

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **07/01/20** , and ending **06/30/21**

59-0836384

United Way of Brevard County

Net Asset / Fund Balance at Beginning of Year		<u>4,055,325</u>
Revenue		
Contributions	<u>14,010,206</u>	
Program service revenue		
Investment income	<u>106,224</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>10,339</u>	
Direct expenses	<u>26,119</u>	
Net income	<u>-15,780</u>	
Other income	<u>448,892</u>	
Total revenue		<u>14,549,542</u>
Expenses		
Program services	<u>12,939,297</u>	
Management and general	<u>359,812</u>	
Fundraising	<u>594,081</u>	
Total expenses		<u>13,893,190</u>
Excess / (deficit)		<u>656,352</u>
Changes		<u>273,200</u>
Net Asset / Fund Balance at End of Year		<u>4,984,877</u>

COPY

Reconciliation of Revenue	
Total revenue per financial statements	<u>14,084,199</u>
Less:	
Unrealized gains	<u>567,228</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	<u>15,232</u>
Other	<u>1,017,339</u>
Total revenue per return	<u>14,549,542</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>13,048,381</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	<u>15,232</u>
Other	<u>829,577</u>
Total expenses per return	<u>13,893,190</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>8,182,947</u>	<u>8,481,850</u>	
Liabilities	<u>4,127,622</u>	<u>3,496,973</u>	
Net assets	<u>4,055,325</u>	<u>4,984,877</u>	<u>929,552</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/16/22
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

Department of the Treasury
Internal Revenue Service

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

2020

Name of exempt organization or person subject to tax

United Way of Brevard County

Taxpayer identification number

59-0836384

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>14,549,542</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } 02/22/22

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.

50883699999

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____ Date } 02/22/22

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** (2020)

Form **990**

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

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

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

C Name of organization: **United Way of Brevard County**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1100 Rockledge Blvd., Suite 300** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **Rockledge FL 32955**

D Employer identification number: **59-0836384**

E Telephone number: **321-631-2740**

F Name and address of principal officer:
Robert Rains
1100 Rockledge Blvd, Suite 300
Rockledge FL 32955

G Gross receipts \$: **14,575,661**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **WWW.UWBREVARD.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1957** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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.		
	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	52
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	52
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	522
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,320,072	14,010,206
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	167,121	106,224
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,539	433,112
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,505,732	14,549,542
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,532,418	3,567,163
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,171,637	2,183,093
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 594,081		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,317,375	8,142,934
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,021,430	13,893,190	
19 Revenue less expenses. Subtract line 18 from line 12	484,302	656,352	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,182,947	8,481,850
	22 Net assets or fund balances. Subtract line 21 from line 20	4,127,622	3,496,973
		4,055,325	4,984,877

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: **Robert Rains** Date: _____
 Type or print name and title: **President**

Paid Preparer Use Only
 Print/Type preparer's name: **Richard D. Sutter, CPA** Preparer's signature: _____ Date: **03/09/22** Check if self-employed if PTIN: **P00265703**
 Firm's name: **Whittaker Cooper, CPAs** Firm's EIN: **59-2977986**
 Firm's address: **1692 West Hibiscus Boulevard**
Melbourne, FL 32901 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 \$ **11,254,428** including grants of \$ **3,567,163**) (Revenue \$)
See Schedule O



4b (Code:) (Expenses \$ **1,241,173** including grants of \$) (Revenue \$ **1,352,289**)
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 288 parents of newborns learn how to be the best they can be at their most important job - raising and nurturing their children. This program is funded by two grants totaling \$1,352,289.

4c (Code:) (Expenses \$ **443,696** including grants of \$) (Revenue \$ **429,818**)
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. \$429,818 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 196 persons with HIV/AIDS.

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

4e Total program service expenses **u** **12,939,297**

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	

1a	279
1b	0

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	53
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	52
b Enter the number of voting members included on line 1a, above, who are independent	1b	52
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?	2	<input checked="" type="checkbox"/>
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?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
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	9	<input checked="" type="checkbox"/>

