAL TECHNICAL ASSOC-SPACE COAST CHAPTER - 1686 MARYWOOD ROAD - MELBOURNE, FL 32934	52-1699722	501(C)(3)	10,000.	0.			STRATEGIC ALLOCATION
BENEFITS CONNECTION - SECOND HARVEST FOOD BANK - 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	24,000.	0.			STRATEGIC ALLOCATION
BREVARD LEGAL AID - MISSION UNITED MEDICAL LEGAL PARTNERSHIP - 1038 HARVIN WAY SUITE 100 - ROCKLEDGE, FL 32955	59-1301750	501(C)(3)	36,120.	0.			STRATEGIC ALLOCATION

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

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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

1. AGENCY ALLOCATIONS: MEMBER AGENCIES THAT RECEIVE AN ALLOCATION

SUBMIT AN ANNUAL PROGRAM NARRATIVE AND BUDGET. EACH AGENCY UNDERGOES A SITE VISIT BY UNITED WAY OF BREVARD STAFF AND VOLUNTEERS TO REVIEW THE FUNDED PROGRAM(S). AGENCIES ALSO SUBMIT A MID-YEAR REPORT AND AN END-OF-YEAR REPORT THAT DETAILS THE USE OF THE GRANT FUNDS FOR THE YEAR.

2. DONOR DESIGNATIONS: UNITED WAY OF BREVARD REQUIRES AN AGENCY TO BE

CLASSIFIED AS A 501(C)(3) EXEMPT ORGANIZATION TO RECEIVE DESIGNATED

Part IV Supplemental Information

FUNDS FROM DONORS. UNITED WAY OF BREVARD REQUIRES EACH DESIGNATED AGENCY TO RETURN A FORM ANNUALLY THAT PROVES THEIR 501(C)(3) STATUS AND CERTIFY THAT THE AGENCY WILL COMPLY WITH ALL OF THE REQUIREMENTS OF THE PATRIOT ACT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF BREVARD COUNTY

Employer identification number

59-0836384

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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) ROBERT RAINS PRESIDENT	(i)	173,384.	6,000.	0.	3,709.	21,406.	204,499.	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)							
	(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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF BREVARD COUNTY** Employer identification number **59-0836384**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		151,805.	THRIFT STORE PRICES
5 Clothing and household goods	X		112,267.	THRIFT STORE PRICES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		830.	ESTIMATED PURCHASE P
20 Drugs and medical supplies	X		586,810.	ESTIMATED PURCHASE P
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF BREVARD COUNTY

Employer identification number

59-0836384

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THIS CREATES A STRONGER ECONOMY AND A BETTER PLACE TO LIVE FOR ALL.

SEE ADDITIONAL INFORMATION ON SCHEDULE O.

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

DIRECT THEIR FUNDS TO A SPECIFIC NOT FOR PROFIT AGENCY.

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

EVERY CONTRIBUTOR OF CASH DONATIONS, OR CASH EQUIVALENT, THEREBY BECOMES A MEMBER OF THE CORPORATION AND IS ENTITLED TO VOTE AT ALL MEETING OF THE MEMBERS DURING THE ANNUAL YEAR OF THE CORPORATION FOLLOWING THE CONTRIBUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ARE ALLOWED TO VOTE AT THE ANNUAL MEETING. THE ANNUAL MEETING OF THE UNITED WAY OF BREVARD, INC. IS HELD FOR THE TRANSACTION OF BUSINESS AND THE ELECTION OF MEMBERS TO ITS BOARD OF DIRECTORS. IT IS HELD AT SUCH TIME AS MAY BE FIXED BY THE EXECUTIVE COMMITTEE, UPON THE CALL OF THE CHAIR OF THE BOARD, OR IN HIS/HER ABSENCE, BY THE CHAIR-ELECT OF THE SELECTED VICE CHAIR.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE PRIMARY GOVERNANCE DECISION RESERVED TO MEMBERS IS TO ELECT BOARD MEMBERS AT THE ANNUAL MEETING. ONCE SEATED, THE BOARD ELECTS ITS OWN OFFICERS.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COMPLETED DRAFT OF THE IRS FORM 990 IS EMAILED TO THE BOARD MEMBERS BEFORE SUBMISSION TO THE IRS.

