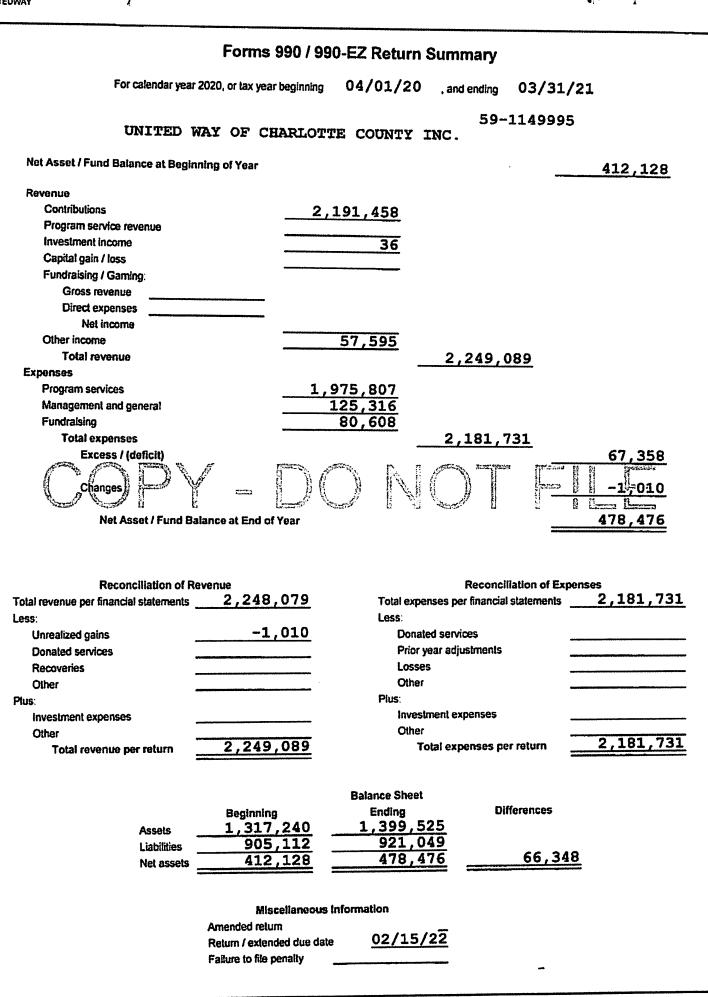
Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		04/8 #6 15/5-0547
		1 ₂₀ 21	2020
Department of the Treasury Fotonal Revenue Service	Do not send to the tRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.		2020
tame of exempt organization or person	subject to has	Texpayor identicies	nios menter
and and tate of affect or person subs	UNITED WAY OF CHARLOTTE COUNTY INC.	59-1149	995
	CHARLOTTE MILLER PRESIDENT		
Part I Type of R	eturn and Return Information (Whole Dollars Only)		
heck the box for the return fo	or which you are using this Form 8879-EO and enter the applicable amount, if any, from the	tetum, lí sou	····
heck the box on line 1a, 2a, 3	Sa, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this fo	m was	
lank, then leave line 1b, 2b, 3	3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0)- on the	
	plicable line below. Do not complete more than one line in Part i.		0 040 000
Form 980 check here Form 990-EZ check here	K b Total revenue, if any (Form 990, Part Vill, column (A). Ene 12)	1b	2,249,089
Form 990-EZ check here Form 1120-POL check he		²⁰	
Form 990-PF check here		3b 4b	
Form 8868 check here	- In a real part of an and an an an and an and an and an and an	55	
a Form 990-T check here		6b	
a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	75	
	n and Signature Authorization of Officer or Person Subject to Tax		
nder penalties of perjury, I de		-	to examined a copy
eme of organization)	, (EIN)		ersumes a copy
pocessing the return or refund ent to initiate an electronic fi flware for payment of the fec payment. I must contact the b	acknowledgement of receipt or reason for nejection of the transmission, (b) the reason for a t, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designat ands withdrawal (direct debit) entry to the financial institution account indicated in the tax pro- teral taxes owed on this return, and the financial institution to debit the entry to this account. U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the	ed Financial sparation . To revoke payment	
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UN	ITEDWAY	• •		4	•
For	990	Return of Organization Exempt From I Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	ncome Tax	-41	OMB No 1545-0047
Depa	ortment of the Treasur nel Revenue Service	Do not enter social security numbers on this form as it may	be made public.	auons)	Open to Public
A		to to www.as.gov/ ormsyo for insurdcuons and the lates			Inspection
8	Check d applicable:	lendar year, or tax year beginning 04/01/20, and ending 03/31 C Name of organization	[21	O Ferris	
\Box	Address change	UNITED WAY OF CHARLOTTE COUNTY INC.		O crimoye	r identification number
	Name change	Doing business as		F01	149995
		Number and street (or P O box / mail is not delivered to street address)	Room/sute	E Telephon	
	laitial return Final return/	17831 MURDOCK CR. C4y or town, state or province, country, and ZIP or foreign postal code		941-	<u>627-3539</u>
	lerminated				
	Amended return	PORT CHARLOTTE FL 33948		G Gross rec	ipts 5 2,249,089
	Application pending	CHARLOTTE MILLER	Hia) is this a gro	un notum for es	hantinglar?
	[PORT CHARLOTTE FL 33948	H(b) Are all sub		Search Aman
1	Tax-axempt status	(Y)	п No,	attach a list S	ieo instructions
		X 501(cx3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
-	Form of organization:		H(c) Group exer		
_			Year of formation: 1	974	M State of legal domicile: FL
		cribe the organization's mission or most significant activities:			
_	MOBII	IZING THE POWER OF OUR COMMUNITY TO BREAK THE CYCI			
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Ē	• • • •		4	• • • • • •	
Activities & Governance	2 Check this	box ▶ []] if the organization discontinued its operations or disposed of more than 25	K of Ho not ornote	•••••	
Ö		voting members of the governing body (Part VI, line 1a)	10 UI IIS IIBI 855615		17
ŝ		independent voting members of the governing body (Part VI, line 1b)		4	17
Ę		er of individuals employed in calendar year 2020 (Part V, line 2a)		5	8
Ę		er of volunteers (estimate if necessary)	peristre engan engang annonan	a 6 a	0
<		ated business revenue from Part VIII, column (C), line 12		K7a	
	¥/	ed business taxable income from Form 990-T, Part I, line 11		7b!	
	Pagager ^a		Prior Yea		Current Year
	8 Contributio	ns and grants (Part VIII, line 1h)	1,832	2,674	2,191,458
Revenue	9 Program s	ervice revenue (Part VIII, line 2g)			0
Å	10 Investmen	income (Part VIII, column (A), lines 3, 4, and 7d)		332	36
۳ (11 Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,785	57,595
	12 Total rever	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,83		2,249,089
	13 Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	1,239	9,337	1,643,504
	14 Benefits pa	id to or for members (Part IX, column (A), line 4)			0
ø	15 Salaries, o	her compensation, employee benefits (Part IX, column (A), lines 5-10)	24	5,372	269,321
B ST	16a Profession	al fundraising fees (Part IX, column (A), line 11e)			<u> </u>
Expenses	b Total fund	aising expenses (Part IX, column (D), line 25) ► 80, 608	<u>ient tentun</u>	C. Cateria i	
പ	17 Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,583	268,906
	18 Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	the second se	3,292	2,181,731
	19 Revenue k	ss expenses. Subtract line 18 from line 12	A survey of the second s	9,499	67,358
25			Beginning of Car		End of Year
Net Assets or Fund Balances	20 Total asse	s (Part X, line 16)		7,240	1,399,525
28	21 Total liabili	ies (Part X, line 26)	the second se	5,112	921,049
~	22 Net assets	or fund belances. Subtract line 21 from line 20	41	2,128	478,476

Net Assets or Fund Balances Part II **Signature Block**

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

Sign Here			ARLC	TTE M	ILLER					PRESIDENT)		Date			
	Print/	Type or pr Type prepare				Pr	oparer	gnaturo	nDI	2	Date		Check	7.1	PTIN 2000135	
Paid Preparer		DE. DEE	:S, JI ▶	DEES	& DEES	, CPA		E.A.		<u> </u>	11/	12/21 Firm's	self-employe EIN 🕨		-2067	
Use Only		address	•		CONWAY CHARLO			SUITE 3395				Phone	_{mo.} 9	41	-629-	
May the IR For Paperw	IS disc vork R	cuss this reduction A	elum w Act Noti	vith the pre ce, see the	parer shown i separate Instri	above?	be ins	tructions	<u></u>	<u></u>	<u></u>	<u></u>			X Yes Form 9	90 (2020)