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?	10a	<input checked="" type="checkbox"/>
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?	11a	<input checked="" type="checkbox"/>
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	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	<input checked="" type="checkbox"/>
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?	16a	<input checked="" type="checkbox"/>
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**
Dawn Petrella, VP of Finance **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	0.80									
Board Chair	0.00	X		X			0	0	0	
(2) Laura Chiesman	0.80									
Board Chair-Elect	0.00	X		X			0	0	0	
(3) Lynda Weatherman	0.80									
Campaign Chair	0.00	X		X			0	0	0	
(4) Johnette Gindling	0.80									
Vice Chair/Oversight	0.00	X		X			0	0	0	
(5) Moses Harvin, II	0.80									
Vice Chair/Community	0.00	X		X			0	0	0	
(6) Therrin Protze	0.80									
Past Board Chair	0.00	X		X			0	0	0	
(7) Robb Morrison	0.80									
Treasurer	0.00	X		X			0	0	0	
(8) Heather McDonough	0.50									
Member-at-Large	0.00	X					0	0	0	
(9) Alex Rudloff	0.50									
Member-at-Large	0.00	X					0	0	0	
(10) Mike Williams	0.50									
Member-at-Large	0.00	X					0	0	0	
(11) Louis D. Wilson	0.50									
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 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	0.50									
Member-at-Large	0.00	X						0	0	0
(13) Robert Perers	0.50									
Member-at-Large	0.00	X						0	0	0
(14) Frank Abbate	0.50									
Director	0.00	X						0	0	0
(15) Henry Andersson	0.50									
Director	0.00	X						0	0	0
(16) Tim Antonition	0.50									
Director	0.00	X						0	0	0
(17) Michael Ayers	0.50									
Director	0.00	X						0	0	0
(18) L. Jo Powell	0.50									
Director	0.00	X						0	0	0
(19) Mara Bellaby	0.50									
Director	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								176,070		29,425
d Total (add lines 1b and 1c)								176,070		29,425

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	1,768,754				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,241,452				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,278,150				
	h Total. Add lines 1a-1f	u	14,010,206				
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	106,224			106,224	
	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		10,339				
		b Less: direct expenses	8b	26,119			
		c Net income or (loss) from fundraising events	u	-15,780			
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 PPP loan forgiveness	Business Code	410,000	410,000			
	b Administration fee income		26,598	26,598			
	c Other Revenue		12,294	12,294			
	d All other revenue						
	e Total. Add lines 11a-11d	u	448,892				
12 Total revenue. See instructions	u	14,549,542	448,892	0	106,224		

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	3,567,163	3,567,163		
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	173,420	104,052	34,684	34,684
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	1,486,831	1,045,353	123,171	318,307
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	116,776	77,296	13,264	26,216
9 Other employee benefits	282,470	204,750	41,826	35,894
10 Payroll taxes	123,596	86,005	11,586	26,005
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	15,232		15,232	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	89,289	33,422	31,628	24,239
12 Advertising and promotion	48,595	19,924	3,887	24,784
13 Office expenses	88,272	65,043	7,911	15,318
14 Information technology	30,252	19,552	3,975	6,725
15 Royalties				
16 Occupancy	137,086	85,388	17,464	34,234
17 Travel	20,748	15,154	1,419	4,175
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,297	10,412	2,059	2,826
20 Interest				
21 Payments to affiliates	72,876	49,024	6,938	16,914
22 Depreciation, depletion, and amortization	11,695	7,868	1,112	2,715
23 Insurance	14,446	10,104	1,263	3,079
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a In Kind Gifts	6,373,191	6,373,191		
b Grant expenditures	1,141,390	1,141,390		
c Misc	29,511	553	28,945	13
d Dues & Subscriptions	12,426	6,739	1,785	3,902
e All other expenses	23,627	4,132	9,854	9,641
25 Total functional expenses. Add lines 1 through 24e	13,893,190	12,939,297	359,812	594,081
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	1,002,180	1	717,441
	2	Savings and temporary cash investments	1,282,701	2	595,909
	3	Pledges and grants receivable, net	2,161,822	3	2,105,505
	4	Accounts receivable, net	161,037	4	201,363
	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	77,368	8	
	9	Prepaid expenses and deferred charges	37,224	9	35,496
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 62,401		
	b	Less: accumulated depreciation	10b 40,976	10c	21,425
	11	Investments—publicly traded securities	3,389,712	11	4,795,082
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	34,866	15	9,629
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,182,947	16	8,481,850	
Liabilities	17	Accounts payable and accrued expenses	582,346	17	161,481
	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	3,545,276	25	3,335,492
	26	Total liabilities. Add lines 17 through 25	4,127,622	26	3,496,973
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	3,622,418	27	4,458,390
	28	Net assets with donor restrictions	432,907	28	526,487
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	4,055,325	32	4,984,877	
33	Total liabilities and net assets/fund balances	8,182,947	33	8,481,850	

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	14,549,542
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,893,190
3	Revenue less expenses. Subtract line 2 from line 1	3	656,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,055,325
5	Net unrealized gains (losses) on investments	5	567,228
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-106,266
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-187,762
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,984,877

