

North Port & Non-profits United (NP2) Program Application

Submitted on	15 August 2024, 1:07pm
Receipt number	16
Related form version	1

Agency Name:	United Way of South Sarasota County
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Tax ID Number:	59-1100846
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Agency Website:	https://uwssc.org/
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Agency Street Address:	4242 S. Tamiami Trail
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Unit/Suite:	
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City:	Venice
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State:	FL
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What county will your program serve?	Sarasota County
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What city will your program serve:	North Port
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Application Contact Information

Prefix:	Ms.
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First Name:	Kristin
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Last Name:	Szafraniec
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Job Title:	VP of Philanthropy
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Phone Number:	941.484.4811
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Email Address:	kszafraniec@uwssc.org
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Requested Mission Support Item Information

What is your non-profits mission?	United Way of South Sarasota County's mission is to unite communities and resources to empower people and create positive, sustainable change in the focus areas of education, economic mobility, health and wellness, and disaster recovery.
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Title of Project:	Building Engagement: Connecting and Inspiring Supporters
Amount Requested:	\$2,000
Please describe the item needed:	High-quality engagement materials designed to enhance our community engagement and support (i.e., Donor Welcome Kits, Impact Reports, Infographics, Brochures).
In detail, how will this item assist the North Port community?	The objectives of this project are to 1) increase community awareness, 2) strengthen donor relations, and 3) expand outreach. The printed materials created through this project will be utilized throughout the year in various outreach campaigns, events, and donor meetings.
Please describe the expected impact:	A \$2,000 grant will enable United Way of South Sarasota County to produce essential printed outreach materials that will significantly enhance our development efforts. The production and distribution of these materials will have a significant impact on our outreach. These materials are crucial for deepening our community connections, increasing donor engagement, and expanding our reach.
Please describe what data or statistics will be utilized to measure the impact:	Success will be measured by donor feedback, fundraising metrics, and distribution reach. The expected impact includes an overall broader community reach with a 10 percent increase in enhanced donor engagement due to improved communication of our impact, and a 10 percent increase in donations driven by compelling and accessible printed materials.
Is your impact reliant on a partnership with an external agency?	No

Strategic Pillars

Under what Strategic Pillar does your mission support item most align with and why?	United Way of South Sarasota County's mission aligns with the City of North Port's Quality of Life and Economic Development & Growth Management Strategic Pillars. Our organization serves the ALICE (Asset Limited, Income Constraint, Employed) population and focuses on the impact areas of education, economic mobility, and health and wellness. Annually we serve 76,185 residents through direct services and partnerships.
	Pillar 2: Quality of Life
	Pillar 3: Economic Development & Growth Management

Uploads

Articles of Incorporation	UWSSC Articles of Incorporation.pdf
IRS 501(c)3 Non-profits Determination Letter	UWSSC 501 c 3 Determination letter.pdf
Most Recent IRS 990 Form	2022 Form 990.pdf
Example/Image/Link of Support Item	Community Impact Flyer.pdf
Link	

Signature

A handwritten signature in black ink, consisting of a stylized 'S' followed by a long horizontal stroke.

[Link to signature](#)

NP2 Non-Profit Application Checklist

Review each application submitted by the non-profit agency to ensure completion of application and all required documentation.

Agency Name: United Way of South Sarasota County

Tax ID: 59-1100846 Requested Amount: \$2,000

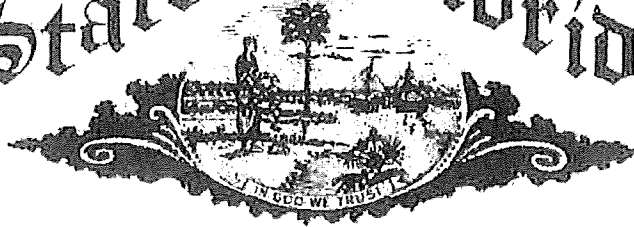
Agency Street Address: 4242 S. Tamiami Trail

City: Venice State: FL Zip Code: 34293

Documents	Complete	Notes
Application	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Articles of Incorporation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
501 (c) 3 Non-Profit Determination Letter	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IRS 990 Form (if applicable)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sunbiz Information	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Cost of Mission Support Item	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>\$2,000</u>
Reasonable Purpose	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Link to Requested Item:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Notes		

Reviewed By: C. Haldy Date: 8/20/24

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of UNITED WAY OF SOUTH SARASOTA COUNTY, INC., a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is 707395.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fourth day of March, 2020



CR20E022 (01-11)

Laurel M. Lee

Laurel M. Lee

Secretary of State

UNITED FILMS OF NORTH CAROLINA, INC.

The undersigned subscribers, each a natural person, agree to contract, acting as incorporators of a corporation to be formed under the provisions of Chapter 417 of Florida Statutes, as amended, governing corporations not for profit, do hereby adopt the following articles of incorporation:

ARTICLE I.

NAME

1.01 The name of the corporation is UNITED FILM OF NORTH CAROLINA, INC.

ARTICLE II.

PURPOSES

2.01 The general purposes for which the corporation is organized are:

- (a) To bring together in a united effort all possible equipment and facilities-scientific, technical, financial, and professional agencies, including local, state and national service organizations.
- (b) To acquire funds and property for such activities; to acquire by gift, lease, devise, purchase, or otherwise, property and every kind and nature, both real and personal, for such activities; to lease, mortgage, improve, pick up, sell, convey or otherwise dispose of such property.
- (c) To borrow and expend funds, and to distribute funds to such agencies.
- (d) To create a new general interest in the services of such agencies and to the unified effort plan.
- (e) To do all acts and things necessary, convenient or expedient for carry on the above mentioned purposes.