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Form 990 (2020) UNITED WAY OF	CHARLOTTE COUN	TY INC. 59-1149995	Page 2
	Service Accomplishm	ents	
1 Briefly describe the organization's mission	italits a response of not	te to any line in this Part III	X
MOBILIZING THE POWER	OF OUR COMMUNI	TY TO BREAK THE CYCLE OF 1	POVERTY.
·····	•••••••••••••••••••••••••••••••••••••••	·····	•••••••••••••••••••••••••••••••••••••••
2 Did the organization undertake any signific	ant program services during	the year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on S	ichedule O.	·····	Yes 🗶 No
3 Did the organization cease conducting, or services?		iow it conducts, any program	Yes 🕱 No
If "Yes," describe these changes on Sched			
expenses. Section 501(c)(3) and 501(c)(4)	organizations are required to	of its three largest program services, as measured b report the amount of grants and allocations to other	y 5.
the total expenses, and revenue, if any, for	r each program service report	ed.	
REVIEW PROGRAM APPLICA REQUESTING AGENCY'S EN STABILITY, AND HEALTH. PRESSING NEEDS AND BES OUTCOMES, AND PARTICLE	ATIONS - TRAIN TIONS SO THEY FECTIVENESS IN UNITED WAY C T PRACTICES, I	grants of S 1,062,342) (Revenue IED VOLUNTEERS VISIT PROGR ARE ABLE TO ALLOCATE FUND I THE AREAS OF EDUCATION, OF CHARLOTTE COUNTY CONTIN DENTIFIES AND MEASURES PR IUNITY-WIDE PLANNING GROUP	AM SITES AND S BASED ON THE FINANCIAL UALLY MONITORS OGRAM
COORDINATE IMPACT.	·····	· · · · · · · · · · · · · · · · · · ·	···· ···· · ··· · ··· · · · · · · · ·
COPY			
SEASON OF SHARING AND ONLY SEASON OF SHARING ASSISTANCE FOR RENT/MO HOMELESSNESS AMONG THE PARTNERSHIP WITH CHURC CASEWORKERS TO MAKE TH SERVICES FROM WHICH TH	OTHER ASSISTAN FISCAL AGENT RTGAGE AND UTI COMMUNITY'S W H AND NON-PROF E REFERRALS WH E RECIPIENTS M ON OF SARASOTA	IN CHARLOTTE COUNTY TO PR LITY BILLS IN ITS EFFORTS ORKING POOR. UNITED WAY IT AGENCIES WHO HAVE TRAI ILE AT THE SAME TIME PROV IGHT BENEFIT. FUNDING IS COUNTY AND OTHER GRANTS.	RVES AS THE OVIDE TO PREVENT WORKS IN NED IDING OTHER PROVIDED VIA
·		and the second	• · · · · • • • • • • • • • • • • • • •
WAY'S SIX COLLABORATIV SHARED OUTCOMES OVER T THE COLLECTIVE IMPACT, INDICATORS AND OUTCOME	TE PROGRAMS. I TIME. THE MANA FOCUSING ON P S, ASSURING SI	grants of S) (Revenue LECTIVE IMPACT MANAGER OV HESE PROGRAMS FEATURE SHA GER EVALUATES, ASSESSES, ROGRAM ACTIVITIES AND MON RONG DATA REPORTING AND C BY COMMUNITY GRANTS.	ERSEES UNITED RED CLIENT AND AND MEASURES ITORING KEY
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· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
4d Other program services (Describe on Sch	edule O.)		
(Expenses \$ 307,159	including grants of S) (Revenue S)
4e Total program service expenses >	1,975,807		000
DAA			Form 990 (2020)

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Form 990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 Part IV Checklist of Required Schedules

Pao	e	3

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	110
_	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	1
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)	3	<u> </u>	x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
•	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
6	assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III	5		X
-	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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
_	complete Schedule D, Part III	8		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	9		<u>X</u>
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	10	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.	<u>BES</u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes,"		_	
L	complete Schedule D, Part VI 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	-11a	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			N .
•	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	<u>e115</u>		<u>X</u>
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e	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	111		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	X	
ь	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	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
ь	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	14b		<u>X</u>
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	15		<u>X</u>
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	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part / See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
••	If "Yes," complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205		
b	If "Yes" to line 20a, do the organization attach a copy of its attached infancial statements to this rectify Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	x	
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For	n 990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995		F	Page 4
222. D	art IV Checklist of Required Schedules (continued)			
22	Aid the emergination report many them of each of the state of the stat		Yes	No
**	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	Ihrough 24d and complete Schedule K. If "No," go to line 25a			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		x
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?	040		
d	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	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	25Ъ		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 Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)	en (
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	8729		
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
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 lines 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		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			-
	sections 301.7701-2 and 301.7701-37 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)?	<u>35a</u>		X
Ь	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			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	X	
<u></u>	197 Note: All Form 990 filers are required to complete Schedule O.	1 30	A	
∂P a	art V Statements Regarding Other IRS Filings and Tax Compliance			[````]
	Check if Schedule O contains a response or note to any line in this Part V	in the second	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	12052	1979 1989-19	
1a				
b	Enter the number of Points verzo included in and ra. Enter of a not approace			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	11274	X
	reportable gaming (gambling) winnings to prize winners?	A statute diverse	m 991	(2020)

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	1990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995		F	Page 5
101.04	IT V Statements Regarding Other IRS Filings and Tax Compliance (continued)		·	·····
2a	Enter the number of amployous monthed on Form 1810. Transmitted of the second method		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar was padian with a within the statement of the time of the statement of the sta			
ь	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a did the exercicities file all events to be an ending with a superior file all events to be a superior file a	322		$S_{\rm eff}$
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	等的政	R.M.	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3a</u>		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country	4a	8075 E.S.	X
	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?	8.19%.	3033	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u>5c</u>		
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b		<u>6</u> a		<u>X</u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7		6b	10.000	20 (2222)
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	382	10346	
	and services provided to the payor?	7a		
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	111111	919395
	If "Yes," indicate the number of Forms 8282 filed during the year	() () ()	22.53	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	^w 7f		
8	If the organization received a contribution of qualified intellectual property, did the organization file. Form 8899 as required?	≂7g		
	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	党的社	な影響	6998
	sponsoring organization have excess business holdings at any time during the year?	8	N 517108.28	14 5 4 MAC
9	Sponsoring organizations maintaining donor advised funds.	3012313	0.89	05588
а	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?	9 b	1 1233	-
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12		5.63	1.55
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in tieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-9623	<u>1933</u>	2000
а	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	COSTAN Start		
	the organization is licensed to issue qualified health plans 13b		353	
c	Enter the amount of reserves on hand		242.0	33.1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
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 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.	為終		3.886 1
		For	m 990	(2020)

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	1990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995	1	Page 6
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, ar	nd for a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See instruction:	5.
	Check if Schedule O contains a response or note to any line in this Part VI		X
Sec	tion A. Governing Body and Management		
10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		
	committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17		
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.	den ses	
a	The governing body?	8a X	
b	Each committee with authority to act on behalf of the governing body?	<u>85 X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		x
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		
Sec	tion B. Rolicies (This Section B reguests information about policies not reguired by the Internal Revenue	Yes	No
			X
10a	Did the organization have local chapters, branches, or annuales r		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	105	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X
11a	affiliates, and branches to ensure their operations are consistent that the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		3882 -
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	126 X	
b	Did the organization have a written conflict of interest poacy? If No. go to fine 15 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
C	Did the organization regularly and consistently monitor and emotes compliance time and party	12c X	
	describe in Schedule O how this was done	13 X	4
13	Did the organization have a written whistleblower policy?	14 X	
14	Did the organization have a written document retenution and destructions include a review and approval by		
15	Did the organization have a written document retention and destruction people Did the process for determining compensation of the following persons include a review and approval by 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?	15a X	A 194993
а	The omanization's CEO. Executive Director, or top menasories	15b X	S West
t	Other afficers or key employees of the organization		
-	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16a	X
16	Did the organization invest in, contribute assets to, or percentation	20100 100	N NES
	with a tarable enlity during the year r		
1	 b If "Yes," did the organization follow a written policy or procedure requiring the organization to safeguard the participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the participation in joint venture arrangements under applicable federal tax law. 	16b	
		مرجعا متشقيط سينيسي	
	organization's exempt status with respect to searching		
C	ection C. Disclosure ection Solution So		
5 17	AND A IF ONAL A IF ONAL ADDIVE UNDER ON A IF ONAL ADDIVE		
10	section 6104 requires an organization to this to have you made these available. Check an that or pro-		
10	(3)s only) available for public inspection. Indicate how you made these available (explain on Schedule O)		
	X Own website X Another's website an open requiration made its governing documents, connict of interest points, re-		
	 (3)s only) available for public inspection. Indicate how you make the organization on Schedule O) (3)s only) available for public inspection. Indicate how you make how you make how of the organization on Schedule O) (3)s only) available for public inspection. Indicate how you make how of the organization on Schedule O) (3)s only) available for public inspection. Indicate how you make how of the organization on Schedule O) (3)s only) available for public inspection. Indicate how you make how of the organization on Schedule O) (3)s only) available for public inspection. Indicate how you make how of the organization of the		
. 1	9 Describe on Schedule O whether (allo it as, non) whether (allo it a		
	 9 Describe on Schedule O whether (and it so, now) the displayer. 9 financial statements available to the public during the tax year. 10 State the name, address, and telephone number of the person who possesses the organization's books and records ► 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► 	941-627	000
	INITED WAY OF CIMPERT	Form	990 (2020)
	PORT CHARLOTTE		

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Form 990 (2020) UNITED V	VAY OF CI	IAI	<u>src</u>	TT	E	COI	JNI	<u>Y INC. 59-11</u>	49995	
Balt VIII Compensation Independent Co	of Ufficers.	Dire	ecto	ors,	Tru	ste	es,	Key Employees, Hig	hest Compensated E	Page 7 mployees, and
Check if Schedu	le O contains	sai	eso	ons	ie o	r no	te tr	any line in this Ded 1		
organization's tax year.	ins required to be	e listi	ed. R	epol	t coi	npen	Isatic	on for the calendar year end	ing with or within the	
List all of the organization's companiation. Enter -0- in columns List all of the organization:	Urrent officers, d	lired	ors,	lrust	ees (whe	lher i	ndividuals or organizations)	, regardless of amount of	
 List all of the organization's cr 	utrent key emoly	-			Faal		на µпа ••• /•па			
who received reportable compensat organization and any related organiz	ion (Box 5 of For	imei M	/-2 a	nd/o	r Box	rees 7 of	(olna Fon	ir than an officer, director, tr m 1099-MISC) of more than	uslee, or key employee) \$100,000 from the	
List all of the organization's fo S100,000 of reportable compensation List all of the organizations for	rmer officers, ke	y en	n pi oy	ees,	and	high	est c	ompensated employees wh	o received more than	
 List all of the organization's fo organization, more than \$10,000 of r Sea instructions for the order in white 	rmer directors eponable competition to list the personal	or tr Insa	uste lion f	es () irom	ihe c	rceiv vgan	ed, h lizalk	n the capacity as a former d on and any related organiza	irector or trustee of the tions.	
Check this box if neither the org:	anization nor any	rela	ted o	u. Irgar	izali	on ca	mpe	insaled any current officer.	director, or trustee	
(A) Name and big	(B) Avenage				(C)			(D)	(E)	(F)
	hours per week		do nel lox, un	chec				Reportable	Reponsible	Estimated amount of other
	(Est any hours (or	4	ficer i	and o	dieci	រង លោក នារីវិយនៅ	140) 100)	from the organization	from related argenizations	compensation from the
	related organizations	anawausi susino or director			Č,		Former	(W-2/1099-MISC)	(W-2/1099-NBSC)	organization and related organizations
	bolow doiled ins)		msimulionat invsies		anpbya	Highest compensated amployee				
		8			ľ					
(1) ANGIE MATTHIESSE	N	┢	┝─		┢		<u> </u>			
·····	40.00									
EXECUTIVE DIRECTOR (2) DR. JOE BENDER	0.00	X	 	<u> </u>				70,758	0	0
DIRECTOR		X		Γ		C				
(3) KRISTIN CARDONA					P				<u>U</u>	0
DIRECTOR	0.00	x								_
(4) FRED CORT	0.00							0	0	0
PRESIDENT-ELECT	0.00	x		x				0	0	. 0
(5) MARCIA CULLINAN										
DIRECTOR	0.00	x						o	o	0
(6) STEPHEN CURASCO										<u>U</u>
TREASURER	0.00	x		x				o		0
(7) ROGER EATON	0.00	4		-				0	0	0
	0.00									_
DIRECTOR (8) MICHAEL EHRAT	0.00	X				_	-	0	0	0
	0.00									
DIRECTOR (9) ERIN GANT	0.00	X				_		0	0	0
(9) EKIN GANT	0.00									
DIRECTOR	0.00	X						0	0	0
(10) HARVEY GOLDBERG	0.00									
IMMED PAST PRESIDENT	0.00	x		x				о	0	0
(11) CARYN HUFF						1				
DIRECTOR	0.00	x						o	o	0
		47						V		 Form 990 (2020)