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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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			
(20) Dana Blickley Director	0.50 0.00	X						0	0	0
(21) Pascal Budge Director	0.50 0.00	X						0	0	0
(22) Laurie Cappelli Director	0.50 0.00	X						0	0	0
(23) Randy Coleman Director	0.50 0.00	X						0	0	0
(24) Erik Costin Director	0.50 0.00	X						0	0	0
(25) Del Cragin Director	0.50 0.00	X						0	0	0
(26) Frank DiBello Director	0.50 0.00	X						0	0	0
(27) Jason Fleischman Director	0.50 0.00	X						0	0	0
1b Subtotal	u									
c Total from continuation sheets to Part VII, Section A	u									
d Total (add lines 1b and 1c)	u									

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>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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 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) Ron Fortson	0.50									
Director	0.00	X						0	0	0
(29) Bob Gabordi	0.50									
Director	0.00	X						0	0	0
(30) Marcia Gaedcke	0.50									
Director	0.00	X						0	0	0
(31) Bart Gaetjens	0.50									
Director	0.00	X						0	0	0
(32) Michele Goodwin	0.50									
Director	0.00	X						0	0	0
(33) Roger Greek	0.50									
Director	0.00	X						0	0	0
(34) Malak Hammad	0.50									
Director	0.00	X						0	0	0
(35) Sandy Handfield	0.50									
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 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 Director	0.50 0.00	X						0	0	0
(37) Dr. Summerpal S. Kahlon Director	0.50 0.00	X						0	0	0
(38) Sandi Lee Director	0.50 0.00	X						0	0	0
(39) Shannon Lewis Director	0.50 0.00	X						0	0	0
(40) Mark Malek Director	0.50 0.00	X						0	0	0
(41) Dr. Chris McAlpine Director	0.50 0.00	X						0	0	0
(42) Dr. Dwayne McCay Director	0.50 0.00	X						0	0	0
(43) Peter Montgomery Director	0.50 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 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	0.50									
Director	0.00	X						0	0	0
(45) Dr. Mark Mullins	0.50									
Director	0.00	X						0	0	0
(46) Regina Oenbrink	0.50									
Director	0.00	X						0	0	0
(47) Dave Ott	0.50									
Director	0.00	X						0	0	0
(48) Sisi Packard	0.50									
Director	0.00	X						0	0	0
(49) Travis Proctor	0.50									
Director	0.00	X						0	0	0
(50) Andy Romine	0.50									
Director	0.00	X						0	0	0
(51) Summit Shah	0.50									
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)										

COPY

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>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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 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) Jennifer Sugarman Director	0.50 0.00	X						0	0	0
(53) Robert Rains President	40.00 0.00			X				176,070	0	29,425
1b Subtotal u								176,070		29,425
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u										

COPY

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>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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**

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

2020

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 331/3% 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,301,620	8,620,397	8,849,502	8,320,072	14,010,206	48,101,797
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	8,301,620	8,620,397	8,849,502	8,320,072	14,010,206	48,101,797
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)						5,885,049
6 Public support. Subtract line 5 from line 4						42,216,748

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,301,620	8,620,397	8,849,502	8,320,072	14,010,206	48,101,797
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,947	111,843	151,619	167,121	106,224	593,754
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						48,695,551

12 Gross receipts from related activities, etc. (see instructions) 12 808,412

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	86.70 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.28 %

16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? 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.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 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—provide details in Part VI)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

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

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	\$ 1,477,500	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Publix Super Markets P.O. Box 407 Lakeland FL 33802	\$ 1,036,094	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Thomas Bartell 2125 Golf Isle Drive Unit 1413 Melbourne FL 32935	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

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

2020

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 values, and yes/no 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 of easements, total number, acreage, and monitoring expenses.

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 art collection reporting requirements and revenue/asset amounts.

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
b Contributions		161,115	13,187	9,250	72,194
c Net investment earnings, gains, and losses		-41,515	31,796	20,050	23,124
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	782,624	632,474	512,874	467,891	438,591

- 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
- 3b 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		15,992	11,583	4,409
e Other		46,409	29,393	17,016
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	21,425

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	2,809,621
(3) Donor Designations Payable	461,698
(4) Publix Emergency Assistance Fund	64,173
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 3,335,492

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	14,084,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	567,228
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	567,228
3	Subtract line 2e from line 1	3	13,516,971
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	15,232
b	Other (Describe in Part XIII.)	4b	1,017,339
c	Add lines 4a and 4b	4c	1,032,571
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,549,542

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	13,048,381
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	13,048,381
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	15,232
b	Other (Describe in Part XIII.)	4b	829,577
c	Add lines 4a and 4b	4c	844,809
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,893,190

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, 2021, 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, 2018 through 2021 remain subject to possible examination by the Internal Revenue Service.