ARTICLE III.

PERIOD OF OPERATION

3.01 The period of duration of the corporation is perpetual.

RECEIVED
FEB 2 1965
OFFICE OF THE
CLERK OF THE
SUPERIOR COURT
JACKSONVILLE
FLORIDA

NOTED
FEB 2 1965
JACKSONVILLE
FLORIDA

ARTICLE IV.

LOCATION OF CORPORATION

4.1) The initial post office address of the principal office of the corporation is 257 N. Tamiami Trail, Venice, Florida. The Board of Directors may from time to time move the principal office to any other address in Sarasota County, Florida.

ARTICLE V.

MEMBERSHIP

5.1) Every contributor to this corporation shall hereby become a member of the corporation and shall be entitled to vote at all meetings of the members and shall remain a member until the end of the ensuing calendar year. In addition, each member of the Board of Directors of the corporation shall automatically, upon his election, become a member of the corporation and shall remain a member of the corporation during his term of office. Each subscriber to these Articles of Incorporation shall be also a member of this corporation.

ARTICLE VI.

BOARD OF DIRECTORS

6.1) After the first election of Directors, the affairs of this corporation shall be directed by an elected Board of Directors consisting of no fewer than fifteen (15) or more than sixty (60) persons, the exact number, within such limitations, to be determined by the By-Laws of the corporation.

ARTICLE VII.

FIRST BOARD OF DIRECTORS

7.1) The first Board of Directors to serve until the first election of directors shall consist of five persons, whose names and addresses are:

- | | |
|------------------------|--------------------------------------|
| 1) J. Howard Vaughn | 189 W. Alba, Venice, Florida |
| 2) Gordon S. Henderson | Golden Beach Blvd., Venice, Florida |
| 3) Marie L. Swift | 425 Bay Shore Drive, Venice, Florida |
| 4) C. R. Keller | 765 Laguna Drive, Venice, Florida |
| 5) A. Walter Johns | 90 Ponce de Drive, Venice, Florida |

ARTICLE IV.

LOCATION OF CORPORATION

4.1) The initial post office address of the principal office of the corporation is 157 N. Tamiami Trail, Venice, Florida. The Board of Directors may from time to time move the principal office to any other address in Sarasota County, Florida.

ARTICLE V.

MEMBERSHIP

5.1) Every contributor to this corporation shall hereby become a member of the corporation and shall, be entitled to vote at all meetings of the members and shall receive a number until the end of the ensuing calendar year. In addition, each member of the Board of Directors of the corporation shall automatically, upon his election, become a member of the corporation and shall remain a member of the corporation during his term of office. Each shareholder as those Articles of Incorporation shall be also a member of this corporation.

ARTICLE VI.

BOARD OF DIRECTORS

6.1) After the first election of Directors, the affairs of this corporation shall be directed by an elected Board of Directors consisting of no fewer than fifteen (15) or more than sixty (60) persons, the exact number, within such limitations, to be determined by the by-laws of the corporation.

ARTICLE VII.

FIRST BOARD OF DIRECTORS

7.1) The first Board of Directors to serve until the first election of directors shall consist of five persons, whose names and addresses are:

- | | |
|------------------------|--------------------------------------|
| 1) J. Howard Vaughn | 105 W. Albi, Venice, Florida |
| 2) Nathan B. Henderson | Golden Beach Blvd., Venice, Florida |
| 3) Harris L. Swift | 423 Bay Shore Drive, Venice, Florida |
| 4) C. A. Keller | 700 Laguna Drive, Venice, Florida |
| 5) A. Walter Johns | 90 Pualto Drive, Venice, Florida |

4.1) The officers of this corporation shall be elected by the Board of Directors of the corporation and shall be a president, first vice president, second vice president, secretary and treasurer.

4.2) The names of the officers who are to manage the affairs of the corporation until their successors are duly elected or appointed under these Articles are as follows:

- | | |
|--------------------------|---------------------|
| 1. President | J. Howard Vaughn |
| 2. First Vice President | Walter S. Henderson |
| 3. Second Vice President | Barrie I. Ivey |
| 4. Secretary | C. A. Keller |
| 5. Treasurer | A. Walter Job |

4.3) The officers of the corporation shall be elected by the board of Directors as expeditiously as possible after each annual meeting of the members of the corporation and such officers shall hold office for one (1) year or until their successors are duly elected and qualified.

ARTICLE III.

BY-LAWS

3.1) The initial by-laws of the corporation shall be adopted by its Board of Directors. The power to make, alter or repeal the by-laws shall be vested in the Board of Directors.

ARTICLE IV.

NO STOCK

4.1) This corporation is organized on a non-stock basis and all proceeds shall be used solely for charitable purposes.

ARTICLE XI.

INDEBTEDNESS

11.1) The highest amount of indebtedness or liability to which this corporation may at any time subject itself shall be the sum of One Million Dollars (\$1,000,000.00), provided any such sum or indebtedness shall not exceed two-thirds (2/3) of the value of the property of the corporation.

11.2) This corporation shall have power to bond or mortgage its property in a sum not exceeding One Million Dollars (\$1,000,000.00) for the purpose of carrying into effect the obligations of the corporation as set forth in this charter, or for any portion or part thereof.

ARTICLE XII.