	(A) Name and Gite	(B) Average hours por week (list any	(C) Position (do not check more than or box, unless person is boin a officer and a directorizentia					an I	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours (or related org <u>enizations</u> below dolled ina)	individual trustee or director	Institutional trustes	Olderi	Key employoe	Highest compensated onipiaryco	Former	(W-2/10 99-N ISC)	(W-31099-AGSC)	organization and related organizations
(12) CHARLOTTE MII	LER 0.00									
PRE	SIDENT	0.00	x		x				0	Q	
(13) VANESSA GRANT	OLIVER 0.00									
DIR	ECTOR	0.00	x						0	о	
(14)	CARA REYNOLDS	0.00									
DIR	ector	0.00	x						0	o	
(15)	W KEVIN RUSSE	LL 0.00									
PAS	F PRESIDENT	0.00	x		x				0	0	
(16)	KATHRYN WALLA	CE 0.00									
DIR	SCTOR	0.00	x						0	0	
(17)	PATRICE WESTO	N 0.00									
DIR	CTOR	0.00	x						0	о	
(18)	BILL WOOD	0 00									
DIR	CTOR	1000	K				P	\mathcal{J}			
				ļ		5	L	冽	TVOI		
	•••••••••••••••••••••••••••••••••••••••	•••••••••									
	Subtotal				••••				70,758		
	Total from continuation sheet Total (add lines 1b and 1c)						•••		70,758		
2	Total number of individuals (incl reportable compansation from the	uding but not lim	ited	lo tha	ose l	istec	abo	ve) v	who received more than \$10	0,000 of	,
				· .							Yes No
	Did the organization list any forr employee on line 1a? // "Yes," c	omplete Schedu	fe J l	or su	ich li	ndivi	dual		-		3 X
	For any individual listed on line 1 organization and related organiz									n the .	
	individual Did any person listed on line 1a	-					-		•	ividual	4 X
	for services rendered to the orga	anization? // "Ye:									5 X
1	n B. Independent Contractors Complete this table for your five	highest compen	sale	d ind	eper	rden	t con	trad	ors that received more than	\$100,000 of	
	compensation from the organiza	Ilion. Report con (A) vsiness address	tpen:	satio	n for	the	<u>caler</u>	dar		ne organization's lax year. (B) ch of services	(C) Compensation
	Nazie and b	úsiness address	-						Descript	ch di services	Compensation
		•									
	Total number of independent co										

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Form 990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 Part VIII

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

-		Check if	Schedule O cont	ains a	a response	or note	to any line in thi	is Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated bušiness revenue	(D) Revenue excluded from tax under sections 512-514
5	1a	Federated campa	igns	1 1a	1					
arar	Ł	Membership dues		1b						
s, o	c	Fundraising event	ls	1c						
ALC:	c	Related organizat	ions	1d					1	
SIL	e	Government grants (con	tributions)	1e	79	1,533				
tion	1	f All other contributions, gi	fls, grants,							
di		and similar amounts not	included above	11	1,39	9,925				
Contributions, Gifts, Grants and Other Similar Amounte	9	Noncash contributions in	cluded in lines 1a-1f	19	\$ 8	6,792				
Ŭ a	h	Total. Add lines 1	a-1f				2,191,458			
					Busi	ness Code				
CG	2a				L					
en en	b	· · · · · · · · · · · · · · · · · · ·	وجيبون وتصبعتمك برجة							
Program Service Revenue	C									
Bra Bra	d									
d	e	************	heipinin an							
			service revenue	1.4.5.5.5.5.5	, L					1
Silvadorire	9	The second s	conversion of the second s			. 🕨		and the second second		1
	3	other similar amou	e (including dividends	, intere	ist, and					
	4		atment of tax-exempt			. P	36	36		
	5	Royalties	sinen or lax-exempt	bona p	roceeds					
		rioyadies	(i) Real	11	(ii) Person	· •	S 10 11	divers Annighted	ALL	Long and the
	6a	Gross rents	The second	400	(1) 7,01301		N N I	1		and the second se
	b	30 dr 15 -	66 8		Barrett	17 No.			there is a second	
	С	Rental inc. or (loss)	Conflandation of the state and the state of	400	in an other	105	er		10 NA POCUUCIA S	
	d	Net rental income	the part of the second s			Þ	11,400	11,400		2012 10 10 10 10 10 10 10 10 10 10 10 10 10
	7a	Gross amount from sales of assets	(i) Securities	inin in beinder.	(ii) Other				tere an terrest the start for	Contestation in the same contest
			7a							
a	b									
Other Revenue		basis and sales exps.	76							
Rei	C	Gain or (loss)	7c				-X			
181		Net gain or (loss)						**********	******	
B	8a	Gross income from fu	indraising events							A second second second second
		(not including \$								
		of contributions report	ted on line 1c).							
		See Part IV, line 18		8a						
		Less: direct expense		8b						
			s) from fundraising ev	ents						
	9a	Gross income from ga	aming activities.							
		See Part IV, line 19		9a						
		Less: direct expense	· · · · · · · · · · · · · · · · · · ·	9b						
			s) from gaming activit	ies						
	10a	Gross sales of inve								
		returns and allowa	the state of the second s	10a						
		Less: cost of good		105					and a statistic set	
	c	Net income or (loss	s) from sales of inven	tory	la.	. P		and the second s		
R					Busin	ess Code	46 105	46 105		
an	11a	PPP LOAN FOR	GIVENESS				46,195	46,195		
ven	b	· · · · · · · · · · · · · · · · · · ·								an sa mana ana ang ang ang ang ang ang ang ang
Miscellaneous Revenue	C	A H _ 41								
N		All other revenue		$k \neq k, k \neq 1$		•	46,195	and the second second		
	And the owner of the owner of the	Total. Add lines 11 Total revenue. Se					2,249,089	57,631	0	0
	12	IDIAL REVENUE, SE	C INSUUCIONS				A 1 6 8 9 1 0 0 0 0	and a good and she	0	0

Page 9

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Form 990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995

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

Form 990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 Part X Balance Sheet

Page 11

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		Check if Schedule O contains a response or note to any line in	n this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		655,605	1	750,674
	2	Savings and temporary cash investments	**** * ***** ****		2	
	3	Pledges and grants receivable, net		189,890	3	195,114
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, direct	•			
		trustee, key employee, creator or founder, substantial contributor, or	35%			2
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defi			23	
អ្ន		under section 4958(f)(1)), and persons described in section 4958(c)	(3)(B)		6	
Assets	7	Notes and loans receivable, net	المراجع والمراجع		7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,774	9	1,790
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	714,592		83	
	b	Less: accumulated depreciation 10b	262,645	469,971	10c	451,947
	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			15	
-+	16	Total assets. Add lines 1 through 15 (must equal line 33)	••••••••••••••••••••••••••••••••••••••	1,317,240		1,399,525
	17	Accounts payable and accrued expenses	و ۱۰۰۰ مورد د این د د ا	667		670
1	18	Grants payable		325,000		
	19	Deferred revenue		<u> </u>	_	(Jacobian Contraction of Contractio
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D) <u></u>	and the second second second second second	21	
8	22	Loans and other payables to any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or	35%			
Liabilities		controlled entity or family member of any of these persons			22	
~	23	Secured mortgages and notes payable to unrelated third parties		287,292	23	259,043
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thir				
		parties, and other liabilities not included on lines 17-24). Complete P	art X			
		of Schedule D		291,203		260,339
	26	Total liabilities. Add lines 17 through 25		905,112	26	921,049
<u> </u>		Organizations that follow FASB ASC 958, check here X				
5		and complete lines 27, 28, 32, and 33.			2.98) 2.98	P. M. BANKARA
- E	27	Net assets without donor restrictions		321,533		455,453
Net Assets or Fund Balances	28	Nel assets with donor restrictions	and the second sec	90,595	28	23,023
P		Organizations that do not follow FASB ASC 958, check here	L)			
Ē		and complete lines 29 through 33.			-50A)	
9	29	Capital stock or trust principal, or current funds			29	
Bet	30	Paid-in or capital surplus, or land, building, or equipment fund	· • · • · · · · ·		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	• • • • • • • • • •	/10 100	31	470 476
P	32	Total net assets or fund balances		412,128		478,476
	33	Total liabilities and net assets/fund balances		1,317,240	33	1,399,525 Form 990 (2020)

Form 990 (2020)

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Fom	1990 (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995			Pa	ige 12
Pa	Int XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Π
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,2	49,	089
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1	81,	731
3	Revenue less expenses. Subtract line 2 from line 1	3			358
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			128
5	Net unrealized gains (losses) on investments	5			010
6	Donated services and use of facilities	6			Harry a star and day
7	Investment expenses	7			
8	Prior period adjustments	8	h		<u></u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32. column (B))	10	4	78,	476
Pa	irt XII Financial Statements and Reporting			Contraction of the local division of the loc	
	Check if Schedule O contains a response or note to any line in this Part XII				Π
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1939	188	252
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		4.52		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2.92.31,32	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		10000	16898	24
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	869,0223 1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		200	13376	NA PAR
	separale basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis		9999 (4.5%	
c	If "Yes" to line 2g or 2b, does the organization have a committee that assumes responsibility for oversight of		್ರೆ ನಿರ್ದೇಶ ಕಾಮಾ	60.55 2 2	6357990
•	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		22C		100000
	Schedule O.				
3.0	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		白白說	277- G	\$1950
ad	Single Audit Act and OMB Circular A-133?				x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ē., ē	3a		<u> </u>
5					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		L
			For	w 220	(2020)