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

Donor Designations Received \$ 1,017,339

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

Donor Designations Paid \$ 829,577



**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

2020

**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		5,685				Donor Designation
(3)	Aging Matters in Brevard 3600 West King Street Cocoa FL 32926	59-1110325		233,293				Agency Allocation
(4)	Aging Matters in Brevard 3600 West King Street Cocoa FL 32926	59-1110325		5,626				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		5,102				Donor Designation
(7)	AMI Kids Space Coast 1000 Inspiration Lane Melbourne FL 32934	59-2869412		50,000				Agency Allocation
(8)	Big Brothers Big Sisters 807 South Orlando Avenue, Winter Park FL 32789-4870	59-6555007		78,000				Agency Allocation
(9)	Boy Scouts of America Central Flori 1951 S. Orange Blossom Trail Apopka FL 32703-7747	59-0624376		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**

**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

2020

**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)	Boy Scouts of America Central Florida 1951 S. Orange Blossom Trail Apopka FL 32703-7747	59-0624376		5,238				Donor Designation
(2)	Boys & Girls Club of Central Florida PO Box 2987 Orlando FL 32802	59-0951887		160,000				Agency Allocation
(3)	Boys & Girls Clubs of Central Florida 101 E. Colonial Drive Orlando FL 32801	59-0951887		5,764				Donor Designation
(4)	Brevard Achievement Center, Inc. 1845 Cogswell Street Rockledge FL 32955	59-1203280		138,000				Agency Allocation
(5)	Brevard Achievement Center, Inc. 1845 Cogswell Street Rockledge FL 32955	59-1203280		8,114				Donor Designation
(6)	Brevard Alzheimer's Foundation, Inc. 4676 N. Wickham Rd. Melbourne FL 32935	59-3369526		75,000				Agency Allocation
(7)	Brevard Alzheimer's Foundation, Inc. 4676 N. Wickham Rd. Melbourne FL 32935	59-3369526		7,866				Donor Designation
(8)	Brevard County Legal Aid Inc. 1038 Harvin Way Rockledge FL 32955	59-1301750		53,000				Agency Allocation
(9)	New Life Mission 141 Bluff Terrace Melbourne FL 32901	26-1686406		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**

**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

2020

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)	New Life Mission 141 Bluff Terrace Melbourne FL 32901	26-1686406		20,477				Donor Designation
(2)	Brevard Zoo 8225 North Wickham Road Melbourne FL 32940	59-2496749		20,000				Agency Allocation
(3)	Brevard Schools Foundation Inc. 2700 Judge Fran Jamieson Way Viera FL 32940	59-2895155		15,194				Donor Designation
(4)	Bridges BTC 1694 Cedar Street Rockledge FL 32955	59-0905505		56,000				Agency Allocation
(5)	Catholic Charities of Central 1819 N Semoran Blvd. Orlando FL 32807	59-1214353		32,000				Agency Allocation
(6)	Catholic Charities of Central 1819 N Semoran Blvd. Orlando FL 32807	59-1214353		12,527				Donor Designation
(7)	Central Brevard Sharing Center Inc. PO Box 3363 Cocoa FL 32924-3363	59-1839108		163,000				Agency Allocation
(8)	Children's Advocacy Center 6905 N. Wickham Road Melbourne FL 32940	59-2432318		43,293				Agency Allocation
(9)	Children's Home Society of FL, Brev 326 Croton Road Melbourne FL 32935	59-0192430		23,000				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**

**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

2020

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 Hunger Project 1855 W. King Street Cocoa FL 32926	36-4686823		30,000				Agency Allocation
(2)	Children's Hunger Project 1855 W. King Street Cocoa FL 32926	36-4686823		15,370				Donor Designation
(3)	Club Esteem 3316 South Monroe Street Melbourne FL 32901-8059	59-3317831		65,000				Agency Allocation
(4)	Club Esteem 3316 South Monroe Street Melbourne FL 32901-8059	59-3317831		25,646				Donor Designation
(5)	Crisis Pregnancy - Compass Care 2024 West Henrietta Road Rochester NY 14623	16-1157181		5,189				Donor Designation
(6)	Crosswinds Youth Services Inc. 1407 Dixon Blvd. Cocoa FL 32922	23-7376943		53,000				Agency Allocation
(7)	Crosswinds Youth Services Inc. 1407 Dixon Blvd. Cocoa FL 32922	23-7376943		5,932				Donor Designation
(8)	Early Learning Coalition PO Box 560692 Rockledge FL 32956-0692	59-3651961		6,304				Donor Designation
(9)	Early Learning Coalition PO Box 560692 Rockledge FL 32956-0692	59-3651961		267,000				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**

