

Whittaker Cooper Financial Group
1692 West Hibiscus Boulevard
Melbourne, FL 32901
321-723-3352

January 29, 2021

CONFIDENTIAL

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

Dear :

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Whittaker Cooper Financial Group

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

59-0836384

United Way of Brevard County

Net Asset / Fund Balance at Beginning of Year 3,746,264

Revenue

Contributions	<u>8,320,072</u>	
Program service revenue		
Investment income	<u>167,121</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>27,875</u>	
Direct expenses	<u>41,260</u>	
Net income	<u>-13,385</u>	
Other income	<u>31,924</u>	
Total revenue		<u>8,505,732</u>

Expenses

Program services	<u>6,992,198</u>	
Management and general	<u>348,610</u>	
Fundraising	<u>680,622</u>	
Total expenses		<u>8,021,430</u>

Excess / (deficit) 484,302

Changes -175,241

Net Asset / Fund Balance at End of Year 4,055,325

COPY

Reconciliation of Revenue

Total revenue per financial statements	<u>7,418,639</u>	
Less:		
Unrealized gains	<u>-105,830</u>	
Donated services		
Recoveries		
Other		
Plus:		
Investment expenses	<u>12,234</u>	
Other	<u>969,029</u>	
Total revenue per return	<u>8,505,732</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>7,109,578</u>	
Less:		
Donated services		
Prior year adjustments		
Losses		
Other		
Plus:		
Investment expenses	<u>12,234</u>	
Other	<u>899,618</u>	
Total expenses per return	<u>8,021,430</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>7,742,271</u>	<u>8,182,947</u>	
Liabilities	<u>3,996,007</u>	<u>4,127,622</u>	
Net assets	<u>3,746,264</u>	<u>4,055,325</u>	<u>309,061</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/17/21
 Failure to file penalty _____

Form 990		Two Year Comparison Report		2018 & 2019	
Name		For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		Taxpayer Identification Number	
United Way of Brevard County				59-0836384	
			2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1.	7,219,615	6,850,918	-368,697
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,629,887	1,469,154	-160,733
	4. Program service revenue	4.			
	5. Investment income	5.	151,619	167,121	15,502
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	179,141		-179,141
	8. Net income or (loss) from fundraising events	8.	-14,040	-13,385	655
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	82,999	31,924	-51,075
	12. Total revenue. Add lines 1 through 11	12.	9,249,221	8,505,732	-743,489
Expenses	13. Grants and similar amounts paid	13.	3,505,933	3,532,418	26,485
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	251,520	233,810	-17,710
	16. Salaries, other compensation, and employee benefits	16.	1,912,599	1,937,827	25,228
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	78,210	88,312	10,102
	19. Occupancy, rent, utilities, and maintenance	19.	126,021	124,274	-1,747
	20. Depreciation and Depletion	20.	18,583	15,056	-3,527
	21. Other expenses	21.	2,213,997	2,089,733	-124,264
	22. Total expenses. Add lines 13 through 21	22.	8,106,863	8,021,430	-85,433
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	1,142,358	484,302	-658,056
Other Information	24. Total exempt revenue	24.	9,249,221	8,505,732	-743,489
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	413,759	199,045	-214,714
	27. Total assets	27.	7,742,271	8,182,947	440,676
	28. Total liabilities	28.	3,996,007	4,127,622	131,615
	29. Retained earnings	29.	3,746,264	4,055,325	309,061
	30. Number of voting members of governing body	30.	49	55	
31. Number of independent voting members of governing body	31.	49	55		
32. Number of employees	32.	49	44		
33. Number of volunteers	33.	1400	1500		

Filing Instructions

United Way of Brevard County

Exempt Organization Tax Return

Taxable Year Ended June 30, 2020

Date Due: November, 15, 2020

Remittance: None is required. Your Form 990 for the tax year ended 6/30/20 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Whittaker Cooper Financial Group
1692 West Hibiscus Boulevard
Melbourne, FL 32901
Email: marianne@whittaker-cooper.com

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

United Way of Brevard County

Employer identification number

59-0836384

Name and title of officer

**Robert Rains
President**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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	8,505,732
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 VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Whittaker Cooper Financial Group** to enter my PIN **36384** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature } _____ Date } **01/29/21**

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.

59698199999
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 } **01/29/21**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">United Way of Brevard County</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1100 Rockledge Blvd., Suite 300 City or town, state or province, country, and ZIP or foreign postal code Rockledge FL 32955	D Employer identification number <p style="text-align: center;">59-0836384</p> E Telephone number <p style="text-align: center;">321-631-2740</p> G Gross receipts \$ 8,546,992
F Name and address of principal officer: Robert Rains 1100 Rockledge Blvd, Suite 300 Cocoa FL 32955		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.UWBREVARD.ORG		L Year of formation: 1957 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">United Way is the trusted community source that mobilizes our community to care. Ultimately, this creates a stronger economy and a better place to live for all. See additional information on Schedule O.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	55
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	55
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	1500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,849,502	Current Year 8,320,072
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330,760	167,121
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,959	18,539
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,249,221	8,505,732
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,505,933
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,164,119	2,171,637
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) u 680,622		2,436,811	2,317,375
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,106,863	8,021,430
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,142,358	484,302	
19 Revenue less expenses. Subtract line 18 from line 12	7,742,271	8,182,947	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,742,271	End of Year 8,182,947
	21 Total liabilities (Part X, line 26)	3,996,007	4,127,622
	22 Net assets or fund balances. Subtract line 21 from line 20	3,746,264	4,055,325

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">Robert Rains</p> Type or print name and title	Date <p style="text-align: center;">President</p>
	Print/Type preparer's name Richard D. Sutter, CPA	Preparer's signature Date 01/29/21
Paid Preparer Use Only	Firm's name } Whittaker Cooper Financial Group Firm's address } 1692 West Hibiscus Boulevard Melbourne, FL 32901	Firm's EIN } 59-2977986 Phone no. } 321-723-3352

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **5,539,102** including grants of \$ **3,532,418**) (Revenue \$ **20,000**)

See Schedule O

COPY

4b (Code:) (Expenses \$ **1,015,170** including grants of \$) (Revenue \$ **935,114**)

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 2019/2020, 3,638 home visits were completed and 237 families were served by this program. In addition, 593 referrals were made to other community agencies.