REAL ESTATE

12.1) This corporation may hold real estate in the value of One Million Dollars (\$1,000,000.00), subject always to the approval of the circuit judge.

ARTICLE XIII.

SUBSCRIBERS

13.1) The name, post office address and residence of each of the subscribers to these Articles of Incorporation is:

- | | |
|------------------------|------------------|
| 1. J. Howard Young | 109 W. Alb. |
| 2. Warren B. Henderson | Golden Bc |
| 3. Earle L. Swift | 425 Bay Sho. |
| 4. C. A. Keller | 703 Lakemont Dr. |
| 5. A. Walter Johns | 30 People Drive. |

ARTICLE XIV.
AMENDMENT OF ARTICLES OF INCORPORATION

14.1) The Board of Directors of the corporation shall have the right to amend, alter, change, add to, or repeal any provisions contained in these Articles of Incorporation as provided in the By-laws, providing that any such changes shall be consistent with the laws of this state which define, limit, or regulate the powers of this corporation or the directors of this corporation.

IN WITNESS WHEREOF, the undersigned have heretofore subscribed their names and affixed their seals at Venice, Florida, this the 1st day of June 1964.

J. Howard Vaughn (SEAL)
J. Howard Vaughn
Warren S. Henderson (SEAL)
Warren S. Henderson
Earle L. Swift (Seal)
Earle L. Swift
C. A. Keller (Seal)
C. A. Keller
A. Walter Johns (Seal)
A. Walter Johns

STATE OF FLORIDA)
) ss:
County of Sarasota)

I HEREBY CERTIFY that on this the 1st day of June 1964, before me, the undersigned authority, personally appeared J. HOWARD VAUGHN, WARREN S. HENDERSON, EARLE L. SWIFT, C. A. KELLER AND A. WALTER JOHNS, all to me well known and known to me to be the persons described in and who executed the foregoing Articles of Incorporation, and who severally acknowledged the execution thereof to be their free act and deed for the uses and purposes therein expressed.

WITNESS my hand and official seal at Venice, Florida, the date and year first above written.

Dorothy J. Kyle
Notary Public, State of Florida at Large

My Commission expires:
Notary Public, State of Florida at Large
My Commission Expires, Sept. 22, 1965
Issued by M. B. S. R.

STATE OF FLORIDA)
) ss:
COUNTY OF SARASOTA)

The undersigned, after being duly sworn, deposes and states that he is one of the incorporators of UNITED FUND OF SOUTH SARASOTA COUNTY, INC., THAT he has read the foregoing Charter and acknowledged the same and that it is intended in good faith to carry out the purposes and objects there in set forth.

Howard Vaughn
Howard Vaughn

Before me, a Notary Public, personally appeared J. HOWARD VAUGHN, to me well known to be one of the incorporators described in the foregoing Charter of UNITED FUND OF SOUTH SARASOTA COUNTY, INC., AND who, after being duly sworn subscribed the foregoing this 1st day of June 1964.

Edley J. Hill
Notary Public, State of Florida at Largo

My Commission expires:

By Commission Expires on 4, 1967
Issued on 12, 1964 A.D.

AMENDMENT OF ARTICLES OF NONPROFIT CORPORATION

HARRY ROHLWING, 310 North Nassau Street, Venice Florida,
President, and MRS. PAUL TAYLOR, Avenida d la Isla, Nokomis, Florida,
Assistant Secretary of UNITED FUND OF SOUTH SARASOTA COUNTY, INC.
Corporation respectfully show that:

1. The above named corporation was organized on June 4, 1964.
2. The above named corporation upon the proposal of its board of directors by resolution duly adopted by said board of directors adopted the following as an amendment of Article III of the Charter of said corporation.

ARTICLE III

PERIOD OF DURATION

3.1) The period of duration of the corporation is perpetual; provided, however, that in the event of dissolution of the corporation, all assets of the corporation remaining after payment of all costs and expenses of such dissolution shall be distributed to charitable and benevolent organizations which have qualified for exemption under Section 501 (c) (3) of the Internal Revenue Code, or any amendments thereof, or to the Federal Government, or to a State or local government for public purposes only, and none of such assets, upon dissolution, shall be distributed to any member, officer or director of this corporation.

3.2) Subject to the limitations contained in Article 14.1 and the provisions of Article XV of the Articles of Incorporation of this corporation, the Board of Directors of the corporation shall determine manner, division, allocation, distribution and disposition of such net assets of the corporation remaining upon dissolution of this corporation.

3. The above amendment was adopted by the board of directors of said corporation at a duly called special meeting of said board held on May 9, 1966 at Venice, Florida, pursuant to Article XIV of the Charter of said corporation.

4. The said board of directors also by unanimous vote further instructed the undersigned President and Assistant Secretary of the
LAW OFFICES OF BLUM AND DEAN - 217 NASSAU STREET - VENICE, FLORIDA

corporation to file said amendment with the office of the Secretary of State of the State of Florida and to pay the necessary filing fees thereof.

Dated this 17 day of July, A. D. 1966.

UNITED FC. SOUTH SARASOTA COUNTY, INC.