**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

2020

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		15,564				Donor Designation
(2)	Florida Tech Foundation 150 West University Boulevard Melbourne FL 32901	59-6046500		21,999				Donor Designation
(3)	Girl Scouts 341 N. Mills Avenue Orlando FL 32803	59-0696293		18,000				Agency Allocation
(4)	Grandparents Raising Grandchildren 123 Barton Blvd Rockledge FL 32955	59-3712039		18,000				Agency Allocation
(5)	Health First Foundation 1350 S. Hickory St Melbourne FL 32901	59-3528774		10,135				Donor Designation
(6)	Housing for Homeless & Veterans Ser 4087 US Highway 1, Suite 3 Rockledge FL 32955	59-2981409		37,000				Agency Allocation
(7)	Jess Parish Medical FOundation 921 N Washington Ave Titusville FL 32796	59-2249275		7,250				Donor Designation
(8)	Junior Achievement of the Space Coa 1275 South Patrick Dr. Satellite Beach FL 32937	59-2461562		18,000				Agency Allocation
(9)	King Center of Performing Arts 3865 N Wickham Rd Melbourne FL 32935	59-2844281		7,000				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**

**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

2020

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		78,500				Agency Allocation
(2)	Links of Hope Inc. 1535 N. Cogswell St., Suite C-20 Rockledge FL 32955-2740	01-0553077		24,000				Agency Allocation
(3)	National Veterans Homeless Support 1436 West King Street Cocoa FL 32922	35-2330290		17,000				Agency Allocation
(4)	National Veterans Homeless Support 1436 West King Street Cocoa FL 32922	35-2330290		6,461				Donor Designation
(5)	Neighbor Up Brevard 1151 Masterson Street Melbourne FL 32935	59-3483505		51,000				Agency Allocation
(6)	Neighbor Up Brevard 1151 Masterson Street Melbourne FL 32935	59-3483505		20,307				Donor Designation
(7)	North Brevard Charities 4475 S. Hopkins Ave Titusville FL 32780	59-3079635		113,000				Agency Allocation
(8)	North Brevard Medical Support 5650 South Washington Ave Titusville FL 32796	59-3074052		30,000				Agency Allocation
(9)	Project Response 745 Apollo Blvd Melbourne FL 32901	59-3036563		38,000				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**

**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

2020

**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)	Quad A For Kids 500 East Avenue Rochester NY 14607	80-0024332		5,405				Donor Designation
(2)	Second Harvest Food Bank of Central 411 Mercy Drive Orlando FL 32805	59-2142315		82,000				Agency Allocation
(3)	Second Harvest Food Bank of Central 411 Mercy Drive Orlando FL 32805	59-2142315		8,371				Donor Designation
(4)	Serene Harbor, Inc. PO Box 100039 Palm Bay FL 32910-0039	59-3115093		53,500				Agency Allocation
(5)	Space Coast Discovery, 3790 Dairy Road Melbourne FL 32904	59-2858471		20,000				Agency Allocation
(6)	Space Coast Discovery, 3790 Dairy Road Melbourne FL 32904	59-2858471		19,600				Donor Designation
(7)	STEPS 1991 S. Apopka Blvd Apopka FL 32703	63-0836930		31,500				Agency Allocation
(8)	The Haven for Children PO Box 327 Melbourne FL 32902	59-2722408		15,000				Agency Allocation
(9)	The Haven For Children 555 Grant Ave Satellite Beach FL 32937	59-2722408		9,319				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**

**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

2020

**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)	The Salvation Army North Central Br 919 W. Peachtree St. Cocoa FL 32922	58-0660607		5,789				Donor Designation
(2)	The Salvation Army North/ Central PO Box 940 Cocoa FL 32923	58-0660607		69,500				Agency Allocation
(3)	The Salvation Army- South PO Box 398 Melbourne FL 32902-0398	58-0660607		84,000				Agency Allocation
(4)	The Women's Center 1425 Aurora Road Melbourne FL 32935	59-1628264		99,000				Agency Allocation
(5)	The Women's Center 1425 Aurora Road Melbourne FL 32935	59-1628264		13,236				Donor Designation
(6)	United Way of Broward County, Inc. Ansin Building Fort Lauderdale FL 33316	59-0624402		31,127				Donor Designation
(7)	United Way of Greater Rochester 75 College Ave Rochester NY 14607	16-1015782		91,610				Donor Designation
(8)	United Way of Hampshire County PO Box 123 Northampton MA 01061-0123	04-2104792		21,209				Donor Designation
(9)	United Way of Miami-Dade 3250 Southwest Third Ave Miami FL 33129	59-0830840		8,240				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**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 Volusia 3747 W International Speedway Daytona Beach FL 32124	59-1099774		11,489				Donor Designation
(2)	United Way of Warren County Ohio 645 Oak Street Lebanon OH 45036	23-7132362		45,863				Donor Designation
(3)	Valley of the Sun United Way 3200 East Camelbak Road Phoenix AZ 85018-2328	86-0104419		58,172				Donor Designation
(4)								
(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**

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 2020, or tax year beginning 07/01/20, and ending 06/30/21

2020

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.