4c (Code:) (Expenses \$ **437,926** including grants of \$) (Revenue \$ **428,654**)

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. \$430,272 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 209 persons with HIV/AIDS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 6,992,198**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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 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 lines 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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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 in 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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	44
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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?		
10b			
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in Schedule O how this was done	X	
12c			
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 in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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 **u**
Arthur Comito, VP Finance & Admin. 1100 Rockledge Blvd.
Rockledge FL 32955 321-631-2740

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Debbie Goode	0.00									
Board Chair	0.00	X		X			0	0	0	
(2) Laura Chiesman	0.00									
Board Chair-Elect	0.00	X		X			0	0	0	
(3) Lynda Weatherman	0.00									
Campaign Chair	0.00	X		X			0	0	0	
(4) Johnette Gindling	0.00									
Vice Chair/Oversight	0.00	X		X			0	0	0	
(5) Moses Harvin, II	0.00									
Vice Chair/Community	0.00	X		X			0	0	0	
(6) Therrin Protze	0.00									
Past Board Chair	0.00	X		X			0	0	0	
(7) Robb Morrison	0.00									
Treasurer	0.00	X		X			0	0	0	
(8) Heather McDonough	0.00									
Member-at-Large	0.00	X					0	0	0	
(9) Alex Rudloff	0.00									
Member-at-Large	0.00	X					0	0	0	
(10) Mike Williams	0.00									
Member-at-Large	0.00	X					0	0	0	
(11) Louis D. Wilson	0.00									
Member-at-Large	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Kristin Colacchio	0.00									
Member-at-Large	0.00	X					0	0	0	
(13) Robert Perers	0.00									
Member-at-Large	0.00	X					0	0	0	
(14) Frank Abbate	0.00									
Director	0.00	X					0	0	0	
(15) Henry Andersson	0.00									
Director	0.00	X					0	0	0	
(16) Tim Antonition	0.00									
Director	0.00	X					0	0	0	
(17) Michael Ayers	0.00									
Director	0.00	X					0	0	0	
(18) L. Jo Powell	0.00									
Director	0.00	X					0	0	0	
(19) Mara Bellaby	0.00									
Director	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							171,461			
d Total (add lines 1b and 1c)							171,461			

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 **u 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

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,469,154				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,850,918				
	g Noncash contributions included in lines 1a-1f	1g	\$ 360,845				
	h Total. Add lines 1a-1f	u	8,320,072				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	167,121			167,121	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		27,875				
		b Less: direct expenses	8b	41,260			
		c Net income or (loss) from fundraising events	u	-13,385			
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities	u				
10a 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	u				
Miscellaneous Revenue	11a Other Revenue	Business Code	19,843	19,843			
	b Administration fee income		12,081	12,081			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	31,924				
12 Total revenue. See instructions	u	8,505,732	31,924	0	167,121		

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	3,532,418	3,532,418		
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	233,810	127,528	53,141	53,141
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	1,414,364	920,485	154,025	339,854
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,693	79,482	14,618	27,593
9 Other employee benefits	278,193	193,343	31,496	53,354
10 Payroll taxes	123,577	76,916	17,454	29,207
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,001	12,782	1,809	4,410
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,234		12,234	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	57,077	39,188	1,898	15,991
12 Advertising and promotion	67,344	27,586	5,628	34,130
13 Office expenses	83,312	58,183	8,530	16,599
14 Information technology	27,775	18,953	2,041	6,781
15 Royalties				
16 Occupancy	124,274	76,226	13,990	34,058
17 Travel	51,652	41,192	1,883	8,577
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,284	21,494	1,985	6,805
20 Interest				
21 Payments to affiliates	90,863	61,124	8,650	21,089
22 Depreciation, depletion, and amortization	15,056		15,056	
23 Insurance	14,188	9,544	1,351	3,293
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 Grant expenditures	1,321,620	1,321,620		
b In Kind Gifts	363,900	363,900		
c Volunteer recognition	11,279	2,149	352	8,778
d Dues & Subscriptions	10,642	7,165	257	3,220
e All other expenses	16,874	920	2,212	13,742
25 Total functional expenses. Add lines 1 through 24e	8,021,430	6,992,198	348,610	680,622
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	837,909	1	1,002,180
	2	Savings and temporary cash investments	735,944	2	1,282,701
	3	Pledges and grants receivable, net	2,353,306	3	2,161,822
	4	Accounts receivable, net	166,893	4	161,037
	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	78,683	8	77,368
	9	Prepaid expenses and deferred charges	25,264	9	37,224
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,317		
	b	Less: accumulated depreciation	10b 29,280	10c	36,037
	11	Investments—publicly traded securities	3,486,495	11	3,389,712
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	3,040	14	
	15	Other assets. See Part IV, line 11	9,866	15	34,866
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,742,271	16	8,182,947	
Liabilities	17	Accounts payable and accrued expenses	186,669	17	582,346
	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	3,809,338	25	3,545,276
	26	Total liabilities. Add lines 17 through 25	3,996,007	26	4,127,622
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	3,091,544	27	3,622,418
	28	Net assets with donor restrictions	654,720	28	432,907
	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	3,746,264	32	4,055,325	
33	Total liabilities and net assets/fund balances	7,742,271	33	8,182,947	

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	8,505,732
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,021,430
3	Revenue less expenses. Subtract line 2 from line 1	3	484,302
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,746,264
5	Net unrealized gains (losses) on investments	5	-105,830
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	-69,411
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,055,325