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SCHEDULE A	Pul	olic Charity Status	s and	Publ	ic Support	OMB No. 1545-004
Form 990 or 990-EZ)	Complete if the c	organization is a soction 501(c)(3) organ	zation or a s	ection 4947	ax1) nonexempt charitable	trust. 2020
epartment of the Treasury		Attach to Form S	90 or For	m 990-E	2	Open to Pul
itemal Revenue Service	► Go t	o www.irs.gov/Form990 for in	structions	s and the	latest information.	Inspectio
ame of the organization	INTTEN WAY C	F CHARLOTTE COU	NTV T	NC		eoyer Identification number 9–1149995
Part I Reas	يسرعه يجميعهم ومعتمد ومواري ولواري والجريب المتعاد المتكال التكفي المتكار	Status. (All organizations				
		it is: (For lines 1 through 12, ch				
اسیک	•	ciation of churches described in	-		AXI).	
)		A)(II). (Attach Schedule E (Form				
		e organization described in sect			•	
		in conjunction with a hospital de	scribed in	section '	170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state	· · · · · · · · · · · · · · · · · · ·	f H		· · · · · · · · · · · · · · · · · · ·		
	b)(1)(A)(iv). (Complete Part	a college or university owned on II.)	r operated	by a gove	immental unit describe	
		wernmental unit described in se	ction 170(b)(1)(A)(1	1).	
7 X An organization described in s	on that normally receives a s section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from complete Part II.)	n a govern	mental ur	it or from the general (public
		70(b)(1)(A)(vi). (Complete Part I				
		ribed in section 170(b)(1)(A)(ix f agriculture (see instructions). E				
10 An organization receipts from support from	activities related to its exemption gross investment income and) more than 33 1/3% of its support of functions, subject to certain ex d unrelated business taxable inc	ceptions; ome (less	and (2) no section 5	more than 331/3% of	its
		, 1975. See section 509(a)(2). (
An organizatio	on organized and operated e	xclusively to test for public safety xclusively for the benefit of, to pe	/. See sec	tion 509(
of one or more Check the box	a publicly supported organiza in lines 12g through 12d th	ations described in section 509(at describes the type of supportin	a)(1) or se ng organizi	chion 50 atton and	9(a)(2). See section 5 complete lines 12e, 12	09(ä)(3). [207304 If, and 12g
the suppo	rted organization(s) the pow	rated, supervised, or controlled t er to regularly appoint or elect a emplete Part IV, Sections A an	majority of			y giving
11.1.3		pervised or controlled in connecti		succode	d organization(s), by h	avino
control or	management of the support	ing organization vested in the sa				
1 11 1		Part IV, Sections A and C. upporting organization operated i	in connad	loo with r	nd functionally integro	tod with
its suppor	ted organization(s) (see inst	ructions). You must complete i	Part IV, Se	ctions A	, D, and E.	leo wan,
that is not	functionally integrated. The	. A supporting organization open organization generally must satis	sfy a distrib	pution req	uirement and an attent	
r1		ust complete Part IV, Section		-		
		ived a written determination from functionally integrated supportin			Type I, Type II, Type I	
	ber of supported organization					
1	llowing information about the	T	1			
(i) Name of supported organization	(8) EIN	(III) Type of organization (doscribed on lines 1-10 above (see instructions))	(iv) is the o Ested in you docut	r governing	(v) Amount of manet support (see instructions)	ary (vi) Amount of other support (see instructions)
			Yes	No		
A)						
B)						
(B) (C) (D)						
C)						

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UNITEDWAY

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Schedule A (Form 990 or 990-E2) 2020 UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) . (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,169,855 1,783,331 1,829,408 1,832,674 2,191,458 9,806,726 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4 2,169,855 1,783,331 1,829,408 1,832,674 2,191,458 9,806,726 5 The portion of total contributions by each person (other than a governmental unit or publicly

	supported organization) included on	ation is finite that is				
	line 1 that exceeds 2% of the amount					
	shown on line 11, column (f)	Xex Hereitate			herrichten z	
6	Public support. Subtract line 5 from line 4		PERSONAL PROPERTY	28/902259-8		
_					فيستعمل ويستعمل المتعادية الفراد المتعالي كوالتها والتهاري	

Section B. Total Support

Cale	ndar year (or fiscal year beginning in)		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 20	20	(f) Total
7	Amounts from line 4		2,169,855	1,783,331	1,829,408	1,832,674	2,1	91,458	9,806,726
8	Gross income from interest, dividends payments received on securities loans								
	rents, royalties, and income from similar sources	NA S	9 (jiii)	N 1973	A 1 pm	entrum gan		and the second se	N.7.3
9	Net income from unrelated business activities, whether or not the business		eurus P					8-1 2-1	2222 2017 2
	is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10)	· •	a an			SECTOR S	2003930	9,806,726
12	Gross receipts from related activities,	etc. (see instructions)					12	74,869
13	First 5 years. If the Form 990 is for th	e org	anization's first, se	cond, third, fourth,	or fifth tax year as a	a section 501(c)(3)			
	organization, check this box and stop		the second se						▶ []
Sec	tion C. Computation of Public	<u>: Su</u>	pport Percent	age					
14	Public support percentage for 2020 (li	ne 6, i	column (f) divided	by line 11, column ((1)		· · · · · · · · · · · · · · · · · · ·	14	100.00%
15	Public support percentage from 2019	Schee	dule A, Part II, line	14		· · · · · · · · · · · · · · · · · · ·		15	100.00%
16a	33 1/3% support test-2020. If the o	-			•	1/3% or more, cheo	:k this		
	box and stop here. The organization	qualifi	es as a publicly su	pported organizatio	N N	····· · · ···	••••		► X
ь	33 1/3% support test-2019. If the o	rganb	zation did not chec	k a box on line 13 c	or 16a, and line 15 i	s 33 1/3% or more,	check		
	this box and stop here. The organizat	ion q	ualifies as a public	y supported organi	zation				
17a	10%-facts-and-circumstances test-	202	0. If the organization	on did not check a t	oox on line 13, 16a,	or 16b, and line 14	l is		
	10% or more, and if the organization n								
	Part VI how the organization meets the	e Yac	ts-and-circumstan	ces" test. The organ	nization qualifies as	a publicly support	ed		
	organization								
b	10%-facts-and-circumstances test-								
	15 is 10% or more, and if the organization								
	in Part VI how the organization meets	the "1	acts-and-circumstr	ances" lest. The org	ganization qualifies	as a publiciy suppo	orted		
	organization			••••••••••••••••••••••••••••••••••••••					P
18	Private foundation. If the organizatio	n did	nol check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see			
	instructions								▶ []

Schedule A (Form 990 or 990-EZ) 2020

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Sche	dule A (Form 990 or 990-EZ) 2020 UNI	TED WAY	OF CHARLO	TTE COUNTY	XINC. 59	-114999) 5 P	age 3
	art III Support Schedule for Or							<u>an</u> e -
	(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.)							
Sec	tion A. Public Support	<u></u>			I	L		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership tees			10/2002				
	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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3							
b	received from disqualified persons 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							
с	Add lines 7a and 7b		1	Í				
8	Public support. (Subtract line 7c from	ø F			, 1	œ <u>8</u> 8	P	
Soc	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2016		(c) 2018	(d) 2019	(e) 2020:		
9	Amounts from line 6					.(0):2020:	Baren (f) Total	
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					<u></u>		
11	Net income from unrelated business activities not included in 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 orga	anization's first, se	cond, third, fourth,	or fifth tax year as a	a section 501(c)(3)			 ,,
	organization, check this box and stop here				<u></u>		<u> </u>	1)
	tion C. Computation of Public Su							
15	Public support percentage for 2020 (line 8, o			(f))			15	%
<u>16</u>	Public support percentage from 2019 Sched					·	16	%
Sec	tion D. Computation of Investmer							
17	Investment income percentage for 2020 (lin			column (f)	· · · · · · · · · ·		17	%
18	Investment income percentage from 2019 S					i a an irrai 🏧	18	%
19a	33 1/3% support tests-2020. If the organ						•	
	17 is not more than 33 1/3%, check this box	and stop here. T	The organization qui	alifies as a publicly	supported organiza	lion		أسسأ
b	33 1/3% support tests—2019. If the organ line 18 is not more than 33 1/3%, check this	ization did not che	eck a box on line 14 re. The organization	or line 19a, and lin 1 qualifies as a pub	e 16 is more than 3 Ilcly supported orga	3 1/3%, and nization	🕨	, []

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

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	LA (Form 980 or 980-EZ) 2020 UNITED WAY OF CHARLOTTE COUNTY INC.	59-1149995	Page 4
Pa			
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a,	Part I, complete Sect	ions A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked	box 12c, Part I, com	plete
Foot	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D,	and complete Part V	<u>.)</u>
3600	ion A. All Supporting Organizations		
1	Are all of the emerivation's supervised exceptions listed by some in the exception is to be a set of	19200-144 g	Yes No
	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.	8-18-183 1	
2	Did the organization have any supported organization that does not have an IRS determination of status	1	INTERES MORNES
-	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).	SC 75	nora nerro
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		ase musi
. –	lines 3b and 3c below.	3a	9999-9999-9999-9993-9993-9993-9993-999
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	2018	CTTTE SCREEK
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	2.12	
	organization made the determination.	36	****
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		1201000000000
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		
	"Yes, " and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	an an that an
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	22,253	anaran Urazoni
	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.	4b	ana ang kata pang pang pang pa
C	Did the organization support any foreign supported organization that does not have an IRS determination		aalaa Maxaa
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	新作品	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
	purposes.	46-	2 2
5a	Did the organization add, substitute, or remove any supported organizations during the tax year2/# "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).	5a	
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?	5b	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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.	6	
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	in the second	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
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		199 22 (198 8)
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9 b	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		osse Assi
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9 C	100 King and 10 Million 10
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.	<u>10a</u>	
ь	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.)	10b	