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

EACH YEAR THE ETHICS POLICY (WHICH CONTAINS THE CONFLICT OF INTEREST POLICY) IS REVIEWED WITH THE BOARD OF DIRECTORS AND THE ENTIRE STAFF BY THE ETHICS OFFICER. EACH YEAR THE BOARD OF DIRECTORS AND THE ENTIRE STAFF ARE REQUIRED TO REVIEW THE POLICY, DISCLOSE ANY CONFLICTS OF INTEREST AND SIGN A STATEMENT THAT THEY HAVE REVIEWED THE POLICY.

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

NONE OF THE OFFICERS OF THE ORGANIZATION'S BOARD RECEIVE COMPENSATION. THE ORGANIZATION'S DIRECTOR RECEIVES A PERFORMANCE REVIEW EACH MAY BY THE EXECUTIVE COMMITTEE. BASED UPON THE PERFORMANCE REVIEW, THE EXECUTIVE COMMITTEE DETERMINES ANY INCREASES OR BENEFITS TO BE AWARDED. THE BOARD CHAIR THEN FORWARDS A SIGNED MEMO TO THE EXECUTIVE ASSISTANT INFORMING HER OF THE APPROVED ANNUAL SALARY AND BENEFITS SO THAT ANY CHANGES CAN BE MADE IN THE ORGANIZATION'S PAYROLL REPORTING SYSTEMS. THE BOARD APPROVES THE ANNUAL BUDGET EACH YEAR THAT INCLUDES A BUDGET FOR SALARIES. THE PRESIDENT THEN REVIEWS EACH INDIVIDUAL EMPLOYEE'S SALARY AND SIGNS AN APPROVAL FOR ANY SALARY INCREASES.

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

IF A REQUEST IS MADE, UNITED WAY OF BREVARD, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR REVIEW AT ITS OFFICE LOCATED AT 1100 ROCKLEDGE BLVD, SUITE 300.

Name of the organization UNITED WAY OF BREVARD COUNTY	Employer identification number 59-0836384
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONOR RELATED FUNDS -259,807.

FORM 990 - ADDITIONAL INFORMATION

UNITED WAY BELIEVES THAT WHEN YOU GIVE A PERSON A CHANCE THERE IS AN OPPORTUNITY TO MAKE POSITIVE LASTING CHANGE. THAT'S WHY WE FIGHT FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON.

2020 CHALLENGED US. AND EVERY CHALLENGE TAUGHT US A POWERFUL LESSON OF WHERE WE NEED TO SHIFT OUR ATTENTION TO ENSURE WE ARE CHANGING LIVES AND STRENGTHENING OUR COMMUNITY.

THAT'S WHY OUR WORK FOCUSES ON EQUITY, ADDRESSING EDUCATIONAL GAPS AND INCREASING CARE FOR OUR VETERANS. WE'LL ALSO CONTINUE TO PROVIDE RELIEF TO THE NEARLY 90,000 HOUSEHOLDS IN OUR COMMUNITY STRUGGLING TO MAKE ENDS MEET BY FUNDING OUR NETWORK OF 43 PARTNER AGENCIES.

WHEN YOU MAKE THE DECISION TO GIVE TO UNITED WAY, YOU ARE GIVING SOMEONE A CHANCE TO CHANGE THEIR LIFE.

KEY HIGHLIGHTS:

* OUR COMMUNITY CAMPAIGN RAISED \$5,600,000 FOR LOCAL HEALTH AND HUMAN SERVICE PARTNERS. BART GAETJENS, FLORIDA POWER AND LIGHT SERVED AS OUR 2021 UNITED WAY CAMPAIGN CHAIR. UP SLIGHTLY, BY 1.2% (\$65,000), UNITED WAY IS PROUD OF THE EFFORT AND RESULT DURING THIS GLOBAL PANDEMIC YEAR.

*L3HARRIS AND ITS EMPLOYEES WERE THE LARGEST CONTRIBUTORS, RAISING

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\$1.5M. PUBLIX SUPER MARKETS AND ITS ASSOCIATES AGAIN JOINED L3HARRIS IN THE MILLION DOLLAR CIRCLE THIS YEAR BY RAISING \$1M MAKE IT THE SECOND LARGEST CAMPAIGN.

* GRANTS SECURED:

O VOLUNTEER INCOME TAX ASSISTANCE PROGRAM - VITA (\$34,871)

O HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) (\$430,272)

O HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) CARES ACT (\$57,066)

O UNIVERSITY OF SOUTH FLORIDA AFFORDABLE CARE ACT GRANT (\$237,736)

O CORPORATE GRANTS TO SUPPORT OUR INITIATIVES (\$87,500)

* GIFTS IN KIND DISTRIBUTED \$851,712 WORTH OF ITEMS SUCH AS DIAPERS, CAR SEATS, HYGIENE PRODUCTS, DISASTER ITEMS AND OTHER GOODS.