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Dana Blickley	0.00									
Director	0.00	X					0	0	0	
(21) Pascal Budge	0.00									
Director	0.00	X					0	0	0	
(22) Laurie Cappelli	0.00									
Director	0.00	X					0	0	0	
(23) Randy Coleman	0.00									
Director	0.00	X					0	0	0	
(24) Erik Costin	0.00									
Director	0.00	X					0	0	0	
(25) Del Cragin	0.00									
Director	0.00	X					0	0	0	
(26) Frank DiBello	0.00									
Director	0.00	X					0	0	0	
(27) Jason Fleischman	0.00									
Director	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	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>		
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>		
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>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Bob Gabordi	0.00									
Director	0.00	X					0	0	0	
(29) Marcia Gaedcke	0.00									
Director	0.00	X					0	0	0	
(30) Bart Gaetjens	0.00									
Director	0.00	X					0	0	0	
(31) Michele Goodwin	0.00									
Director	0.00	X					0	0	0	
(32) Roger Greek	0.00									
Director	0.00	X					0	0	0	
(33) Malak Hammad	0.00									
Director	0.00	X					0	0	0	
(34) Sandy Handfield	0.00									
Director	0.00	X					0	0	0	
(35) Sarah Hiza	0.00									
Director	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) Eric Johns	0.00									
Director	0.00	X					0	0	0	
(37) Dr. Summerpal S. Kahlon	0.00									
Director	0.00	X					0	0	0	
(38) Sandi Lee	0.00									
Director	0.00	X					0	0	0	
(39) Shannon Lewis	0.00									
Director	0.00	X					0	0	0	
(40) Mark Malek	0.00									
Director	0.00	X					0	0	0	
(41) Chris McAlpine	0.00									
Director	0.00	X					0	0	0	
(42) Dr. Dwayne McCay	0.00									
Director	0.00	X					0	0	0	
(43) Peter Montgomery	0.00									
Director	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) Lisa Morrell	0.00									
Director	0.00	X					0	0	0	
(45) Dr. Mark Mullins	0.00									
Director	0.00	X					0	0	0	
(46) Regina Oenbrink	0.00									
Director	0.00	X					0	0	0	
(47) Larry Ostarly	0.00									
Director	0.00	X					0	0	0	
(48) Dave Ott	0.00									
Director	0.00	X					0	0	0	
(49) Sisi Packard	0.00									
Director	0.00	X					0	0	0	
(50) Travis Proctor	0.00									
Director	0.00	X					0	0	0	
(51) Andy Romine	0.00									
Director	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(52) Summit Shah	0.00									
Director	0.00	X					0	0	0	
(53) Jennifer Sugarman	0.00									
Director	0.00	X					0	0	0	
(54) Tony Taliancich	0.00									
Director	0.00	X					0	0	0	
(55) John Titkanich	0.00									
Director	0.00	X					0	0	0	
(56) Robert Rains	40.00									
President	0.00			X			171,461	0	0	
(57) Debra Stull	0.00									
VP of Finance/Admin.	0.00			X			0	0	0	
(58) Arthur Comito	40.00									
VP of Finance/Admin.	0.00			X			0	0	0	
1b Subtotal							171,461			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,109,449	8,301,620	8,620,397	8,849,502	8,320,072	42,201,040
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	8,109,449	8,301,620	8,620,397	8,849,502	8,320,072	42,201,040
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)						3,609,435
6 Public support. Subtract line 5 from line 4						38,591,605

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	8,109,449	8,301,620	8,620,397	8,849,502	8,320,072	42,201,040
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,474	56,947	111,843	151,619	167,121	545,004
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						42,746,044

12 Gross receipts from related activities, etc. (see instructions) **12** 349,181

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.28 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.54 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 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)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

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

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

COPY

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.)

COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

United Way of Brevard County

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

COPY

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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	\$ 1,741,362	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Publix Super Markets P.O. Box 407 Lakeland FL 33802	\$ 420,975	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Brevard Public Schools 2700 Judge Fran Jamieson Way Viera FL 32940	\$ 219,438	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Kennedy Space Center Visitor Complex 405 Nasa Parkway West Merrit Island FL 32953	\$ 213,381	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Space Coast Credit Union 8045 N. Wickham Rd Melbourne FL 32940	\$ 208,733	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various other details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

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 Yes No

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	512,874	467,891	438,591	343,273	273,584
b Contributions	161,115	13,187	9,250	72,194	63,771
c Net investment earnings, gains, and losses	-41,515	31,796	20,050	23,124	5,918
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	632,474	512,874	467,891	438,591	343,273

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** 100.00 %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		18,908	19,998	-1,090
e Other		46,409	9,282	37,127
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	36,037

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

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.)	u

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	2,945,926
(3) Donor Designations Payable	576,564
(4) Publix Emergency Assistance Fund	22,786
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 3,545,276

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	7,418,639
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-105,830	
	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	-105,830	
3	Subtract line 2e from line 1		3	7,524,469
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	12,234	
	b Other (Describe in Part XIII.)	4b	969,029	
	c Add lines 4a and 4b	4c	981,263	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,505,732

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	7,109,578
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		
3	Subtract line 2e from line 1		3	7,109,578
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	12,234	
	b Other (Describe in Part XIII.)	4b	899,618	
	c Add lines 4a and 4b	4c	911,852	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,021,430

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 - FIN 48 Footnote

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 Organization's tax positions on an annual basis, both past and current. If management determines that a past or current tax

Part XIII Supplemental Information *(continued)*

position is uncertain then a tax liability is calculated to represent the increase in taxes anticipated upon examination. As of June 30, 2020, management has determined that all past and current tax 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, 2017 through 2020 remain subject to possible examination by the Internal Revenue Service.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Book v Tax Depr Adj on Sale \$ 0

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Other Donor Designations \$ 969,029