By Harvey Rahlwing -- President

and Mrs. Paul Taylor -- Assistant Secretary

STATE OF FLORIDA

COUNTY OF SARASOTA

Before me the undersigned authority, personally appeared HARVEY RAHLWING, President and MRS. PAUL TAYLOR, Assistant Secretary of UNITED FUND OF SOUTH SARASOTA COUNTY, INC., known to me to be the persons described in and who executed the foregoing Amendment to Articles of Nonprofit Corporation, and they acknowledged before me that they executed the same for and in the name of UNITED FUND OF SOUTH SARASOTA COUNTY, INC.; that as such respective corporate officers they are duly authorized by said corporation to do so; that the foregoing Amendment to Articles of Nonprofit Corporation is the act and deed of said corporation.

IN WITNESS WHEREOF, I subscribe my hand and official seal in the County and State above named this 17 day of July, 1966.

Notary Public
Notary Public

My commission expires:

Notary Public Seal of
the Commission Expires for
the State of Florida

CERTIFICATE OF AMENDMENT OF
CERTIFICATE OF INCORPORATION OF
UNITED FUND OF SOUTH SARASOTA COUNTY, INC.

(a corporation not for profit)

FILED
OCT 21 1975
SARASOTA COUNTY, FLA.

UNITED FUND OF SOUTH SARASOTA COUNTY, INC., a Florida corporation not for profit, hereby certifies as follows:

That the Board of Directors of said corporation, at a meeting duly called and held on October 28, 1975, adopted the following resolutions:

"RESOLVED that this Board of Directors, having the authority so to do under Article XIV of the Articles of Incorporation of this corporation, does hereby declare it advisable and does hereby change and alter Article I, Paragraph 1.1 of the Certificate of Incorporation so as to read as follows:

" ARTICLE 1.

NAME

1.1) The name of the corporation is United Way of South Sarasota County, Inc."

"BE IT FURTHER RESOLVED that the Secretary of this corporation is hereby authorized and directed to file a Certificate with the Secretary of State of Florida, signed by the President of this corporation and attested by its Secretary, certifying the adoption of this Resolution by the Board of Directors of this corporation in the manner prescribed in the Articles of Incorporation."

IN WITNESS WHEREOF, this corporation has caused this Certificate to be signed in its name by its President and attested by its Secretary, this the 21 day of NOVEMBER, 1975.

UNITED WAY OF SOUTH SARASOTA COUNTY,
INC., a Florida corporation not for profit

By: John S. Booth III President

Attest:
Howard Sharp Secretary

STATE OF FLORIDA
COUNTY OF SARASOTA

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared JOHN S. BOOTH III and HOWARD SHARP to me known to be the persons described as President and Secretary, respectively, in and who executed the foregoing Certificate of Amendment to Articles of Incorporation, and acknowledged before me that they executed the same for the purposes therein stated.

WITNESS my hand and official seal in the County and State named above this 21 day of NOVEMBER, 1975.

[Signature]
Notary Public

My Commission Expires: _____

(SEAL)

11-174
5-17

Articles of Amendment
to
Articles of Incorporation
of

United Way of South Sarasota County

(Name of Corporation as currently filed with the Florida Dept. of State)

707395

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Barbara Cruz

157 S Havana Road

(Florida street address)

New Registered Office Address:

Venice

(City)

Florida

(Zip Code)

34292

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

2010 SEP 17 PM 3:27

FILED STATE
CORPORATIONS

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

PLEASE SEE ATTACHED FOR DELETIONS / CHANGES.

1) ☐ Change
☐ Add

☐ Remove

2) ☐ Change
☐ Add

☐ Remove

3) ☐ Change
☐ Add
☐ Remove

4) ☐ Change
☐ Add

☐ Remove

5) ☐ Change
☐ Add

☐ Remove

6) ☐ Change
☐ Add

☐ Remove

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NA:

The date of each amendment(s) adoption: 1/23/2020, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

1/23/20

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

David Waring

(Typed or printed name of person signing)

Chairman

(Title of person signing)

UNITED WAY OF SOUTH SARASOTA COUNTY

OFFICER DELETE, CHANGE OR ADD

DELETE:

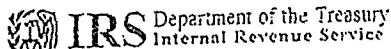
<u>TITLE</u>	<u>NAME</u>
TD	GUNNIN, WILLIAM
ED	PIERCE, DAVID,
P	CARNEY, PAULA
S	WERTMAN, DAVID

CHANGE:

<u>TITLE</u>	<u>NAME</u>
C (Chairman)	WARING, DAVID

ADD:

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
VC	FERRUGIA, SHARMA	1800 S TAMIAMI TRAIL VENICE, FL 34293
S	DODD, AUSTIN	17179 TAMIAMI TRAIL NORTH PORT, FL 34287
T	CASTELLANO, KATHY	500 US 41 BYPASS NORTH VENICE, FL 34285
PCEO	CRUZ, BARBARA	157 S HAVANA ROAD VENICE, FL 34292



Department of the Treasury
Internal Revenue Service

ATLANTA GA 39901-0001

In reply refer to: 0752453551
July 31, 2018 LTR 4168C 0
59-1100846 000000 00

00029452
BODC: TE

UNITED WAY OF SOUTH SARASOTA COUNTY
INC
157 S HAVANA RD
VENICE FL 34292-3104



013282

Employer ID number: 59-1100846
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated July 20, 2018, about your tax-exempt status.

We issued you a determination letter in June 1966, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

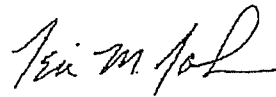
0752453551
July 31, 2018 LTR 4168C 0
59-1100846 000000 00
00029453

UNITED WAY OF SOUTH SARASOTA COUNTY
INC
157 S HAVANA RD
VENICE FL 34292-3104

local time, Monday through Friday (Alaska and Hawaii follow Pacific
time).