Schedule A (Form 990 or 990-EZ) 2020

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	UNITED WAY OF CHARLOTTE COUNTY INC. 59-11499	95		Page 5
Ra	tiv Supporting Organizations (continued)			
11	Has the emergination generated a state end when the second state to the terms of the second state of the s	222.0	Yes	No
 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		30.0	
-	11c below, the governing body of a supported organization?	11a	9898734 1	MACHESE &
b	A family member of a person described in line 11a above?	11a		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			and the second
	detail in Part VI.	11c	93.784893	0.4330.993F-
Sect	ion B. Type I Supporting Organizations			L
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		320025	
	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		302398	23743563K) 27722232
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Dist the organization proved for the bonefit of any expected emocionics of the the supported	1	860 N.Y.S.	323502352
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	9899 (93346) 1899 (939)	-36233333
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		usenas Karrada	
Sect	the supported organization(s). Ion D. All'Type/Ill'Supporting.Organizations			
Jeci				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.11	° Yes	No
	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			2386
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u>ssee</u>	E CAR	316333
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		New York Trans
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	्रहेर्द्ध	£31.56	HARANA.
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).	····		
а	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 instruction	ons).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		$\sin h \cup \{$	
	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	908S	MARKS.	SEE S
	that these activities constituted substantially all of its activities.	2a	A4949499	8.9.2 8.889 P
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement.			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in the second statement.	2b	ata dala	THREE S
•	these activities but for the organization's involvement.	20782	240.92.938 9.87 - 10.7	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	etti XX	eselsittet
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	330		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3Ь		

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³b | Schedule A (Form 990 or 990-EZ) 2020

UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 Schedule A (Form 980 or 990-EZ) 2020 Page 6 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 Depreciation and depletion 5 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see 195.00 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 20 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line: 1d. 1 3 Ű Į Ľ 1 P h jan de la competition de la co Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 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 Minimum Asset Amount (add line 7 to line 6) 8 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 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 6 emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7

(see instructions)

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 980 or 990-EZ) 2020 UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page 7

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Section	Current Year						
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations					
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required-provide detail	s in Part VI)					
	Other distributions (describe in Part VI). See Instructions.						
	Total annual distributions. Add lines 1 through 6.	·····					
8	Distributions to attentive supported organizations to which the organization	on is responsive					
	(provide details in Part VI). See instructions.						
	Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	(n)	(22)	<pre>////////////////////////////////////</pre>			
Section	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6						
	Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See						
	instructions.	ja kan taka (asar 1) majeraki sa		11211211212121212111111121212121212121			
	Excess distributions carryover, if any, to 2020 From 2015						
	b From 2016						
	From 2018			Factor			
	From 2019		land in the second s				
	Total of lines 3a through 3e	y i PIL J					
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Carryover from 2015 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: S						
<u> </u>	Applied to underdistributions of prior years			an a			
<u>b</u>	Applied to 2020 distributable amount						
-	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		and a factor of the operation for the contract of the formula				
	Remaining underdistributions for 2020 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See Instructions.		antan mananan katalah Katakan katalah	TING AND			
7	7 Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
	Breakdown of line 7:	na an a					
	Excess from 2016	an a					
	Excess from 2017						
	Excess from 2018	2012/002279222921026742646839 2019/10/2019/2019/2019/2019/2019/2019/20					
	Excess from 2019 Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (For Part VI)	Im 990 or 990-E2) 2020 UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 Page 8 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.)
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Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)			0000
Department of the Troasury Internat Rovenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	ļ	2020
Name of the organization		Employer ident	ification number
UNITED WAY OF	CHARLOTTE COUNTY INC.	59-11499	995
Organization type (check or		00 11100	
Filers of:	Section:		
Form 990 or 990-EZ	X 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		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 property) from any one contributor. Complete Parts I and II. See instructions for determining tributions.		
Special Rules			
regulations under sec 13, 16a, or 16b, and t S5,000; or (2) 2% of t For an organization d contributor, during the literary, or educationa "N/A" in column (b) in	ascribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of th tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II hat received from any one contributor, during the year, total contributions of the greater of (1 he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I ar escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or e year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, I purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.	i, line } nd II. ne	
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such nore 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 totaling \$5,000 or more	to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions e during the year	ons ► S	
Caution: An organization that 990-EZ, or 990-PF), but it mu	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-	90, LEZ or on its	

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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(a)

No.

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No.

(a)

No.

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No.

UNITEDWAY	Y		
		E	GE 1 OF 1 Page 2 Employer identification number 59–1149995 needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1.,	PUBLIX SUPERMARKETS CHARITIES, INC.P.O. BOX 407LAKELANDFL 33802	s 285,951	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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FL 34287

33948

Total contributions

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Person

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Payroll Noncash

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Noncash (Complete Part II for noncash contributions)

Person Payroll

Noncash (Complete Part II for noncash contributions)

Person Payroll Noncash

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

X

Name, address, and ZIP + 4

2635 FRUITVILLE RD.

CHARLOTTE COUNTY

PORT CHARLOTTE

18500/MURDOCK CIRCLE

SARASOTA

COMMUNITY FOUNDATION OF SARASOTA CO

(b)

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Name, address, and ZIP + 4

(b)

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Name, address, and ZIP + 4

Name, address, and ZIP + 4

Name, address, and ZIP + 4

(Complete Part II for noncash contributions)

	SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	► Complete if the organ Part IV, line 6, 7, 8, 9, 10, 1 ► Att	Financial Statements ization answered "Yes" on Form 990, 1a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. tach to Form 990. for Instructions and the latest informatic	0MB No. 1545-0047 2020 Qpen to Public Inspection	
Projects of the organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 1 Tablomiter at end of year (a) have an external (Ves' on Form S90, Part Ny, line 6. 2 Aggregate value of actual table of year (a) have an external (Ves' on Form S90, Part Ny, line 6. 3 Aggregate value of actual form (during year) (a) have atmost fund 4 Aggregate value of actual form (during year) (b) have atmost fund 5 Did the organization indoms al doors advisors in writing bit grant funds can be used (b) for chaining interest, doors, and doors advisors in writing bit grant funds can be used and/or of chaining interministic particles, actualize legal control? (b) the organization into for the benefit of the doors of door advisor, or far works, or far works, and the actual (b) for chaining interministic particles, actualize legal control? (c) Complete of the organization control of a castice, or far works, and the actual (c) into a conservation actual castice, or far works, and the actual (c) into a conservation actual castice) (c) Protected of or paties at fund (c) actual castice, and actual the actual (c) into a castice) (c) conservation actual table (c) Protected of or habre in bits (c) actual (c) into a conservation actual table) (c) conservation actual table) (c) Conservation actual table) (c) actual (c) actual (c) actual (c) actual (c)	Name of the organization			Employer iden	tification number
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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 enforcing conservation easements during the year ▶ 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)(i) 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 Pair IVI, line 8. 1a If the organization elacted, as permitted under FASB ASC 956, not to report in its revenue statement and balance sheel 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 organi	d Number of conserv	ation easements included in (c) acquired after 7/25/0	6, and not on a		
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A Assets included in Form 990. Part X	-	-	j to these items:	• •	
6 Assers included in Form 320, Fall A					a second s
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3	Internet in the constant of th	collections of	Art, Histo	rical Tr	easures,	or Other Sin	ilar Assets	(continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records,	check any of	the follow	ving that mak	e significant use	ofits	
a	Public exhibition	d 🗍	Loan or exch	anne prov	oram			
b	Scholarly research		Other		5.0.11			
С	Preservation for future generations		, .	•• • • •	• • • • •	•••••••••	•••••	
4	Provide a description of the organization's collect	ions and explain h	ow they furth	er the oro	anization's e	xemot ouroose i	n Part	
	XIII.	•	•					
5	During the year, did the organization solicit or rec	eive donations of	art, historical	treasures	, or other sin	nilar		
	assets to be sold to raise funds rather than to be	maintained as par	t of the organ	vization's o	collection?			Yes No
Pa	rt IV Escrow and Custodial Arran	gements.						
	Complete if the organization a	nswered "Yes"	on Form 9	990, Pa	rt IV, line 9	, or reported	an amount o	n Form
	990, Part X, line 21.				******			
1a	Is the organization an agent, trustee, custodian o	r other intermediar	y for contribu	ntions or o	ther assets r	iot		
	included on Form 990, Part X?	····	•···•					Yes No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ving table:					
								Amount
	Beginning balance							
d	Additions during the year		• . • •.			····· ··· ··· ·	1d	·····
e	Distributions during the year		• • • • • • • • • • • • • • • • • • • •	. 			10	
f	Ending balance		• • • • • • • • • • • • • •				11	
	Did the organization include an amount on Form							Yes No
	If "Yes," explain the arrangement in Part XIII. Che	ck here if the expl	anation has t	peen provi	ided on Part	XIII		
Pa	rt V Endowment Funds.					-		
	Complete if the organization a						• •••• ·····	1
		(a) Current year	(b) Pror	the second s	(c) Two yo	ars back (d)	Three years back	(e) Four years back
1a	Beginning of year balance		1	<u>[]}</u>	A N		381,602	352,490
b	Contributions	[i]						1
C	Net investment earnings, gains, and	C	New?	9 9	Mine all	8 6	0 Barr	COLUMN COLUMN
	losses				ļ		4,550	29,112
	Grants or scholarships							
e	Other expenditures for facilities and							
	programs						386,152	;
f	Administrative expenses				 			
g	End of year balance	I			1			381,602
2	Provide the estimated percentage of the current y	•	ine 1g. colun	nn (a)) he	ld as			
a	Board designated or quasi-endowment	%						
D	Permanent endowment > %							
C	Term endowment ► %							
3-	The percentages on lines 2a, 2b, and 2c should e	-						
94	Are there endowment funds not in the possession	i of the organizatio	n inal are ne	so ano ao	ministered ic	rine		Ver 1 No
	organization by:							Yes No 3a(i) X
	(i) Unrelated organizations		• •					
	(ii) Related organizations			. 00	•••••	•••••••••		
D	If "Yes" on line 3a(ii), are the related organization	•		BRY		• •• •• •• • • •	•••••	3b
4	Describe in Part XIII the intended uses of the orga		nent lunds.	·····				
ra	rt VI Land, Buildings, and Equipm					10 Son For	n 000 Bart Y	line 10
	Complete if the organization a			(b) Cost or c		(c) Accumu		(d) Book value
	Description of property	(a) Cost or other b (invostment)	25/5			depreciat		(o) poor valo
		(errosonore)		(60.4			0.682742.622	
	Land			E	71,963	99	0,016	451,947
	Buildings			0	9,700		9,700	
	Leasehold improvements				$\frac{9,700}{18,232}$		8,232	
	Equipment				$\frac{10,232}{14,697}$	And the second se	4,697	
	Other		antime (P)			<u>الــــــــــــــــــــــــــــــــــــ</u>	<u> </u>	451,947
Total	Add lines 1a through 1e. (Column (d) must equa	i rom 990, Parl X	, coiumn (B),	une TUC.)	/ <u></u>			-1,541