Part XII, Line 4b - Expense Amounts Included on Return - Other

Other Donor Designations \$ 899,618

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u> (event type)	<u>Space Race</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	14,271	11,583	25,854
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	14,271	11,583	25,854
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,244	11,583	25,827
	10	Direct expense summary. Add lines 4 through 9 in column (d)			25,827
11	Net income summary. Subtract line 10 from line 3, column (d)			27	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	2-1-1 Brevard Inc. PO Box 561627 Rockledge FL 32956	59-1897447		170,000				Agency Allocation
(2)	2-1-1 Brevard Inc. PO Box 561627 Rockledge FL 32956	59-1897447		8,593				Donor Designation
(3)	Aging Matters in Brevard 3600 West King Street Cocoa FL 32926	59-1110325		232,000				Agency Allocation
(4)	Aging Matters in Brevard 3600 West King Street Cocoa FL 32926	59-1110325		10,705				Donor Designation
(5)	American Red Cross Space Coast 1700 Cedar Street Rockledge FL 32955	59-0668470		75,000				Agency Allocation
(6)	AMI Kids Space Coast 1000 Inspiration Lane Melbourne FL 32934	59-2869412		40,000				Agency Allocation
(7)	Big Brothers Big Sisters 807 South Orlando Avenue, Winter Park FL 32789-4870	59-6555007		78,000				Agency Allocation
(8)	Boy Scouts of America Central Flori 1951 S. Orange Blossom Trail Apopka FL 32703-7747	59-0624376		18,000				Agency Allocation
(9)	Boy Scouts of America Central Flori 1951 S. Orange Blossom Trail Apopka FL 32703-7747	59-0624376		10,331				Donor Designation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Boys & Girls Club of Central Florida PO Box 2987 Orlando FL 32802	59-0951887		158,500				Agency Allocation
(2)	Boys & Girls Clubs of Central Florida 101 E. Colonial Drive Orlando FL 32801	59-0951887		20,043				Donor Designation
(3)	Brevard Achievement Center, Inc. 1845 Cogswell Street Rockledge FL 32955	59-1203280		138,000				Agency Allocation
(4)	Brevard Achievement Center, Inc. 1845 Cogswell Street Rockledge FL 32955	59-1203280		24,778				Donor Designation
(5)	Brevard Alzheimer's Foundation, Inc 4676 N. Wickham Rd. Melbourne FL 32935	59-3369526		69,000				Agency Allocation
(6)	Brevard Alzheimer's Foundation, Inc 4676 N. Wickham Rd. Melbourne FL 32935	59-3369526		14,803				Donor Designation
(7)	Brevard County Legal Aid Inc. 1038 Harvin Way Rockledge FL 32955	59-1301750		48,000				Agency Allocation
(8)	Brevard Rescue Mission, Inc. 141 Bluff Terrace Melbourne FL 32901	26-1686406		15,000				Agency Allocation
(9)	Brevard Rescue Mission, Inc. 141 Bluff Terrace Melbourne FL 32901	26-1686406		11,035				Donor Designation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Brevard Zoo			20,000				
(2)	Brevard Schools Foundation Inc. 2700 Judge Fran Jamieson Way Viera FL 32940	59-2895155		15,271				Donor Designation
(3)	Bridges 1694 Cedar Street Rockledge FL 32955	59-0905505		56,000				Agency Allocation
(4)	Candlelighters Of Brevard Inc. 436 Fifth Ave Indialantic FL 32903	59-3068501		5,823				Donor Designation
(5)	Catholic Charities of Central 1819 N Semoran Blvd. Orlando FL 32807	59-1214353		28,000				Agency Allocation
(6)	Catholic Charities of Central 1819 N Semoran Blvd. Orlando FL 32807	59-1214353		14,094				Donor Designation
(7)	Central Brevard Sharing Center Inc. PO Box 3363 Cocoa FL 32924-3363	59-1839108		158,000				Agency Allocation
(8)	Central Brevard Sharing Center Inc. 113 Aurora Street Cocoa FL 32922	59-1839108		7,523				Donor Designation
(9)	Children's Advocacy Center 6905 N. Wickham Road Melbourne FL 32940	59-2432318		42,000				Agency Allocation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Children's Home Society of FL, Brev 326 Croton Road Melbourne FL 32935	59-0192430		18,000				Agency Allocation
(2)	Children's Hunger Project 1855 W. King Street Cocoa FL 32926	36-4686823		26,500				Agency Allocation
(3)	Children's Hunger Project 1855 W. King Street Cocoa FL 32926	36-4686823		27,041				Donor Designation
(4)	Club Esteem 3316 South Monroe Street Melbourne FL 32901-8059	59-3317831		60,000				Agency Allocation
(5)	Club Esteem 3316 South Monroe Street Melbourne FL 32901-8059	59-3317831		27,296				Donor Designation
(6)	Crisis Pregnancy - Compass Care			5,232				Donor Designation
(7)	Crosswinds Youth Services Inc. 1407 Dixon Blvd. Cocoa FL 32922	23-7376943		53,000				Agency Allocation
(8)	Crosswinds Youth Services Inc. 1407 Dixon Blvd. Cocoa FL 32922	23-7376943		5,141				Donor Designation
(9)	Early Learning Coalition PO Box 560692 Rockledge FL 32956-0692	59-3651961		257,000				Agency Allocation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Family Promise of Brevard Inc. PO Box 562666 Rockledge FL 32956-2666	33-1170962		15,799				Donor Designation
(2)	Feeding South Florida			11,961				Donor Designation
(3)	Florida Tech Foundation 150 West University Boulevard Melbourne FL 32901	59-6046500		12,345				Donor Designation
(4)	Girl Scouts 341 N. Mills Avenue Orlando FL 32803	59-0696293		18,000				Agency Allocation
(5)	Grandparents Raising Grandchildren 123 Barton Blvd Rockledge FL 32955	59-3712039		5,765				Donor Designation
(6)	Grandparents Raising Grandchildren 123 Barton Blvd Rockledge FL 32955	59-3712039		18,000				Agency Allocation
(7)	Health First Foundation 1350 S. Hickory St Melbourne FL 32901	59-3528774		11,212				Donor Designation
(8)	Housing for Homeless & Veterans Ser 4087 US Highway 1, Suite 3 Rockledge FL 32955	59-2981409		37,000				Agency Allocation
(9)	Junior Achievement of the Space Coa 1275 South Patrick Dr. Satellite Beach FL 32937	59-2461562		18,000				Agency Allocation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Lifetime Counseling Center 1100 Rockledge Blvd Rockledge FL 32955	59-2432318		77,000				Agency Allocation
(2)	Links of Hope Inc. 1535 N. Cogswell St., Suite C-20 Rockledge FL 32955-2740	01-0553077		22,000				Agency Allocation
(3)	Nana's Children Home			5,273				Donor Designation
(4)	National Veterans Homeless Support 7075 N. Cocoa Blvd Port St John FL 32927	35-2330290		15,000				Agency Allocation
(5)	Neighbor Up Brevard 1151 Masterson Street Melbourne FL 32935	59-3483505		46,000				Agency Allocation
(6)	Neighbor Up Brevard 1151 Masterson Street Melbourne FL 32935	59-3483505		28,009				Donor Designation
(7)	North Brevard Charities 4475 S. Hopkins Ave Titusville FL 32780	59-3079635		6,094				Donor Designation
(8)	North Brevard Charities 4475 S. Hopkins Ave Titusville FL 32780	59-3079635		108,000				Agency Allocation
(9)	North Brevard Medical Support (Chil 951 N. Washington Ave Titusville FL 32796	59-3074052		29,000				Agency Allocation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Pregnancy Resources Inc. 165 N. Babcock St. Melbourne FL 32935	59-2542341		6,197				Donor Designation
(2)	Project Response 745 Apollo Blvd Melbourne FL 32901	59-3036563		38,000				Agency Allocation
(3)	Rochester Area Community Foundation 500 East Avenue Rochester NY 14607	80-0024332		12,994				Donor Designation
(4)	Second Harvest Food Bank of Central 411 Mercy Drive Orlando FL 32805	59-2142315		73,800				Agency Allocation
(5)	Second Harvest Food Bank of Central 411 Mercy Drive Orlando FL 32805	59-2142315		12,251				Donor Designation
(6)	Serene Harbor, Inc. PO Box 100039 Palm Bay FL 32910-0039	59-3115093		53,500				Agency Allocation
(7)	Serene Harbor, Inc. confidential per state statute Palm Bay FL 32910	59-3115093		5,926				Donor Designation
(8)	South Brevard Women's Center Inc 1425 Aurora Road Melbourne FL 32935	59-1628264		8,630				Donor Designation
(9)	Space Coast Early Intervention Cent 3790 Dairy Road Melbourne FL 32904	59-2858471		18,000				Agency Allocation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Space Coast Early Intervention Cent 3790 Dairy Road Melbourne FL 32904	59-2858471		18,864				Donor Designation
(2)	STEPS 1991 S. Apopka Blvd Apopka FL 32703	63-0836930		28,000				Agency Allocation
(3)	The Haven for Children PO Box 327 Melbourne FL 32902	59-2722408		15,000				Agency Allocation
(4)	The Haven For Children 555 Grant Ave Satellite Beach FL 32937	59-2722408		10,908				Donor Designation
(5)	The Salvation Army Domestic Violence PO Box 940 Cocoa FL 32923-0940	58-0660607		51,500				Agency Allocation
(6)	The Salvation Army North/ Central PO Box 940 Cocoa FL 32923	58-0660607		36,000				Agency Allocation
(7)	The Salvation Army- South PO Box 398 Melbourne FL 32902-0398	58-0660607		84,000				Agency Allocation
(8)	The Women's Center 1425 Aurora Road Melbourne FL 32935	59-1628264		87,000				Agency Allocation
(9)	United Way of Broward County, Inc. Ansin Building Fort Lauderdale FL 33316	59-0624402		40,074				Donor Designation