Thank you for your cooperation.

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

UNITED WAY OF SOUTH SARASOTA COUNTY INC**59-1100846**

Name and title of officer or person subject to tax

BARBARA CRUZ PRESIDENT & CEO**Part I Type of Return and Return Information**

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

1a Form 990 check here.....	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).....	1b	<u>814,643.</u>
2a Form 990-EZ check here..	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).....	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3b	_____
4a Form 990-PF check here..	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).....	4b	_____
5a Form 8868 check here....	<input type="checkbox"/>	b Balance due (Form 8868, line 3c).....	5b	_____
6a Form 990-T check here...	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).....	6b	_____
7a Form 4720 check here....	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).....	7b	_____
8a Form 5227 check here....	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).....	8b	_____
9a Form 5330 check here....	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).....	9b	_____
10a Form 8038-CP check here.	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)....	10b	_____

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to _____ (EIN)

(name of entity) _____ and that I have examined a copy of the 2022 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 HOUGH & COMPANY PA CPAS to enter my PIN 01771 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

65855987768

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

MARK S. RING, CPA

Date

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

2022

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

CLIENT 1771

UNITED WAY OF SOUTH SARASOTA COUNTY INC

59-1100846

9/22/23

6:04 PM

	2022	2021	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	715,376	662,237	53,139
PROGRAM SERVICE REVENUE.....	180,091	54,457	125,634
INVESTMENT INCOME.....	-142,571	109,928	-252,499
OTHER REVENUE.....	61,747	114,884	-53,137
TOTAL REVENUE.....	814,643	941,506	-126,863
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	208,949	390,637	-181,688
SALARIES, OTHER COMPEN., EMP. BENEFITS..	298,639	226,947	71,692
OTHER EXPENSES.....	422,139	150,657	271,482
TOTAL EXPENSES.....	929,727	768,241	161,486
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-115,084	173,265	-288,349
TOTAL ASSETS AT END OF YEAR.....	1,777,323	1,951,028	-173,705
TOTAL LIABILITIES AT END OF YEAR.....	313,528	296,222	17,306
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,463,795	1,654,806	-191,011

Form **8868**

(Rev. January 2022)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

- File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	UNITED WAY OF SOUTH SARASOTA COUNTY INC	59-1100846
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	4242 S TAMiami TRAIL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	VENICE, FL 34293	

Enter the Return Code for the return that this application is for (file a separate application for each return)..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► BARBARA CRUZ 4242 S TAMiami TRAIL VENICE FL 34293

Telephone No. ► 941-484-4811 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2022 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceDo 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 2022 calendar year, or tax year beginning , 2022, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C UNITED WAY OF SOUTH SARASOTA COUNTY INC 4242 S TAMiami TRAIL VENICE, FL 34293 F Name and address of principal officer: SAME AS C ABOVE
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 59-1100846 E Telephone number 941-484-4811 G Gross receipts \$ 861,930. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
J Website: UWSSC.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1964 M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: A COMMUNITY FUND FOR OUR NEIGHBORS IN NEED.	
	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 14
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4 14
Revenue	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a).....	5 10
	6	Total number of volunteers (estimate if necessary).....	6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a 29,205.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b 0.
	8	Contributions and grants (Part VIII, line 1h).....	Prior Year 662,237. Current Year 715,376.
	9	Program service revenue (Part VIII, line 2g).....	54,457. 180,091.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	109,928. -142,571.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	114,884. 61,747.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	941,506. 814,643.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....
14		Benefits paid to or for members (Part IX, column (A), line 4).....	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	226,947. 298,639.
16a		Professional fundraising fees (Part IX, column (A), line 11e).....	
b		Total fundraising expenses (Part IX, column (D), line 25) 221,192.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	150,657. 422,139.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	768,241. 929,727.
19		Revenue less expenses. Subtract line 18 from line 12.....	173,265. -115,084.
Net Assets or Fund Balances	20	Total assets (Part X, line 16).....	Beginning of Current Year 1,951,028. End of Year 1,777,323.
	21	Total liabilities (Part X, line 26).....	296,222. 313,528.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	1,654,806. 1,463,795.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	BARBARA CRUZ		PRESIDENT & CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> If PTIN self-employed
	MARK S. RING, CPA	MARK S. RING, CPA	9/22/23	P00612109
	Firm's name	HOUGH & COMPANY PA CPAS		
	Firm's address	248 NOKOMIS AVE S VENICE, FL 34285		
		Firm's EIN	59-1467762	
		Phone no.	941-488-7768	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