COPY

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

2020

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				
1 Robert Rains President	(i)	171,720	4,350	0	17,172	12,253	205,495	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

2020

**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		273,783	Thrift store prices
5 Clothing and household goods	X		94,691	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	26,943	Estimated purchase price
20 Drugs and medical supplies	X	1	5,882,733	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 \$6,373,191 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

Name of the organization

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

2020

Open to Public Inspection

Employer identification number

United Way of Brevard County

59-0836384

Form 990 - Additional Information

Everyone deserves a chance for a change.

That's why our work focuses on equity, addressing educational gaps and increasing care for our veterans. We'll also continue to provide relief to the nearly 90,000 households in our community struggling to make ends meet by funding our network of 43 partner agencies.

2020 challenged us and 2021 wasn't any easier in the fundraising world. But each new challenge has taught us a powerful lesson of where we need to shift our attention to ensure we are changing lives and strengthening our community.

When you make the decision to give to United Way, you are giving someone a chance to change their life.

Key highlights:

Our Community Campaign raised \$5,535,000 for local health and human service partners. Lynda Weatherman, Economic Development Commission served as the 2020 United Way Campaign Chair. Although down 4.96% (\$289,000), United Way is proud of the effort and result during this global pandemic year. It was an incredibly disruptive year, especially with United Way's workforce campaign model.

Name of the organization United Way of Brevard County	Employer identification number 59-0836384
---	---

L3Harris and its employees were the largest contributors, raising \$1,477,500. Publix Super Markets and its associates again joined L3Harris in the million dollar circle this year by raising \$1,100,000 make it the second largest campaign.

Grants Secured

- oVolunteer Income Tax Assistance Program - VITA (\$30,000)
- oBank of America (\$10,000) for Financial Literacy
- oLockheed Martin (\$6,000) Support for Veterans Assistance
- oHousing Opportunities for Persons with AIDS (HOPWA) \$430,272

Gifts in Kind distributed \$6,373,191 worth of items such as diapers, car seats, hygiene products, disaster items and other goods.

Finances - We received an unmodified audit for 2020-21 from Whittaker Cooper Financial Group.

The Community Care Fund/Allocations Process was modified again due to COVID-19. This past year the programs were presented virtually to the volunteers. No physical site visits were made in 2021. Volunteers (85) reviewed agency financials and performance to determine how to best allocate funds. Results were presented to the board.

Locally, approximately 500 volunteers donated approximately 23,000 hours to United Way last year, which translated to a value of \$170,640 according to the Points of Light Foundation.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

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 288 parents of newborns learn how to be the best they can be at their most important job--raising and nurturing their children. This program is funded by two grants totaling \$1,352,289.

TAX PREPARATION

Creating empowered, more financially stable citizens is the goal behind the Free Tax Prep service by United Way. Tax program volunteers prepared 1,336 tax returns for low to moderate income workers, saving taxpayers an average of \$250 per tax return and creating an estimated community impact of \$1.2M.



Our Targeted Care options include the following areas which allow a gift to be restricted to a specific area of our impact work with volunteer oversight and input. Targeted Impact Areas include the following:

Early GRADE READING

Early brain development is vital for kids to thrive by the age of five. That's why United Way invests in these strategies for educational success.

oBright by Text

United Way of Brevard has teamed up with a national texting program, to deliver expert tips, games and child development information to parents and guardians.

oSummer Feed and Read

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

This past summer we served 4,000 children, distributed more than 30,000 brand-new, FREE books and 15,000 take-home food packs.

oRun United

This program with Brevard Public Schools works to increase both physical and brain activity with a 30 minute before-school walking/running program.

oSummer Slide

United Way leads an initiative with Brevard Public Schools to promote the importance of reading over the summer to 35,000 local elementary students. Studies show students can lose 1 to 3 months of learning over the summer.



EQUITY IN BREVARD

United Way will invest in organizations, networks and programs that spark dialogue and action to improve equity in Brevard. Achieving this requires a commitment and a sustained effort that can only be accomplished when all parties come together to act united.

oEquity in Brevard Reading Program

This program is designed to infuse diversity into reading for children in kindergarten through 3rd grade. Studies show being able to relate to the characters in books can be a very important component in helping children to engage in reading.

MISSION UNITED

Name of the organization United Way of Brevard County	Employer identification number 59-0836384
---	---

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.

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.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

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.