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	United Way of Central Virginia 101 Miller Park Square Lynchburg VA 24501	54-0505923		11,405				Donor Designation
(2)	United Way of Greater Rochester 75 College Ave Rochester NY 14607	16-1015782		166,755				Donor Designation
(3)	United Way of Miami-Dade 3250 Southwest Third Ave Miami FL 33129	59-0830840		16,339				Donor Designation
(4)	United Way of Volusia 3747 W International Speedway Daytona Beach FL 32124	59-1099774		28,235				Donor Designation
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2019)

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

Part III can be duplicated if additional space is needed.

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

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

See Schedule I Supplemental Information Worksheet



Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2019, or tax year beginning 07/01/19, and ending 06/30/20

2019

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

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 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.



SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

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		

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 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				
Robert Rains 1 President	(i)	171,461	0	0	0	0	171,461	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

COPY

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.

COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u 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		153,952	Thrift store prices
5 Clothing and household goods	X		148,751	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	1	48,360	Estimated purchase price
20 Drugs and medical supplies	X	1	9,782	Estimated purchase price
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

COPY

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

	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.

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Goods 360 is a third party used to process non-cash contributions.

UWBC pays a nominal fee and shipping for the items offered by Goods

360. United Way of Brevard distributed \$510,608 worth of gifts in kind

merchandise. United Way helps our local community by distributing donated

items to charitable organizations. These products are new and include

apparel, books, toys, personal care items, office supplies and much more.

Donated goods are critical to making program budgets stretch further.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

Form 990 - Additional Information

The year 2020 and COVID-19 has given us many challenges, from social distancing, conducting business and school from home, coping with job losses and for some, the struggle to meet daily needs like having enough food. Now more than ever, we must UNITE.

When we UNITE, we inspire hope and create opportunities for all. Kids will succeed in school, we can support veterans, seniors, people with disabilities AND ensure individuals and families have the best chance to build a successful life.

COPY

Our local network of 43 partner agencies and more than 60 programs is essential to Changing Lives and Strengthening our Community.

Brevard has a long tradition of helping our neighbors. But this year was different. Our most vulnerable community members were pushed to the brink with COVID-19. That's why United Way of Brevard quickly established a local COVID-19 Response Fund and Community Resource Page.

BREVARD'S COVID-19 RESPONSE FUND

When the pandemic hit, we went to work. We were among the first to mobilize resources and help families with rent, utilities and food. Residents living paycheck to paycheck couldn't wait for stimulus checks, unemployment payments or other local funding to cover essential needs. Case managers were available to explain resources and the application process, and

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

funding was expanded to local agencies experiencing increased demand. To date \$617,984 in assistance has helped 431 local families with over 400 children.

We also added a COVID-19 Community Resource page at uwbrevard.org, (that's seen 44,000 visitors) with information on available community resources that help and protect families.

Key highlights:

Our Community Campaign raised \$5,824,400 for local health and human service partners. Laura Chiesman, President, WealthCoach™ of FirstWave Financial served as the 2019 United Way Campaign Chair.

L3Harris and its employees were the largest contributors, raising \$1,703,227. Publix Super Markets and its associates again joined Harris Corporation in the million dollar circle this year by raising \$1,071,422 make it the second largest campaign.