A COMMUNITY FUND FOR OUR NEIGHBORS IN NEED.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 \$ 521,365. including grants of \$) (Revenue \$ 753,993.)FUNDING ALLOCATIONS TO LOCAL UNITED WAY AGENCIES PROVIDING HUMAN SERVICES TO VENICE, ENGLEWOOD, NORTH PORT, NOKOMIS, LAUREL AND OSPREY, FLORIDA4b (Code:) (Expenses \$ 65,516. including grants of \$) (Revenue \$ 53,350.)VITA: VOLUNTEER INCOME TAX ASSISTANCE, VITA IS AN IRS PROGRAM THAT UTILIZES CERTIFIED VOLUNTEERS TO HELP PROVIDE FREE AND ACCURATE TAX PREPARATION SERVICES TO LOW- TO MODERAT INCOME TAXPAYERS, THESE SERVICES ARE PROVIDED AT A VARIETY OF PUBLIC LOCATIONS SUCH AS LIBRARIES, SCHOOLS AND NEIGHBORHOOD CENTERS IN CERTAIN HIGH-NEED AREAS. VITA HAS BEEN INSTRUMENTAL IN HELPING ALICE (ASSTE LIMITED, INCOME CONSTRAINED, EMPLOYED) HOUSEHOLDS RECEIVE THOUSANDS OF DOLLARS IN ADDITIONAL REFUNDS.4c (Code:) (Expenses \$ 20,064. including grants of \$) (Revenue \$ 7,300.)UNITED WAY SOUTH SARASOTA COUNTY'S WOMEN UNITED WAS CREATED TO ENGAGE, EMPOWER AND EDUCATE LOCAL WOMEN INTERESTED IN STRENGTHENING THEIR COMMUNITY THROUGH SELFLESS WORK SUCH AS FUND RAISING, VOLUNTEERING, NETWORKING, AND EDUCATIOAL OPPORTUNITIES.

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

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

4e Total program service expenses 606,945.

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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23		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? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	0	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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 10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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	X	
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 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		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
If "Yes," complete Form 6069.			

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.	1a	14
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.		
b Enter the number of voting members included on line 1a, above, who are independent.	1b	14
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

BARBARA CRUZ 4242 S TAMiami TRAIL VENICE FL 34293 941-484-4811

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA CRUZ PRESIDENT & CEO	40 0	X		X				92,697.	0.	0.
(2) NICOLE CARNEY SECRETARY	5 0	X		X				0.	0.	0.
(3) SHARMA FERRUGA CHAIRMAN	10 0	X		X				0.	0.	0.
(4) PADDY PADMANABHAN DIRECTOR	0 0	X						0.	0.	0.
(5) DAVID WARING DIRECTOR	0 0	X						0.	0.	0.
(6) KIM URBUTEIT DIRECTOR	0 0	X						0.	0.	0.
(7) BILL POLLOCK DIRECTOR	0 0	X						0.	0.	0.
(8) KRISTEN MYERS DIRECTOR	0 0	X						0.	0.	0.
(9) STEPHANIE JONES DIRECTOR	0 0	X						0.	0.	0.
(10) JENNIFER HUBER DIRECTOR	0 0	X						0.	0.	0.
(11) JULIE FRIEDMAN DIRECTOR	0 0	X						0.	0.	0.
(12) ANNA DUFFEY DIRECTOR	0 0	X						0.	0.	0.
(13) TOM DESJARLAIS DIRECTOR	2 0	X						0.	0.	0.
(14) DOUG DIVIRGILIO TREASURER	5 0	X	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1b Subtotal								92,697.	0.	0.
c Total from continuation sheets to Part VII, Section A.								0.	0.	0.
d Total (add lines 1b and 1c).								92,697.	0.	0.

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 **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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 **0**

Part VIII Statement of RevenueCheck 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			
	f	All other contributions, gifts, grants, and similar amounts not included above....	1f	715,376.		
	g	Noncash contributions included in lines 1a-1f.....	1g			
	h	Total. Add lines 1a-1f.....		715,376.		
Program Service Revenue	2a <u>HURRICANE IAN</u>		Business Code			
	b	<u>VITA</u>		121,778.	121,778.	
	c	<u>PUBLIX EMERGENCY FUND</u>		25,010.	25,010.	
	d	<u>OTHER MISCELLANEOUS</u>		16,003.	16,003.	
	e	<u>WOMEN UNITED</u>		10,000.	10,000.	
	f	All other program service revenue....		7,300.	7,300.	
	g	Total. Add lines 2a-2f.....		180,091.		
	3	Investment income (including dividends, interest, and other similar amounts).....		-142,571.	-142,571.	
4	Income from investment of tax-exempt bond proceeds.....					
5	Royalties.....					
Other Revenue	6a	Gross rents.....	(i) Real	(ii) Personal		
	6a	74,727.				
	b	Less: rental expenses.....	6b	45,522.		
	c	Rental income or (loss).....	6c	29,205.		
	d	Net rental income or (loss).....		29,205.	29,205.	
	7a	Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other		
	7a					
	b	Less: cost or other basis and sales expenses.....	7b			
	c	Gain or (loss).....	7c			
	d	Net gain or (loss).....				
	8a	Gross income from fundraising events (not including \$..... of contributions reported on line 1c). See Part IV, line 18.....	8a	34,307.		
	b	Less: direct expenses.....	8b	1,765.		
c	Net income or (loss) from fundraising events.....		32,542.			
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.....					
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.....					
Miscellaneous Revenue	11a.....		Business Code			
	b				
	c				
	d	All other revenue.....				
	e	Total. Add lines 11a-11d.....				
12	Total revenue. See instructions.....		814,643.	37,520.	29,205.	0.