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 UNITED WAY OF CHARLOTT	<u>'E COUNTY J</u>	INC. 59-	1149995	Page
Part VII Investments – Other Securities.	Form 000 Doct IV	V line ddh Ce	o Form 000. Doct	V line 40
Complete if the organization answered "Yes" on F (a) Description of security or catogory	(b) Book value		c) Method of volu	
(including name of security)	(-)		Cost or end-of-year ma	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F).				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments – Program Related.				
Complete if the organization answered "Yes" on F	orm 990, Part IV	/, line 11c. Se	e Form 990, Part	X, line 13.
(a) Description of investment	(b) Book value		(c) Method of valu	
			Cost or end-of-yeer ma	
(1)				
(2)				
(3) (4)				
(5)				
(6)				
	N IA I A	6	1 1	Ji
			[== 0 9	[mm
(9)			il il Baars	Hazartez
Total. (Column (b) must equal Form 990, Part X. col. (B) line 13.)	L			
RartiX Other Assets.				M. Kaa d C
Complete if the organization answered "Yes" on F	orm 990, Part IV	/, line 110. Se	e Form 990, Part	(b) Book value
(a) Description				(0) 0000 10000
(2)				******
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.) Part X Other Liabilities.				·
Part X Other Liabilities. Complete if the organization answered "Yes" on F	form 000 Part IV	/ line 11e or 1	1f See Form 990) Part X
line 25.	0111 990, Fait IV		n. dee ronn sac	
1. (a) Description of Eab#4y				(b) Book value
(1) Federal income taxes				
(2) ACCRUED AGENCY ALLOCATIONS				258,389
(3) SECURITY DEPOSITS				1,950
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				260,339
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		la Baaratal -+-+-		200,339

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organi ation s imanc at

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

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Schedute D (Form 990) 2020 UNITED WAY OF CHARLOTTE COL		149995	Page 4
Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990	ements With Revenue	per Return.	
1 Total revenue, gains, and other support per audited financial statements	J, I dit IV, inc 12d.		2,248,079
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••••••••••••••••••••••••••••••••••••	1.07325	.,
a Net unrealized gains (losses) on investments	2a -	1,010	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	20		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	-1,010
3 Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	2,249,089
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		128.83	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,249,089
Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990		es per Return.	
1 Total expenses and losses per audited financial statements	, Fait IV, IIIte 12a.	11	2,181,731
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	•	10000	
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	20	诸族	
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		20	
3 Subtract line 2e from line 1		3	2,181,731
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, time 7b	48		
b Other (Describe in Part XIII.)		Brezen Hall	and the second sec
c Add lines 4a and 4b		1 4ch	فيشفد ويستجرب والمتحاد فتحت والمتحاد والمستحا فالمتحاد فالمتحاد والمحاد والمحاد والمحاد والمحاد
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			2,181,731
Part XIII Supplemental Information.	<u></u>		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II		e 4; Part X, line	
Part XI, tines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
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Schedule D (Form 990) 2020	UNITED WAY O		COUNTY	INC.	59-1149995	Page 5
Part XIII Suppleme	ntal information (cont	inueo)				9999995-201099999999999999999999999999999999999
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SCHEDULE I	1	Grants	and Of	ther Assistanc	e to Organiza	tions.		OMB No. 1545-0047				
(Form 990)	Governments, and Individuals in the United States 2020											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Department of the Treasury	Attach to Form 990. Open to Public Go to www.irs.gov/Form990 for the latest information. Inspection											
Internal Rovenue Service			so to www	irs.gov/Form990 for	the latest information	n.		Inspection				
Name of the organization	NITED WAY OF CHAR	LOTTE COU	NTY IN	1C.				Employer Identification number 59–1149995				
Part I General I	Information on Grants and	i Assistance										
1 Does the organization the selection criteria u	maintain records to substantiate t sed to award the grants or assista	nce?		· · · · ·	eligibility for the gran	ls or assistance, ar	d.	Yes X No				
Part II Grants a	e organization's procedures for mo nd Other Assistance to Do	omestic Organ	izations	and Domestic Go				swered "Yes" on Form 990,				
Part IV, li	ne 21, for any recipient that	received more	7		duplicated if addit		eeded.					
	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan					
(1) BIG BROTHERS B	IG SISTERS											
101 WEST VENIC								MENTORING PG				
VENICE	FL 34285	59-1361826	3	49,510								
(2) CARE												
PO BOX 510234								CRIME VICTIM				
PUNTA GORDA		59-2435059	3 🚰	No. 44 54 64 74		1 <u>1</u>	<u>1</u>					
			a 11.0				ana a					
17940 TOLEDO B		len allena	Har Har	17 DALAN PA			eperate Levencero	PRENATAL CARE				
PORT CHARLOTTE	FL 33948	65-0727055	3	50,000								
(4) CHARLOTTE CNTY	HOMELESS COALIT											
PO BOX 380157	FL 33938	65-0139525		226 406				EMERG SHELTER				
PORT CHARLOTTE (5) CHILDREN'S NET		03-0133253	3	216,496								
(6) CHILDREN'S NET 2232 ALTAMONT												
PORT CHARLOTTE	FL 33901	20-4968228	3	30,000				RELA STIPEND				
(6) DRUG FREE CHAR		20-4900220	3	30,000								
1445 EDUCATION								SOCIAL NORMS				
PORT CHARLOTTE	FL 33948	02-0683619	3	65,111				Social noneis				
(7) EARLY LEARNING	and the second	12 0000020		00/111								
3028 CARING WA								EARLY CARE				
PORT CHARLOTTE	FL 33952	65-1144775	3	115,367								
(8) HARRY CHAPIN F	OOD BANKS	1	1									
2126 ALICIA ST								FOOD RESCUE				
PORT CHARLOTTE	FL 33901	59-2332120	3	21,770								
(9) SENIOR FRIENDS	HIP CENTERS							1				
1988 BROTHER G		1	l					FRIENDSHIP				
SARASOTA	FL 34236	59-1522614	3	12,900								
2 Enter total number of	section 501(c)(3) and government	organizations liste	d in the line	1 table								
3 Enter total number of	other organizations listed in the lin	e 1 table										
For Paperwork Reduction	Act Notice, see the instructions	for Form 990.						Schedule I (Form 990) (2020)				
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SCHEDULE I		Grants	and Of	ther Assistanc	e to Organiza	tions,		OMB No. 1545-0047			
(Form 990)	Governments, and Individuals in the United States										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service				Attach to Form irs.gov/Form990 for				Open to Public			
			50 (U WWW	.irs.gov/-orini930 for	the latest monnation	1.		Inspection			
Name of the organization	ED WAY OF CHAR	LOTTE COU	NTY IN	NC.				Employer identification number 59–1149995			
Part I General Info	ormation on Grants and	l Assistance									
the selection criteria used	intain records to substantiate t to award the grants or assista	nce?	•		eligibility for the grant	s or assistance, ar	nd	Yes No			
2 Describe in Part IV the or Part II Grants and					wernmente Cor	unlete if the ora	anization an	swered "Yes" on Form 990,			
	21, for any recipient that							sweled tes off Form 990,			
1 (a) Name and addre or gover	-	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description (noncash assistan				
(1) VIRGINIA B. ANDE:	S COMM CLINIC										
PO BOX 381193								CLINIC PHARM			
PORT CHARLOTTE	FL 33938	65-0958642	3	141,390							
(2) BOYS & GIRLS CLU											
17831 MURDOCK CR	FL:::33948	65 20725247		-			(1200000	SCHOOL AGE CHILDREN			
PORT CHARLOTTE (3) CHAPS	41 11 11 14	11 14 32									
(3) CHAPS 18200 PAULSON DR			72			itema [10000	FOOD PANTRY			
PORT CHARLOTTE	FL 33954	65-0498298	3 List	10,000		81 E I	kara l'auron	FOOD FAILIRI			
(4) THE FL CENTER FOR											
4620 17TH ST.								SCHOOL AGE CHILDREN			
SARASOTA	FL 34235	59-1947024	3	25,000							
(5) GUARDIAN AD LITE	M										
350 E. MARION AV	ENUE							PROGRAMS			
PUNTA GORDA	FL 33950	59-2296529	3	17,000							
(6) CHARLOTTE BEHAVI											
1700 EDUCATION A								PROGRAMS			
PUNTA GORDA	FL 33950	59-1234922	3	39,236							
(7) OTHER ALLOCATION	5							1			
				12,342							
(8) CHARLOTTE LOCAL	EDUCATION FOUND	<u> </u>		12,342							
18150 MURDOCK CI		1						GED SCHOLARSHIP PROG			
PORT CHARLOTTE	FL 33948	59-2592844		5,740							
(9) SKY YMCA		1	1	1							
701 CENTER ROAD								PROGRAMS			
VENICE	FL 34285	59-1629660	3	37,250							
2 Enter total number of sec	tion 501(c)(3) and government	organizations liste	d in the line	1 table		·····		>			
3 Enter total number of othe	er organizations listed in the lin	e 1 table	<u> </u>	<u></u>			· · · ·				
For Paperwork Reduction Act	Notice, see the instructions	for Form 990.		······				Schedule I (Form 990) (2020			
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UNITEDWAY