New organizations running first-time campaigns include Liberty IT Solutions, W&J Construction, Cantwell & Goldman PA and Community Foundation For Brevard

Grants Secured

Volunteer Income Tax Assistance Program - VITA (\$30,000)

Bank of America (\$12,813) for Financial Literacy

Lockheed Martin (\$10,000) Support for Veterans Tax Assistance

Housing Opportunities for Persons with AIDS (HOPWA) \$334,076

Gifts in Kind distributed \$362,157 worth of items such as diapers, car

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

seats, hygiene products, disaster items and other goods.

Finances - We received an unmodified audit for 2019-20 from Whittaker Cooper Financial Group.

The Community Care Fund/Allocations Process was modified due to COVID-19. The Strategic Fund Distribution Committee (8), Finance and Governance Committee (12) and the Executive Committee (12) reviewed agency financials and performance to determine how to best allocate funds.

Locally, 1,471 volunteers donated 29,747 hours to United Way last year, which translated to a value of \$805,826 according to the Points of Light Foundation.

COPY

HEALTHY FAMILIES

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 237 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 a grant of \$1,071,500.

TAX PREPARATION

Creating empowered, more financially stable citizens is the goal behind the Free Tax Prep service by United Way. Tax program volunteers prepared 1,423 tax returns for low to moderate income workers, saving taxpayers an average of \$250 per tax return and creating an estimated community impact of \$1.5M.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

Our Targeted Care options were updated to 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

At United Way, we're passionate about kids and education. This initiative focuses on the importance of early brain development and its impact on later educational success. Thrive by Five means we will invest in an array of strategies that support young children's physical, cognitive, social and emotional readiness for starting school. Additionally, because many local kids struggle to read proficiently by third grade, we will focus on ways to address that including increasing access to books, expanding reading mentoring and reducing summer learning loss.

FEED AND READ

The Feed and Read Program addresses summer hunger, reading loss, nutrition, fitness and dental care. This past summer we served 4,000 children, distributed more than 30,000 free, brand-new books and 15,000 take-home food packs.

SUMMER LEARNING LOSS

United Way leads an initiative with Brevard Public Schools to promote the importance of reading over the summer to 35,000 local elementary students. Parents also receive multiple reminders about the devastating effects of summer learning loss.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

EQUITY IN BREVARD

United Way will invest in organizations, networks and programs that spark dialogue and action to improve equity in Brevard. Achieving greater social justice 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.

Form 990, Part III, Line 4a - First Accomplishment

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. During the COVID-19 pandemic, the Strategic Fund Distribution Committee, Finance & Governance, and staff spent many hours reviewing funding applications, fiscal performance and outcomes in order to recommend funding levels to the United Way Board of Directors. 64 partner agency and United Way internal programs will serve more than 200,000 people throughout the Brevard community. In addition to dollars donated through the Community Care Fund, donors also can support as virtual volunteers and provide in-kind items needed to meet the needs of our community agencies.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

United Way of Brevard has 9 Volunteers in Service to America (VISTA) members serving the capacity needs of Brevard County. One VISTA member serves as a VISTA Leader. Three VISTA members build capacity in education. One VISTA each serve in the areas of Health, Military and Veteran Support, Volunteerism, Equity in Brevard, and Gifts in Kind. In March of 2021, we will recruit a Grant Writing VISTA Member. United Way was been approved for 10 AmeriCorps VISTA Summer Associates for 2020.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

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, Line 7a - Election of Members and Their Rights

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, 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.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

Form 990, Part VI, 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. Board Members are given one week to review the 990 and to submit comments and questions before it is submitted to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

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, Line 15a - Compensation Process for Top Official

None of the Officers of the Organization's Board receive compensation. The Organization's Director receives a performance review each February 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.

Form 990, Part VI, Line 15b - Compensation Process for Officers

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.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

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.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book v Tax Depr Adj on Sale	\$	0
Other Donor Designations	\$	-969,029
Other Donor Designations	\$	899,618
Total	\$	-69,411

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

United Way of Brevard County

Identifying number
59-0836384

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	14,793

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	14,793
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
27	COM1038Computers- bulk purchase Cocoa Sold/Scrapped: 7/01/19	7/06/12	13,968				13,968	5 MO S/L	13,968	0
28	COM1039Computers CI (3) Zac Keith Gerr Sold/Scrapped: 7/01/19	7/01/14	2,240				2,240	5 MO S/L	2,240	0
29	COM1040Computer RD Alecia Sold/Scrapped: 7/01/19	7/01/14	900				900	5 MO S/L	900	0
30	COM1041Computer Laptop HF Sherrie Sold/Scrapped: 7/01/19	7/01/14	705				705	5 MO S/L	705	0
31	COM1042Computers Purchase (6)	6/01/16	3,354				3,354	5 MO S/L	2,068	671
32	SFT6002Helix ANDAR campaign software Sold/Scrapped: 7/01/19	5/16/02	20,500			X	14,350	3 MO Amort	20,500	0
33	SFT6004Helix ANDAR additional 2 license Sold/Scrapped: 7/01/19	5/01/06	3,500				3,500	3 MO Amort	3,500	0
34	SFT6005Helix ANDAR ACH & Credit Car Sold/Scrapped: 7/01/19	6/01/06	1,000				1,000	3 MO Amort	1,000	0
35	SFT6006Helix ANDAR Outlook Integrator Sold/Scrapped: 7/01/19	11/01/06	1,500				1,500	3 MO Amort	1,500	0
36	SFT6007Helix ANDAR Standard M Modul Sold/Scrapped: 7/01/19	3/01/07	2,350				2,350	3 MO Amort	2,350	0
37	SFT6008Anti Virus software for Exchange Sold/Scrapped: 7/01/19	9/01/07	1,730				1,730	3 MO Amort	1,730	0
38	SFT6009DataPro Visions - GL AP & PR m Sold/Scrapped: 7/01/19	3/01/08	4,650			X	2,325	3 MO Amort	4,650	0
39	SFT6010Adobe Software Upgrades Sold/Scrapped: 7/01/19	5/01/08	1,008			X	504	3 MO Amort	1,008	0
40	SFT6011Virtual Webserver Sold/Scrapped: 7/01/19	6/30/11	1,445				1,445	3 MO S/L	1,445	0
41	SFT6012CI Module for Andar Sold/Scrapped: 7/01/19	6/30/11	10,875				10,875	3 MO S/L	10,875	0
42	SFT6013MIG Module Sold/Scrapped: 7/01/19	3/28/13	6,400				6,400	3 MO S/L	6,400	0
43	SFT6014MIP Accounting Software	6/01/13	23,135				23,135	7 MO S/L	20,094	3,041
44	SFT6015ELEDGE Sold/Scrapped: 7/01/19	6/01/16	5,000				5,000	3 MO S/L	5,000	0
69	PRN4007HP Color Laserjet 9500hdn Sold/Scrapped: 7/01/19	6/01/08	8,500				8,500	7 MO S/L	8,500	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431				5,431	7 MO S/L	2,457	776
180	Cable Installation Melbourne Office	5/31/16	4,184				4,184	10 MO S/L	1,326	419
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409				46,409	5 MO S/L	10,829	9,282
185	COM1043Cpartridge	9/01/18	3,022				3,022	5 MO S/L	504	604
Total Other Depreciation			<u>171,806</u>				<u>162,827</u>		<u>123,549</u>	<u>14,793</u>
Total ACRS and Other Depreciation			<u>171,806</u>				<u>162,827</u>		<u>123,549</u>	<u>14,793</u>
Grand Totals			171,806				162,827		123,549	14,793
Less: Dispositions and Transfers			86,271				77,292		86,271	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>85,535</u>				<u>85,535</u>		<u>37,278</u>	<u>14,793</u>