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.	201,250.	201,250.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	7,699.	7,699.		
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.	92,967.	9,000.	45,359.	38,608.
6 Compensation not included above to disqualified persons (as defined under section 4958(h)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	205,672.	114,205.	17,738.	73,729.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	2,688.	2,688.		
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	10,418.	3,625.	6,793.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	900.	900.		
12 Advertising and promotion.				
13 Office expenses.	218,367.	126,207.	15,021.	77,139.
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	10,151.		10,151.	
23 Insurance.	2,756.		2,756.	
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 <u>PROGRAM EXPENSES</u>	135,579.	135,579.		
b <u>DONOR DEVELOPMENT</u>	31,386.			31,386.
c <u>BAD DEBT</u>	5,792.	5,792.		
d <u>TELEPHONE</u>	4,102.		3,772.	330.
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	929,727.	606,945.	101,590.	221,192.
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 SheetCheck 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	40,118.	1	48,935.
	2 Savings and temporary cash investments	412,606.	2	529,056.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,042.	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,668.	9	3,250.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 201,434.		
	b Less: accumulated depreciation	10b 25,918.	10c 190,254.	175,516.
	11 Investments — publicly traded securities		11	
	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	1,288,340.	15	1,020,566.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,951,028.	16	1,777,323.	
Liabilities	17 Accounts payable and accrued expenses	16,222.	17	43,244.
	18 Grants payable		18	
	19 Deferred revenue		19	50,284.
	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	280,000.	25	220,000.
	26 Total liabilities. Add lines 17 through 25	296,222.	26	313,528.
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	1,602,043.	27	1,129,953.
	28 Net assets with donor restrictions	52,763.	28	333,842.
	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	1,654,806.	32	1,463,795.
	33 Total liabilities and net assets/fund balances	1,951,028.	33	1,777,323.

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Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck 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	814,643.
2	Total expenses (must equal Part IX, column (A), line 25).	2	929,727.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-115,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1,654,806.
5	Net unrealized gains (losses) on investments.	5	-115,837.
6	Donated services and use of facilities.	6	28,350.
7	Investment expenses.	7	11,560.
8	Prior period adjustments.	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	1,463,795.

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
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		
b Were the organization's financial statements audited by an independent accountant?	2b	X
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		
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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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	3b	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTH SARASOTA COUNTY INC

Employer identification number

59-1100846

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).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	576,167.	653,251.	228,040.	717,740.	923,967.	3,099,165.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	576,167.	653,251.	228,040.	717,740.	923,967.	3,099,165.
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)						366,193.
6 Public support. Subtract line 5 from line 4						2,732,972.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	576,167.	653,251.	228,040.	717,740.	923,967.	3,099,165.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,991.	13,572.	477.	19,260.	-23,898.	24,402.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						3,123,567.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	87.50 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	73.18 %
16a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests—2022. 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.		<input type="checkbox"/>
b 33-1/3% support tests—2021. 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.		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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 on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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.

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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.c ☐ 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.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

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.

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.

	Yes	No
2a		
2b		
3a		
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).

BAA

Schedule A (Form 990) 2022

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

Section D — Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required — <i>provide details in Part VI</i>)	5
6	Other distributions (describe in <i>Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <i>Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017.....			
b From 2018.....			
c From 2019.....			
d From 2020.....			
e From 2021.....			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.....			
b Excess from 2019.....			
c Excess from 2020.....			
d Excess from 2021.....			
e Excess from 2022.....			

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Schedule A (Form 990) 2022

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF SOUTH SARASOTA COUNTY INC

Employer identification number

59-1100846

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

UNITED WAY OF SOUTH SARASOTA COUNTY INC

59-1100846

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	PUBLIX SUPERMARKETS PO BOX 407 LAKELAND, FL 33802	\$ 199,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARNETT FAMILY GRANT VENICE VENICE, FL 34292	\$ 38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TRUIST FOUNDATION VENIC VENICE, FL 34292	\$ 30,000.	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.)

Name of organization

Employer identification number

UNITED WAY OF SOUTH SARASOTA COUNTY INC

59-1100846

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

UNITED WAY OF SOUTH SARASOTA COUNTY INC

Employer identification number

59-1100846

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

UNITED WAY OF SOUTH SARASOTA COUNTY INC

59-1100846

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register.	2d

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

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X..... \$ _____

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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.

1 a 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
1 c Beginning balance.....	
1 d Additions during the year.....	
1 e Distributions during the year.....	
1 f Ending balance.....	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations.....

(ii) Related organizations.....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.....

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
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....		168,671.	13,006.	155,665.
d Equipment.....		26,353.	12,432.	13,921.
e Other.....		6,410.	480.	5,930.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				175,516.

Part VII Investments — Other Securities.

N/A

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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments — Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) FIDELITY INVESTMENTS	1,020,566.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	1,020,566.

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) ALLOCATIONS PAYABLE	220,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	220,000.

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	947,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2a	115,837.	
	b Donated services and use of facilities.....	2b	28,350.	
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....		2e	144,187.
3	Subtract line 2e from line 1.....		3	803,083.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.) SEE PART XIII.....	4b	11,560.	
	c Add lines 4a and 4b.....		4c	11,560.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	814,643.

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	946,517.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2a	28,350.	
	b Prior year adjustments.....	2b		
	c Other losses.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....		2e	28,350.
3	Subtract line 2e from line 1.....		3	918,167.
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	6,973.	
	b Other (Describe in Part XIII.) SEE PART XIII.....	4b	4,587.	
	c Add lines 4a and 4b.....		4c	11,560.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	929,727.

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.

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DEPRECIATION ON RENTAL.....	\$	4,587.
INVESTMENT EXPENSES.....		6,973.
TOTAL	\$	11,560.