* FINANCES - WE RECEIVED AN UNMODIFIED AUDIT FOR 2021-22 FROM GRENNAN FENDER.

* THE COMMUNITY CARE FUND/ALLOCATIONS PROCESS RETURNED TO IN-PERSON THIS YEAR. PANEL VOLUNTEERS SPENT OVER 900 VOLUNTEER VISITING AND REVIEWING AGENCY FUNDING REQUESTS.

* LOCALLY, 650 VOLUNTEERS DONATED 5,979 HOURS TO UNITED WAY LAST YEAR, WHICH TRANSLATED TO A VALUE OF \$179,071 ACCORDING TO THE POINTS OF LIGHT FOUNDATION.

* HEALTHY FAMILIES

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ENSURING CHILDREN LIVE IN A SAFE, HEALTHY ENVIRONMENT IS ESSENTIAL. THAT'S WHY WE OFFER A DIRECT PROVEN PROGRAM TO PREVENT CHILD ABUSE AND NEGLECT. HEALTHY FAMILIES HELPED 236 PARENTS OF NEWBORNS LEARN HOW TO BE THE BEST THEY CAN BE AT THEIR MOST IMPORTANT JOB RAISING AND NURTURING THEIR CHILDREN. THIS PROGRAM IS FUNDED BY TWO GRANTS TOTALING \$1,352,578.

* TAX PREPARATION

CREATING EMPOWERED, MORE FINANCIALLY STABLE CITIZENS IS THE GOAL BEHIND THE FREE TAX PREP SERVICE BY UNITED WAY. TAX PROGRAM VOLUNTEERS PREPARED 1,426 TAX RETURNS FOR LOW TO MODERATE INCOME WORKERS, SAVING TAXPAYERS AN AVERAGE OF \$250 PER TAX RETURN AND CREATING AN ESTIMATED COMMUNITY IMPACT OF \$1.4M.

* OUR TARGETED CARE OPTIONS INCLUDE THE FOLLOWING AREAS WHICH ALLOW A GIFT TO BE RESTRICTED TO A SPECIFIC AREA OF OUR IMPACT WORK WITH VOLUNTEER OVERSIGHT AND INPUT. TARGETED IMPACT AREAS INCLUDE THE FOLLOWING:

- EARLY GRADE READING

EARLY BRAIN DEVELOPMENT IS VITAL FOR KIDS TO THRIVE BY THE AGE OF FIVE. THAT'S WHY UNITED WAY INVESTS IN THESE STRATEGIES FOR EDUCATIONAL SUCCESS.

o SUMMER FEED AND READ

THIS PAST SUMMER WE SERVED 4,000 CHILDREN, DISTRIBUTED MORE THAN 30,000 BRAND-NEW, FREE BOOKS AND 15,000 TAKE-HOME FOOD PACKS.

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O RUN UNITED

THIS PROGRAM WITH BREVARD PUBLIC SCHOOLS WORKS TO INCREASE BOTH PHYSICAL AND BRAIN ACTIVITY WITH A 30 MINUTE BEFORE-SCHOOL WALKING/RUNNING PROGRAM.

O SUMMER SLIDE

UNITED WAY LEADS AN INITIATIVE WITH BREVARD PUBLIC SCHOOLS TO PROMOTE THE IMPORTANCE OF READING OVER THE SUMMER TO 35,000 LOCAL ELEMENTARY STUDENTS. STUDIES SHOW STUDENTS CAN LOSE 1 TO 3 MONTHS OF LEARNING OVER THE SUMMER.

- EQUITY IN BREVARD

UNITED WAY WILL INVEST IN ORGANIZATIONS, NETWORKS AND PROGRAMS THAT SPARK DIALOGUE AND ACTION TO IMPROVE EQUITY IN BREVARD. ACHIEVING THIS REQUIRES A COMMITMENT AND A SUSTAINED EFFORT THAT CAN ONLY BE ACCOMPLISHED WHEN ALL PARTIES COME TOGETHER TO ACT UNITED.

- MISSION UNITED

THIS INITIATIVE CONNECTS VETERANS AND THEIR FAMILIES WITH THE SERVICES THEY NEED FROM SECURING A ROOF OVER THEIR HEADS, TO FINDING A STABLE JOB, TO GETTING HEALTH TREATMENT.