SCHEDULE I (Form 990)				ther Assistand and Individuals		-		ONB No. 1545-0047			
(1 0111 000)		2020									
Department of the Treasury		Attach to Form 990.									
Internal Revenue Service	<u> </u>		so to www.	irs.gov/Form990 for	the latest information	າ.		Inspection			
Name of the organization	IITED WAY OF CHAR		NT V TK	10				Employer Identification number 59–1149995			
	information on Grants and						1				
1 Does the organization the selection criteria u	maintain records to substantiate sed to award the grants or assista organization's procedures for mo	he amount of the g			eligibility for the gran	is or assistance, ar	ıd	Yes No			
Part II Grants a		omestic Organ	izations	and Domestic Go				nswered "Yes" on Form 990,			
1 (a) Name and a	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(I) Method of valuation (book, FMV, eppraisal, other)	(g) Description noncash assista				
(1) CHARLOTTE PLAY P.O. BOX 49408	8							IMAGINATION LIBRARY			
PORT CHARLOTTE	FL 33949	23-7087894		14,750							
(2) GULF COAST PAR 408 TAMIAMI TR								HOMELESSNESS			
PUNTA GORDA		38-3913077	. Guar	28,960	11 and make	. Incores D 1	(Incountrate)				
(3)			-		VC I						
(4)											
(5)											
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(7)											
(8)			 								
· · ·											
(9)											
3 Enter total number of	section 501(c)(3) and government other organizations listed in the lin	ne 1 table	d in the line	a 1 table	L			• • • • • • • • • • • • • • • • • • •			
For Paperwork Reduction	Act Notice, see the Instructions	101 FUIN 330.						Schedule I (Form 990) (2020)			

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UNITEDWAY

Schedule | (Form 990) (2020) UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995

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 SEASON OF SHARING		570,497			
2 PUBLIX ASSISTANCE		10,665			
3					
4					
5					
6					
7	1				
Part IV Supplemental Information Pro PART I, LINE 2 - PROCEDURE	13 51 18 18 M	NE 15 69 18	8 8 9 8 8 8	11 12 13 13	Information.
PROCEDURES FOR MONITORING	THE USE OF GR	ANTS. THE UN	ITED WAY REQU	JIRES	
REQULAR QUARTERLY REPORTING	G FROM THE RE	CIPIENT ORGAN	IZATIONS WITH	H DATA	
DETAILING HOW THE GRANT FU	NDS ARE BEING	SPENT. A CO	MPLETED ANNU	AL	
REPORTING FORM IS SUBMITTE	D ALONG WITH	FUNDING REQUE	STS, IF ANY.	THESE ARE	.
PRESENTED TO A PANEL OF LO	CAL COMMUNITY	VOLUNTEERS F	ROM ALL WALKS	S OF LIFE	
WHO PRIORITIZE THE REQUEST	S IN HARMONY	WITH THE RESO	URCES AVAILA	BLE AND THE	
COMMUNITY'S MOST PRESSING	NEEDS.				

UNITEDWAY	•
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SCHEDULE M				N1 *	O a whether attaces		OMB No. 1545-0047			
(Form 990)					Contributions	linco 20 20	2020			
			tach lo Foi	-						
	ment of the Treasury Il Revenue Service				lons and the latest information	on.	Inspection			
Namo	of the organization					1	Employer Identification number			
			Y OF	CHARLOTTE CO	UNTY INC.		59-1149995			
S La	IT I Types of P	горенту			(c)		141			
			(a) Checkil	(b) Number of contributions or	Noncash contribution		(d) Method of determining			
			applicable	items contributed	amounts reported on Form 990, Part VIII, Eno 10	na	oncash contribution amounts			
1	Art Works of art									
2	Art Historical treasure	S								
3	Art Fractional Interests	S								
4	Books and publications	****								
5	Clothing and household	••••								
	goods									
6	Cars and other vehicles									
7	Boals and planes									
8	Intellectual property		L							
9	Securities - Publicly trac	ded								
10	Securities Closely held	d stock								
11	Securities — Partnership	, LLC,								
	or trust interests	• · • • •					****			
12	Securities — Miscellaneo	DUS								
13	Qualified conservation									
	contribution — Historic		2. HT			, realized the second	nau I I Martinu			
	structures		\$ 1							
14	Qualified conservation		Y I							
	contribution - Other		<u> </u>			<u>5 4</u>	B Birgeria Merinaria			
15	Real estate - Residentia									
16	Real estate — Commerc Real estate — Other	191								
17 18	Collectibles						***********			
10	Food inventory	• • • • •								
20	Drugs and medical supp	liac	<u> </u>							
21	Taxidermy									
22	Historical artifacts	• •• •	<u> </u>							
23	Scientific specimens	· · ·	<u> </u>							
24	Archeological artifacts		<u> </u>							
25	Other ►(· · · · · · · · · · · · · · · · · · ·	X	1	86,792					
26	Other ► (
27	Other ►{	······································		1						
28	Other ►(···· · · · · · · · · · · · · · · · · ·		1						
29		received by th	he organiz	ation during the tax year f	or contributions for					
		•	-	Part IV, Donee Acknowled		29				
	•	•			,		Yes No			
30a	During the year, did the	organization (receive by	contribution any property	reported in Part I, lines 1 th	rough				
	28, that it must hold for a	at least three	years from	n the date of the initial con	tribution, and which isn't rea	quired				
	to be used for exempt pi	urposes for th	ne entire h	olding period?			30a X			
b	If "Yes," describe the arr	angement in	Part II.							
31	Does the organization ha	ave a gift acc	eptance p	clicy that requires the revi	ew of any nonstandard					
	contributions?						31 X			
32a	Does the organization hi	ire or use thin	d parties o	or related organizations to	solicit, process, or sell none	ash				
	contributions?		.				<u>32a X</u>			
ь	If "Yes," describe in Part									
33	-	report an am	ount in co	lumn (c) for a type of prop	erty for which column (a) is	checked,				
	describe in Part II.									

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

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Schedule M (Form 990) 2020

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Schedule M (For					HARLOTTE			59-1149995	Page 2
Part II	the orga	inization is	reporting	in Part), the numbe	er of contril	l, lines 30b, 32b, and 33, and butions, the number of item prmation.	
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UNITEDWAY

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SCHEDULE O (Form 990 or 990-EZ) 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. Department of the Treasury Internal Revenue Servico Department of the Treasury Internal Revenue Servico					
Name of the organization		Employer Identification number			
FORM 990, 1 OPERATING F	UNITED WAY OF CHARLOTTE COUNTY INC. PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS EXPENSES FOR OTHER PROGRAMS AND ASSISTANCE	59-1149995			
MANAGEMENT BOARD AT II	HAS PROVIDED A COPY OF THIS FORM 990 IN ITS EN TS BOARD MEETING FOR APPROVAL PRIOR TO SIGNING	·····			
FORM 990, I CONFLICT OF		DLICY DIRECTORS.			
FORM 990, 1 POSITION SU	······································	OP OFFICIAL			
OF DIRECTOR	S IN THE FULFILLMENT OF THE ORGANIZATION'S MIS	SION AND IS			
	E FOR ALL ADMINISTRATIVE, FUNDRAISING, FUND DIS	· · · · · · · · · · · · · · · · · · ·			
OPERATIONS	AND STAKEHOLDER RELATIONSHIPS FOR THE ENTIRE	ORGANIZATION UNDER			
THE DIRECT	ION OF THE BOARD OF DIRECTORS. ANNUALLY, ALL U	NITED WAY OF			
CHARLOTTE (COUNTY BOARD MEMBERS COMPLETE THE ANNUAL PERFOR	MANCE APPRAISAL			
AND RETURN	THE FORM TO THE BOARD PRESIDENT. THE BOARD PR	ESIDENT REVIEWS			
THE APPRAIS	SALS WITH THE EXECUTIVE COMMITTE. THE UNITED W	AY OF CHARLOTTE			
COUNTY (UW	CC) UTILIZES THE FOLLOWING PROCESS FOR DETERMIN	IG COMPENSATION FOR			
	IVE DIRECTOR. THE UWCC EXECUTIVE COMMITTEE EVA	···· ··· ··· ··· ···· ······			
	POINTS TO DETERMINE THE APPROPRIATE SALARY RANG				
4 494 ST 1435 455 455 4					
· · · · · · · · · · · · · · · · · · ·	ATMENT. THESE REFERENCE POINTS INCLUDE PRIOR E				
• • • • • • • • • • • • • • • • • • •	TORY, 2019 UNITED WAY WORLDWIDE SALARY STUDY, C				
COUNTY NON-	-PROFIT SALARIES, CHARLOTTE COUNTY WAGE & DATA	STATISTICS AND THE			

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
UNITED WAY OF CHARLOTTE COUNTY INC.	59-1149995
UWCC FISCAL BUDGET. THE EXECUTIVE COMMITTEE	RECOMMENDS ANY PROPOSED SALARY
TREATMENT TO THE BOARD OF DIRECTORS FOR REVI	EW AND APPROVAL.
· · · · · · · · · · · · · · · · · · ·	allana baanda adal oo ka dalah dada kara soo ahaan ahaana ahaana ahaana ahaana
FORM 990, PART VI, LINE 15B - COMPENSATION P	
KEY STAFF IS REVIWED ANNUALLY BY THE EXECUTI	
COMPENSATION PACKAGES, INCLUDING COLA AND ME	RIT PAY INCREASES, DETERMINED
THROUGH COMPARABLE POSITIONS THROUGHOUT THE	UNITED WAY SYSTEM AND SOUTHWEST
FLORIDA NONPROFIT ORGANIZATIONS.	······································
• • • • • • • • • • • • • • • • • • • •	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUM	ENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE AVAILABLE AT THE OFF	ice and posted on the
ORGANIZATION'S WEB PAGE.	
COPY = DON	
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PAGE 1 OF 1

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Schedule O (Form 990 or 990-EZ) 2020