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

Name of the organization United Way of Brevard County	Employer identification number 59-0836384
---	---

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.

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

Donor Designations Received	\$ -1,017,339
Donor Designations Paid	\$ 829,577

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

Total

\$ -187,762

COPY

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

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

2020

Attachment Sequence No. **179**

Name(s) shown on return

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	1,040,000
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	2,590,000
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 2019 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 2021. 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	11,693

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 2020	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 2020 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 2020 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	11,693
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.

Form **4562** (2020)

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
31	COM1042Computers Purchase (6)	6/01/16	3,354			3,354	5 MO S/L	2,739	615
43	SFT6014MIP Accounting Software	6/01/13	23,135			23,135	7 MO S/L	23,135	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431			5,431	7 MO S/L	3,233	775
180	Cable Installation Melbourne Office	5/31/16	4,184			4,184	10 MO S/L	1,745	418
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409			46,409	5 MO S/L	20,111	9,281
185	COM1043Cpartridge	9/01/18	3,022			3,022	5 MO S/L	1,108	604
	Total Other Depreciation		<u>85,535</u>			<u>85,535</u>		<u>52,071</u>	<u>11,693</u>
	Total ACRS and Other Depreciation		<u>85,535</u>			<u>85,535</u>		<u>52,071</u>	<u>11,693</u>
	Grand Totals		85,535			85,535		52,071	11,693
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>85,535</u>			<u>85,535</u>		<u>52,071</u>	<u>11,693</u>

COPY

FL Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
31	COM1042Computers Purchase (6)	6/01/16	3,354	3,354	2,739	615	615	0
43	SFT6014MIP Accounting Software	6/01/13	23,135	23,135	23,135	0	0	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431	5,431	3,233	775	775	0
180	Cable Installation Melbourne Office	5/31/16	4,184	4,184	1,708	419	418	-1
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409	46,409	20,111	9,281	9,281	0
185	COM1043Cpartridge	9/01/18	3,022	3,022	1,108	604	604	0
Total Other Depreciation			<u>85,535</u>	<u>85,535</u>	<u>52,034</u>	<u>11,694</u>	<u>11,693</u>	<u>-1</u>
Total ACRS and Other Depreciation			<u>85,535</u>	<u>85,535</u>	<u>52,034</u>	<u>11,694</u>	<u>11,693</u>	<u>-1</u>
Grand Totals			85,535	85,535	52,034	11,694	11,693	-1
Less: Dispositions			0	0	0	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>52,034</u>	<u>11,694</u>	<u>11,693</u>	<u>-1</u>

COPY

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
31	COM1042Computers Purchase (6)	6/01/16	0			0	0	HY	0	0
43	SFT6014MIP Accounting Software	6/01/13	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		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>

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

Future Depreciation Report **FYE: 6/30/22****Form 990, Page 1**

<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	0	0
43	SFT6014MIP Accounting Software	6/01/13	23,135	0	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431	776	0
180	Cable Installation Melbourne Office	5/31/16	4,184	419	0
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409	9,282	0
185	COM1043Cpartridge	9/01/18	3,022	605	0
	Total Other Depreciation		<u>85,535</u>	<u>11,082</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>85,535</u>	<u>11,082</u>	<u>0</u>
	Grand Totals		<u>85,535</u>	<u>11,082</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	0
43	SFT6014MIP Accounting Software	6/01/13	23,135	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431	776
180	Cable Installation Melbourne Office	5/31/16	4,184	418
184	Isuzu2017DryVan w/lift gate	5/07/18	46,409	9,282
185	COM1043Cpartridge	9/01/18	3,022	605
	Total Other Depreciation		<u>85,535</u>	<u>11,081</u>
	Total ACRS and Other Depreciation		<u>85,535</u>	<u>11,081</u>
	Grand Totals		<u>85,535</u>	<u>11,081</u>