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DEPRECIATION ON RENTAL.....	\$	4,587.
TOTAL	\$	4,587.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTH SARASOTA COUNTY INC

Employer identification number

59-1100846

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

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

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OTHER MISCELLA (event type)	FISH UNITED TO (event type)	1 (total number)	(add column (a) through column (c))
Revenue	1 Gross receipts.....	14,364.	13,492.	6,451.	34,307.
	2 Less: Contributions.....				
	3 Gross income (line 1 minus line 2).....	14,364.	13,492.	6,451.	34,307.
Direct Expenses	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....		1,765.		1,765.
	10 Direct expense summary. Add lines 4 through 9 in column (d).....				1,765.
	11 Net income summary. Subtract line 10 from line 3, column (d).....				32,542.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTH SARASOTA COUNTY INC

Employer identification number

59-1100846

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIG BROTHERS BIG SISTERS 1000 S TAMIAI TRAIL STE C VENICE, FL 34285			12,000.	0.			LOCAL ASSISTANCE ALLOCATION
(2) CHARLOTTE HIV/AIDS PPL SUPPOR 18200 PAULSON DR UNIT A1-2 PORT CHARLOTTE, FL 33954			10,500.	0.			LOCAL ASSISTANCE ALLOCATION
(3) CHILD PROTECTIVE CENTER 720 S ORANGE AVE SARASOTA, FL 34236			20,000.	0.			LOCAL ASSISTANCE ALLOCATION
(4) CHILD FIRST, INC 1723 N ORANGE AVE SARASOTA, FL 34234			9,000.	0.			LOCAL ASSISTANCE ALLOCATION
(5) FAMILY PROMISE OF SARASOTA 8499 S TAMIAI TR PMB 267 SARASOTA, FL 34235			21,000.	0.			LOCAL ASSISTANCE ALLOCATION
(6) FLORIDA CENTER FOR EARLY CHIL 4620 17TH ST SARASOTA, FL 34235			15,500.	0.			LOCAL ASSISTANCE ALLOCATION
(7) GOOD SAMARITAN PHARMACY 2502 N TAMIAI TRAIL NOKOMIS, FL 34275			16,000.	0.			LOCAL ASSISTANCE ALLOCATION
(8) LOVELAND CENTER 157 S HAVANA ROAD VENICE, FL 34292			25,000.	0.			LOCAL ASSISTANCE ALLOCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 RENT/UTILITIES AND OTHER ASSISTANCE	18	7,699.			
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.

2022

Continuation Page 1 of 1

59-1100846

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTH SARASOTA COUNTY INC

Employer identification number

59-1100846

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO
MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL
STATEMENTS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUAL DISCLOSURE MONITORED BY THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

BOARD ANNUALLY REVIEWS PERFORMANCE AND COMPENSATION OF ALL TOP MANAGEMENT AND
EXECUTIVES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 707395

Entity Name: UNITED WAY OF SOUTH SARASOTA COUNTY, INC.

Current Principal Place of Business:

4242 S TAMIAMI TRL
VENICE, FL 34293

Current Mailing Address:

4242 S TAMIAMI TRL
VENICE, FL 34293 US

FEI Number: 59-1100846

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBARA, CRUZ
4242 S TAMIAMI TRL
VENICE, FL 34293 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA CRUZ

06/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT AND CEO
Name CRUZ, BARBARA
Address 4242 S TAMIAMI TRL
City-State-Zip: VENICE FL 34293

Title SECRETARY
Name CARNEY, NICOLE
Address 4242 S TAMIAMI TRL
City-State-Zip: VENICE FL 34293

Title VICE CHAIR
Name FERRUGIA, SHARMA
Address 4242 S TAMIAMI TRL
City-State-Zip: VENICE FL 34293

Title CHAIRMAN
Name DIVIRGILIO, DOUG
Address 4242 S TAMIAMI TRL
City-State-Zip: VENICE FL 34293

Title TREASURER
Name PADMANABHAN, PADDY
Address 4242 S TAMIAMI TRL
City-State-Zip: VENICE FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA CRUZ

PRESIDENT/CEO

06/24/2024

Electronic Signature of Signing Officer/Director Detail

Date



GIVE

ADVOCATE

VOLUNTEER

DONATE

UNITED WAY OF SOUTH SARASOTA COUNTY



Community Impact Facts 2023

EDUCATIONAL PROGRAMS – 68,833 RESIDENTS SERVED:

United Way of South Sarasota County provided the opportunity for children to attend preschool, after school care programs, and summer programs so their parents can continue to work with the peace of mind that their children are safe, getting help with their homework, and making friends for a sense of belonging and community.

Additional educational programs included day-programs for literacy, respite, and clinical support services to generate lasting solutions from isolation and develop lifelong strategies for better opportunities in life.

HEALTH PROGRAMS - 4,255 RESIDENTS SERVED:

United Way of South Sarasota County provided food, hygiene products, medicine, counseling services; and access to health and dental clinics to those who could not afford them. Our assistance supported abused and neglected children; and frail homebound seniors who were unable to cook for themselves. Access to 24/7 referral hotlines connected members of our community with area resources to help improve the quality of their life.

Adults and children with special needs receive mental healthcare services, health, and personal safety assessments to access special training and mentorship programs designed to strengthen and empower their lives.

FINANCIAL STABILITY PROGRAMS – 3,097 RESIDENTS SERVED

With the help of our partner agencies, we helped provide legal services, foreclosure and eviction support, fraud alerts, free tax assistance and social service resources that aided in their financial stability.

We also provided access to program aids and client service referrals to support our community through short-term crises, pandemic, and natural disasters. This support allowed them the time to establish a better plan to navigate their crisis.

76,185 lives impacted by investing in Sarasota County
(Venice, Osprey, Laurel, Nokomis, Englewood, and North Port)