UNITEDWAY

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Form 990	Two Year	Con	nparison Report	2019 & 2020		
For calendar year 2020, or tax year beginnir			04/01/20 , er	nding 03/3	1/21	
lame			······································		Тахрау	er Identification Number
INTER WAY	OF CHARLOTTE COUNTY INC.				E0.1	149995
UNITED HEI	OF CHARLOTTE COUNTI INC.	·	2019	1		1
1. Contributions, g			1,111,151	202	and the second sec	Differences
	es and assessments	1.	1,111,101	,,	9,925	288,77
	es and assessments ntributions and grants	<u>2.</u> 3.	721,523	70	1,533	70.01
			121,525	19	1,333	70,01
5. Investment inco	s revenue	<u>4.</u> 5.	332	. <u>.</u>	36	-29
 6. Proceeds from t 		<u> </u>	332	• •		-29
	i) from sale of assets other than inventory	<u> </u>		+		
	oss) from fundraising events	8.				
9. Net income or (I	· · · · · · · · · · · · · · · · · · ·	9.				
1	i) on sales of inventory	9. 10.				
11. Other revenue	of sales of inventory		4,785	Б К	7,595	52,81
	Add fines distance in the second s	11.	1,837,791		9,089	411,29
	Add lines 1 through 11	12.	1,239,337		3,504	
13. Grants and simi	· · · · · · · · · · · · · · · · · · ·	13.	1,239,337	1,04	5,304	404,10
14. Benefits paid to	a describence and the second sec	14.				
	f officers, directors, trustees, etc.	15.	045 270	26	9,321	22.04
	compensation, and employee benefits	16.	245,372	20	9,321	23,94
17. Professional fun	• • • • • • • • • • • • • • • • • • •	17.	11 076		1 012	
18. Other profession	the second s	18.	<u>11,976</u> 17,750		1,913 5,849	
	t, utilities, and maintenance	19.	يرجي ويجموني والمراجع والمراجع والمراجع والمتحد والمستعد والمستعد والمستعد والمستعد		ويرجع المتعادي المتعاد المتعاد	سي يذرب بعد عبد المالية الكراك المعامل المعامل المعالية المعالية الكاكر الماد عد عام المالية ا
20. Depreciation and		20.	18,994		8,024	
21. Other expenses		\$21.			3,120	
22. Total expenses	Add lines 13 through 21	22.	1,788,292		1,731	393,43
		[°] 23.	<u>×493499</u>			an 17,85
24. Total exempt ren	and the second	24.	1,837,791	2,24	9,089	411,29
25. Total unrelated i	The second	25.	P 447	F	7 (21	E0 E1
26. Total excludable	revenue	<u>26.</u> 27.	5,117		<u>7,631</u>	52,51
26. Total excludable 27. Total assets			1,317,240		9,525	
o ko. 10tal naonities	• · · · · · · · • • • • • • • • • • • •	28.	905,112		1,049	
29. Retained earning	· · · · · · · · · · · · · · · · · · ·	29.	412,128		8,476	and the second design and the second design and the
	g members of governing body	30.	18	17		
	pendent voting members of governing body	31.	18	17		
32. Number of empl	· · · · · · · · · · · · · · · · · · ·	32.	7	8		
33. Number of volum		33.	349	<u> </u>		のこれを見ていたが変形が発展する

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Form 990	Tax Return History						
Name UNITED	WAY OF CHARLOT	TE COUNTY INC.				Employer Identification Number 59–1149995	
	2016	2017	2018	2019	2020	2021	
Contributions, gifts, grants	2,169,855	1,783,331	1,829,408	1,832,674	2,191,4	58	
Membership dues							
Program service revenue							
Capital gain or loss							
Investment income	10,900	3,907	945	332		36	
Fundraising revenue (income/los	35)						
Gaming revenue (income/loss)							
Other revenue	12,998	14,174	11,176	4,785	57,5		
Total revenue	2,193,753		1,841,529	1,837,791	2,249,0		
Grants and similar amounts paid	1,584,295	1,229,829	1,220,404	1,239,337	1,643,5	04	
Benefits paid to or for members							
Compensation of officers, etc.							
Other compensation	<u>-198</u> ,642	209,491	240,425=		269,3		
Professional fees	13,450			11,976	11,9		
Occupancy costs	201,608		15,898_	<i>I</i> 17,750	15,8		
Depreciation and depletion	19,479	19,282	19,106	18,994	18,0		
Other expenses	302,190	311,281	308,768	254,863	223,1		
Total expenses	2,138,664	1,801,987	1,815,481	1,788,292	2,181,7		
Excess or (Deficit)	55,089	-575	26,048	49,499	67,3	58	
Total exempt revenue	2,193,753	1,801,412	1,841,529	1,837,791	2,249,0	89	
Total unrelated revenue							
Total excludable revenue	23,898	18,081	12,121	5,117	57,6	31	
Total Assets	1,723,728		1,304,732	1,317,240	1,399,5		
Total Liabilities	998,754	977,705	942,167	905,112	921,0		
Net Fund Balances	724,974		362,565	412,128	478,4		

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UNITEDWAY UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 FYE: 3/31/2021

	Form 990, Pa	rt IX, Line 24	e - All Oth	er Expenses	<u>5</u>	n an an an an Anna an A Anna an Anna an	en en sen sen en e	n an na thàin than na m àisteacha an a
Description	Total Expenses		Program Service		Management & General		Fund Raising	
BANK FEES Rental Expense Taxes, license and permit	\$	1,886 385 350	\$	270	\$	1,886 96 350	\$	19
TOTAL	\$	2,621	\$	270	\$	2,332	\$	19

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UNITEDWAY UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 FYE: 3/31/2021

Schedule A, Part II, Line 1(e)	na in an ann an an an ann ann an ann an ann
Description	Amount
	\$ 439,208
PUBLIX SUPERMARKETS CHARITIES, INC. CASH CONTRIBUTION COMMUNITY FOUNDATION OF SARASOTA CO	285,951
CASH CONTRIBUTION CITY OF PUNTA GORDA	521,782
CASH CONTRIBUTION	27,500
CHARLOTTE COUNTY	
CASH CONTRIBUTION	764,033
TRUIST BANK CASH CONTRIBUTION	12,500
NEXTERA ENERGY FOUNDATION	12,500
CASH CONTRIBUTION	, main 1, 500
TECO CASH CONTRIBUTION	5,000
MOSAIC FERTILIZER, LLC	
CHARLOTTE COMMUNITY FOUNDATION	10,000
CASH CONTRIBUTION	25,000
PATTERSON FOUNDATION	
CASH CONTRIBUTION	40,000
SELBY FOUNDATION CASH CONTRIBUTION	11,000
WELLS FARGO FOUNDATION	11,000
CASH CONTRIBUTION	3,000
KING LOGIE FOUNDATION	
CASH CONTRIBUTION	5,000
FPL CASH CONTRIBUTION	5,000
GOULD FAMILY TRUST	0,000
CASH CONTRIBUTION	19,984
RAYS BASEBALL CLUB, LLC	5 000
CASH CONTRIBUTION	5,000
TOTAL	\$,191,458

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UNITEDWAY UNITED WA	AY OF CHARLOTTE COUNTY INC.			
59-1149995	Federal	Statements	an an an an an an an ann an an an an an	an na ann an an an an an an an an an ann an a
FYE: 3/31/2021				

2012/12/2017

Schedule A, Part II, Line 12 - Current year

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Description	 Amount
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS PPP LOAN FORGIVENESS RENTAL	\$ 36 46,195 11,400
TOTAL	\$ 57,631

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UNITEDWAY	•					⊲: :
Form 8879-E	o		file Signature A an Exempt Orga	anization	1	QMB No 1545-0047
Department of the Treasury Internal Ravenue Service		year 2020, or fiscal year beg ► Do not ► Go to www.ir	nning 4/01 send to the IRS. Keep <u>s.gov/Form8879E0 for</u>	for your records.	/31 ₂₀ 21 1.	2020
Name of exampt organization or	• • • • • • • • • • • • • • • • • • • •	NITED WAY (dentification number
Name and tale of officer or pers	on subject to tax CHA	RLOTTE MILI SIDENT	DF CHARLOTTE LER	COUNTY INC.	<u> 59-1</u>	149995
Part I Type			Whole Dollars Or	ily)		······································
Check the box for the re	turn for which you are	using this Form 8879-	EO and enter the applica	ble amount, if any, from	the return. If yo	DU
check the box on line 1g	1, 2a, 3a, 4a, 5a, 6a, ol	7a below, and the an	nount on that line for the	return being filed with th	is form was	
blank, then leave line 1t), 2b, 3b, 4b, 5b, 6b, 0	r 7b, whichever is app	licable, blank (do not en	ler -0-). But, if you enter	ed -0- on the	
1a Form 990 check he			nore than one line in Par n 990, Part VIII, column			2 240 000
2a Form 990-EZ check		fotal revenue, if any (Foli	Form 000 E7 line 0)			1b <u>2,249,089</u> 2b
3a Form 1120-POL ch		Total tax (Form 112		********	·····	lb
4a Form 990-PF check	(here 🕨 🗌 b Ta	•	Int Income (Form 990-P	F, Part VI, line 5)	• • •	ib
5a Form 8868 check h		lance due (Form 886	8, line 3c)	•••••	5	ib
6a Form 990-T check I		tal tax (Form 990-T, F	· · · · · · · · · · · · · · · · · · ·			ib
7a Form 4720 check h		tal tax (Form 4720, Pi				<u>′b</u>
			on of Officer or Per above organization or			
Under penalties of perju (name of organization)	ly, i declare that	I am an omcer or the	•	I am a person subjection (EIN)		have examined a copy
of the 2020 electronic re	turn and accompanyin	schedules and state				
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			ated within this return tha State program, I also aut			
• •	n's disclosure consent	•				
As an officer or	person subject to tax w	rith respect to the orga	inization, I will enter my F that a copy of the return	PIN as my signature on t	the tax year 202	0
			rill enter my PIN on the re			
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Signature of officer or person su Part III Certif	ication and Auth	entication		Uzio	,,	
ERO's EFIN/PIN. Enter						
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	7	ERO Must Ret	ain This Form — S	ee Instructions		
	Do Not	Submit This Fo	rm to the IRS Unle	ss Requested To	Do So	
For Paperwork Reduc	lion Act Notice, see t	ack of form.				Form 8879-EO (2020)

UNITEDWAY UNITED WAY OF CHARLOTTE COUNTY INC. 59-1149995 FYE: 3/31/2021 Acknowledgement and General Information for Taxpayers Who File Returns Electronically Thank you for taking part in the IRS e-file Program. UNITED WAY OF CHARLOTTE COUNTY INC. 17831 MURDOCK CR. PORT CHARLOTTE, FL 33948 [X] Your Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax for tax year ending March 31, 2021 is being filed electronically with the IRS by the services of DEES & DEES, CPA'S, P.A. [X] Your return was accepted by the IRS on 11/12/21 and the Submission Identification Number assigned to your return is 65639320213160007857.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you can send either an amended electronic tax return or you can send an amended Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax, to the IRS submission processing center that processes paper returns for your area.