59-0836384

FL Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
27	COM1038Computers- bulk purchase Cocoa Sold/Scrapped: 7/01/19	7/06/12	13,968	13,968	13,968	0	0	0
28	COM1039Computers CI (3) Zac Keith Gerr Sold/Scrapped: 7/01/19	7/01/14	2,240	2,240	2,240	0	0	0
29	COM1040Computer RD Alecia Sold/Scrapped: 7/01/19	7/01/14	900	900	900	0	0	0
30	COM1041Computer Laptop HF Sherrie Sold/Scrapped: 7/01/19	7/01/14	705	705	705	0	0	0
31	COM1042Computers Purchase (6)	6/01/16	3,354	3,354	2,068	671	671	0
32	SFT6002Helix ANDAR campaign software Sold/Scrapped: 7/01/19	5/16/02	20,500	14,350	20,500	0	0	0
33	SFT6004Helix ANDAR additional 2 license Sold/Scrapped: 7/01/19	5/01/06	3,500	3,500	3,500	0	0	0
34	SFT6005Helix ANDAR ACH & Credit Car Sold/Scrapped: 7/01/19	6/01/06	1,000	1,000	1,000	0	0	0
35	SFT6006Helix ANDAR Outlook Integrator Sold/Scrapped: 7/01/19	11/01/06	1,500	1,500	1,500	0	0	0
36	SFT6007Helix ANDAR Standard M Modul Sold/Scrapped: 7/01/19	3/01/07	2,350	2,350	2,350	0	0	0
37	SFT6008Anti Virus software for Exchange : Sold/Scrapped: 7/01/19	9/01/07	1,730	1,730	1,730	0	0	0
38	SFT6009DataPro Visions - GL AP & PR m Sold/Scrapped: 7/01/19	3/01/08	4,650	2,325	4,650	0	0	0
39	SFT6010Adobe Software Upgrades Sold/Scrapped: 7/01/19	5/01/08	1,008	504	1,008	0	0	0
40	SFT6011Virtual Webserver Sold/Scrapped: 7/01/19	6/30/11	1,445	1,445	1,445	0	0	0
41	SFT6012CI Module for Andar Sold/Scrapped: 7/01/19	6/30/11	10,875	10,875	10,875	0	0	0
42	SFT6013MIG Module Sold/Scrapped: 7/01/19	3/28/13	6,400	6,400	6,400	0	0	0
43	SFT6014MIP Accounting Software	6/01/13	23,135	23,135	20,105	3,030	3,041	11
44	SFT6015EPLLEDGE Sold/Scrapped: 7/01/19	6/01/16	5,000	5,000	5,000	0	0	0
69	PRN4007HP Color Laserjet 9500hdn Sold/Scrapped: 7/01/19	6/01/08	8,500	8,500	8,500	0	0	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431	5,431	2,457	776	776	0
180	Cable Installation Melbourne Office	5/31/16	4,184	4,184	1,290	418	419	1
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409	46,409	10,829	9,282	9,282	0
185	COM1043Cpartridge	9/01/18	3,022	3,022	504	604	604	0
Total Other Depreciation			<u>171,806</u>	<u>162,827</u>	<u>123,524</u>	<u>14,781</u>	<u>14,793</u>	<u>12</u>
Total ACRS and Other Depreciation			<u>171,806</u>	<u>162,827</u>	<u>123,524</u>	<u>14,781</u>	<u>14,793</u>	<u>12</u>
Grand Totals			171,806	162,827	123,524	14,781	14,793	12
Less: Dispositions			86,271	77,292	86,271	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>85,535</u>	<u>85,535</u>	<u>37,253</u>	<u>14,781</u>	<u>14,793</u>	<u>12</u>

59-0836384

AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
27	COM1038Computers- bulk purchase Cocoa Sold/Scrapped: 7/01/19	7/06/12	0				0 0		HY	0	0
28	COM1039Computers CI (3) Zac Keith Gerr Sold/Scrapped: 7/01/19	7/01/14	0				0 0		HY	0	0
29	COM1040Computer RD Alecia Sold/Scrapped: 7/01/19	7/01/14	0				0 0		HY	0	0
30	COM1041Computer Laptop HF Sherrie Sold/Scrapped: 7/01/19	7/01/14	0				0 0		HY	0	0
31	COM1042Computers Purchase (6)	6/01/16	0				0 0		HY	0	0
40	SFT6011Virtual Webserver Sold/Scrapped: 7/01/19	6/30/11	0				0 0		HY	0	0
41	SFT6012CI Module for Andar Sold/Scrapped: 7/01/19	6/30/11	0				0 0		HY	0	0
42	SFT6013MIG Module Sold/Scrapped: 7/01/19	3/28/13	0				0 0		HY	0	0
43	SFT6014MIP Accounting Software	6/01/13	0				0 0		HY	0	0
44	SFT6015EPLLEDGE Sold/Scrapped: 7/01/19	6/01/16	0				0 0		HY	0	0
69	PRN4007HP Color Laserjet 9500hdn Sold/Scrapped: 7/01/19	6/01/08	0				0 0		HY	0	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	0				0 0		HY	0	0
180	Cable Installation Melbourne Office	5/31/16	0				0 0		HY	0	0
184	Isuzu2017DryVan w/lift gate	5/07/18	0				0 0		HY	0	0
185	COM1043Cpartridge	9/01/18	0				0 0		HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0				0			0	0
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