COPY

Form 990		Two Year Comparison Report		2019 & 2020
Name		For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21		Taxpayer Identification Number
United Way of Brevard County		59-0836384		
		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 6,850,918	12,241,452	5,390,534
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,469,154	1,768,754	299,600
	4. Program service revenue	4.		
	5. Investment income	5. 167,121	106,224	-60,897
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -13,385	-15,780	-2,395
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 31,924	448,892	416,968
	12. Total revenue. Add lines 1 through 11	12. 8,505,732	14,549,542	6,043,810
Expenses	13. Grants and similar amounts paid	13. 3,532,418	3,567,163	34,745
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 233,810	173,420	-60,390
	16. Salaries, other compensation, and employee benefits	16. 1,937,827	2,009,673	71,846
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 88,312	123,522	35,210
	19. Occupancy, rent, utilities, and maintenance	19. 124,274	137,086	12,812
	20. Depreciation and Depletion	20. 15,056	11,695	-3,361
	21. Other expenses	21. 2,089,733	7,870,631	5,780,898
	22. Total expenses. Add lines 13 through 21	22. 8,021,430	13,893,190	5,871,760
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 484,302	656,352	172,050
Other Information	24. Total exempt revenue	24. 8,505,732	14,549,542	6,043,810
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 199,045	555,116	356,071
	27. Total assets	27. 8,182,947	8,481,850	298,903
	28. Total liabilities	28. 4,127,622	3,496,973	-630,649
	29. Retained earnings	29. 4,055,325	4,984,877	929,552
	30. Number of voting members of governing body	30. 55	52	
31. Number of independent voting members of governing body	31. 55	52		
32. Number of employees	32. 44	53		
33. Number of volunteers	33. 1500	522		

Form 990	Tax Return History	2020
Name United Way of Brevard County		Employer Identification Number 59-0836384

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	8,301,620	8,620,397	8,849,502	8,320,072	14,010,206	
Membership dues						
Program service revenue						
Capital gain or loss		6,250	179,141			
Investment income	56,947	111,843	151,619	167,121	106,224	
Fundraising revenue (income/loss)	-4,369	-8,612	-14,040	-13,385	-15,780	
Gaming revenue (income/loss)						
Other revenue	69,876	120,382	82,999	31,924	448,892	
Total revenue	8,424,074	8,850,260	9,249,221	8,505,732	14,549,542	
Grants and similar amounts paid	3,549,994	3,265,229	3,505,933	3,532,418	3,567,163	
Benefits paid to or for members						
Compensation of officers, etc.	250,720	249,920	251,520	233,810	173,420	
Other compensation	1,795,067	1,791,498	1,912,599	1,937,827	2,009,673	
Professional fees	68,950	131,774	78,210	88,312	123,522	
Occupancy costs	66,345	66,529	126,021	124,274	137,086	
Depreciation and depletion	29,387	31,258	18,583	15,056	11,695	
Other expenses	2,199,531	2,650,528	2,213,997	2,089,733	7,870,631	
Total expenses	7,959,994	8,186,736	8,106,863	8,021,430	13,893,190	
Excess or (Deficit)	464,080	663,524	1,142,358	484,302	656,352	
Total exempt revenue	8,424,074	8,850,260	9,249,221	8,505,732	14,549,542	
Total unrelated revenue						
Total excludable revenue	126,823	238,475	413,759	199,045	555,116	
Total Assets	6,603,134	6,669,098	7,742,271	8,182,947	8,481,850	
Total Liabilities	3,581,889	3,316,146	3,996,007	4,127,622	3,496,973	
Net Fund Balances	3,021,245	3,352,952	3,746,264	4,055,325	4,984,877	

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	\$ 87,813		18			
Endowment investment income	24,039		18			
Realized loss	-5,628		18			
Total	<u>\$ 106,224</u>					

COPY

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Contract Services	\$ 76,623	\$ 20,756	\$ 31,628	\$ 24,239
Contract Services	12,563	12,563		
Contract Services	103	103		
Total	<u>\$ 89,289</u>	<u>\$ 33,422</u>	<u>\$ 31,628</u>	<u>\$ 24,239</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Bank fees	\$ 10,512	\$	\$ 9,430	\$ 1,082
Volunteer recognition	9,964	4,132	424	5,408
Campaign expenses	3,151			3,151
Total	<u>\$ 23,627</u>	<u>\$ 4,132</u>	<u>\$ 9,854</u>	<u>\$ 9,641</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Grant and Contract Contributions	\$ 1,768,754
Endowment contributions	5,494,780
Books	278,532
Household items & clothing	273,783
Hygiene	94,691
Baby items	
Medical supplies	5,882,733
Food	26,943
Furniture	
COVID-19 Response Fund	189,990
Total	<u>\$ 14,010,206</u>

COPY

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
L3Harris Corporation	\$ 5,203,087	\$ 4,229,176
Publix Super Markets	2,629,784	1,655,873
Thomas Bartell	300,000	
Brevard Public Schools	647,176	
Space Coast Credit Union	388,970	
Kennedy Space Center Visitor Complex	213,381	
Total	<u>\$ 9,382,398</u>	<u>\$ 5,885,049</u>

COPY

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest and Dividend	\$ 87,813
Endowment investment income	24,039
Realized loss	-5,628
Total	<u>\$ 106,224</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Administration fee income	\$ 26,598
Other Revenue	12,294
PPP loan forgiveness	410,000
Golf Tournament	1,332
Space Race	
Other Events	9,007
Total	<u>\$ 459,231</u>

COPY