59-0836384

Bonus Depreciation Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
32	SFT6002Helix ANDAR campaign software	5/16/02	20,500	100	0	0	6,150	14,350
38	SFT6009DataPro Visions - GL AP & PR mo	3/01/08	4,650	100	0	0	2,325	2,325
39	SFT6010Adobe Software Upgrades	5/01/08	1,008	100	0	0	504	504
Grand Total			26,158		0	0	8,979	17,179
Less: Dispositions and Transfers			26,158		0	0	8,979	17,179
Net Grand Total			0		0	0	0	0

COPY

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

COPY

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
31	COM1042Computers Purchase (6)	6/01/16	3,354	615	0
43	SFT6014MIP Accounting Software	6/01/13	23,135	0	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431	775	0
180	Cable Installation Melbourne Office	5/31/16	4,184	418	0
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409	9,281	0
185	COM1043Cpartridge	9/01/18	3,022	604	0
	Total Other Depreciation		<u>85,535</u>	<u>11,693</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>85,535</u>	<u>11,693</u>	<u>0</u>
	Grand Totals		<u>85,535</u>	<u>11,693</u>	<u>0</u>

COPY

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
Other Depreciation:				
31	COM1042Computers Purchase (6)	6/01/16	3,354	615
43	SFT6014MIP Accounting Software	6/01/13	23,135	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431	775
180	Cable Installation Melbourne Office	5/31/16	4,184	419
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409	9,281
185	COM1043Cpartridge	9/01/18	3,022	604
	Total Other Depreciation		<u>85,535</u>	<u>11,694</u>
	Total ACRS and Other Depreciation		<u>85,535</u>	<u>11,694</u>
	Grand Totals		<u>85,535</u>	<u>11,694</u>

COPY

Form 990	Tax Return History	2019
-----------------	---------------------------	-------------

Name United Way of Brevard County	Employer Identification Number 59-0836384
---	---

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	8,009,928	8,301,620	8,620,397	8,849,502	8,320,072	
Membership dues						
Program service revenue						
Capital gain or loss			6,250	179,141		
Investment income	57,474	56,947	111,843	151,619	167,121	
Fundraising revenue (income/loss)	-6,435	-4,369	-8,612	-14,040	-13,385	
Gaming revenue (income/loss)						
Other revenue	98,672	69,876	120,382	82,999	31,924	
Total revenue	8,159,639	8,424,074	8,850,260	9,249,221	8,505,732	
Grants and similar amounts paid	3,478,960	3,549,994	3,265,229	3,505,933	3,532,418	
Benefits paid to or for members						
Compensation of officers, etc.	242,752	250,720	249,920	251,520	233,810	
Other compensation	1,727,061	1,795,067	1,791,498	1,912,599	1,937,827	
Professional fees	69,993	68,950	131,774	78,210	88,312	
Occupancy costs	67,952	66,345	66,529	126,021	124,274	
Depreciation and depletion	30,559	29,387	31,258	18,583	15,056	
Other expenses	2,043,155	2,199,531	2,650,528	2,213,997	2,089,733	
Total expenses	7,660,432	7,959,994	8,186,736	8,106,863	8,021,430	
Excess or (Deficit)	499,207	464,080	663,524	1,142,358	484,302	
Total exempt revenue	8,159,639	8,424,074	8,850,260	9,249,221	8,505,732	
Total unrelated revenue						
Total excludable revenue	156,146	126,823	238,475	413,759	199,045	
Total Assets	6,270,965	6,603,134	6,669,098	7,742,271	8,182,947	
Total Liabilities	3,548,419	3,581,889	3,316,146	3,996,007	4,127,622	
Net Fund Balances	2,722,546	3,021,245	3,352,952	3,746,264	4,055,325	

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest and Dividend	\$ 145,702		18			
Endowment investment income	516		18			
Realized gain	20,903		18			
Total	<u>\$ 167,121</u>					

COPY

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contract Services	\$ 44,406	\$ 26,517	\$ 1,898	\$ 15,991
	12,526	12,526		
	145	145		
Total	<u>\$ 57,077</u>	<u>\$ 39,188</u>	<u>\$ 1,898</u>	<u>\$ 15,991</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank fees	\$ 10,252	\$ 10	\$ 2,028	\$ 8,214
Campaign expenses	5,358			5,358
Misc	1,264	910	184	170
Total	<u>\$ 16,874</u>	<u>\$ 920</u>	<u>\$ 2,212</u>	<u>\$ 13,742</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Grant and Contract Contributions	\$ 1,469,154
Endowment contributions	5,739,052
Books	161,115
Household items & clothing	153,952
Hygiene	91,741
Baby items	5,512
Medical supplies	39,481
Food	9,782
Furniture	48,360
COVID-19 Response Fund	12,017
Total	<u>\$ 589,906</u>
	<u>\$ 8,320,072</u>

COPY

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
L3Harris Corporation	\$ 3,725,587	\$ 2,870,666
Publix Super Markets	1,593,690	738,769
Brevard Public Schools	452,647	
Kennedy Space Center Visitor Complex	213,381	
Space Coast Credit Union	208,733	
Total	<u>\$ 6,194,038</u>	<u>\$ 3,609,435</u>

COPY

Federal Statements**Schedule A, Part II, Line 8(e)**

Description	Amount
Interest and Dividend	\$ 145,702
Endowment investment income	516
Realized gain	20,903
Total	\$ <u>167,121</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Administration fee income	\$ 12,081
Other Revenue	19,843
Golf Tournament	14,271
Space Race	11,583
Other Events	2,021
Total	\$ <u>59,799</u>

COPY