Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
The United Way of Lee County, Inc.

Taxpayer identification number (TIN)
59-1005169

Number, street, and room or suite no. If a P.O. box, see instructions.
7273 Concourse Drive

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Fort Myers, FL 33908

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Hannah Pelle
7273 Concourse Drive - Fort Myers, FL 33908

Telephone No. (239)433-2000 Fax No. _____

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

1 I request an automatic 6-month extension of time until November 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 25 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

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

C Name of organization
The United Way of Lee County, Inc.
Doing business as United Way of Lee, Hendry, and G

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7273 Concourse Drive

City or town, state or province, country, and ZIP or foreign postal code
Fort Myers, FL 33908

F Name and address of principal officer: Hannah Pelle
same as C above

D Employer identification number
59-1005169

E Telephone number
239-433-2000

G Gross receipts $ 24,181,604.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: www.unitedwaylee.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1957 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: We are the United Way agency for Lee, Hendry, and Glades Counties.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	65
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	64
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	90
6	Total number of volunteers (estimate if necessary)	6	2700
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	26,386,990.	23,505,446.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	415,354.	207,448.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,833.	22,053.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,999,177.	23,734,947.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,725,979.	18,229,575.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,504,905.	5,553,399.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,037,302.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,568,042.	1,934,364.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,798,926.	25,717,338.
19	Revenue less expenses. Subtract line 18 from line 12	-1,799,749.	-1,982,391.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,868,316.	11,569,291.
21	Total liabilities (Part X, line 26)	2,795,107.	1,927,587.
22	Net assets or fund balances. Subtract line 21 from line 20	12,073,209.	9,641,704.

Part II Signature Block

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

Sign Here

Signature of officer Date
Hannah Pelle, Interim President and CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Amelia Cooper	Amelia Cooper	10/30/26	☐	P00437898

Firm's name CliftonLarsonAllen LLP — Firm's EIN 41-0746749
Firm's address 4501 Tamiami Trail North, Suite 200, Naples, FL 34103-3548 — Phone no. 239-262-8686

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
The United Way of Lee, Hendry, and Glades is a volunteer driven organization dedicated to improving the quality of life for all people in our community. Continued on Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 12,965,394. including grants of $ 11,841,172.) (Revenue $ _____)
The United Way of Lee County Gifts In Kind Program: The United Way Gifts In Kind Program provides nonprofit, health and human services organizations, in Lee, Hendry, and Glades counties with access to quality in-kind goods. GIK acts as a liaison between local and national donors, and participating agencies.
The purpose of GIK is to assist agencies in leveraging their dollars while providing donors with an outlet for distributing surplus and increasing their contribution and support of the local community.

4b (Code: _____) (Expenses $ 665,655. including grants of $ _____) (Revenue $ _____)
WeCare - Across our region, many uninsured residents face acute medical issues but have no access to specialty care. Primary care clinics and safety-net providers do incredible work, but when a patient needs a specialist - an orthopedist, cardiologist, surgeon- options can be extremely limited. That's the gap WeCare fills. We connect uninsured individuals with volunteer medical providers who are willing to offer acute need specialty care at no cost. With over 300 active volunteer providers and more than 200 clients served in 2025, over $8M in value of care was provided to our community.

VITA - For 18 years our Volunteer Income Tax Assistance (VITA) program has provided free, IRS-certified tax preparation services (continued)

4c (Code: _____) (Expenses $ 8,179,117. including grants of $ 6,009,363.) (Revenue $ _____)
Community Impact Fund:
The United Way Community Impact Fund supports over 260 programs throughout a large network of social service agencies. These critical community programs address vital areas such as strengthening families, building resiliency for our most vulnerable populations, supporting youth and empowering communities. United Way Resiliency Hubs: United Way Resiliency Hubs bring needed services into vulnerable communities through the mobilization of the United Way network and key community partners. These centralized locations provide space for agencies to provide their critical programs, providing over 450,000 services each year throughout the network of 18 locations.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,970,593. including grants of $ 379,040.) (Revenue $ _____)

4e Total program service expenses 23,780,759.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	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*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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*	11f	X	
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	65		
	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	64		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Hannah Pelle - (239)433-2000
7273 Concourse Drive, Fort Myers, FL 33908

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joy, Jeannine President/Chief Executive Officer	60.00			X				219,632.	0.	34,747.
(2) Pelle, Hannah Chief Operating Officer	55.00					X		135,653.	0.	18,603.
(3) Hidalgo, Michelle Chief Financial Officer	55.00			X				126,419.	0.	18,066.
(4) Turcotte, Karen Chief Development Officer	55.00					X		122,716.	0.	10,998.
(5) Boyd, Connie Chief HR and Facilities Officer	55.00					X		100,676.	0.	7,662.
(6) Anderson, Kevin Board Member	1.00	X						0.	0.	0.
(7) Barraco, Amy Board Member	1.00	X						0.	0.	0.
(8) Bell, Patricia J. Board Member	1.00	X						0.	0.	0.
(9) Beville, Robert Board Member	1.00	X						0.	0.	0.
(10) Branning, R. Noelle Immediate Past Chair	1.00	X		X				0.	0.	0.
(11) Bryant, Gary Board Member	1.00	X						0.	0.	0.
(12) Carfore, Cindy S. Board Member	1.00	X						0.	0.	0.
(13) Carlin, Denise Board Member	1.00	X						0.	0.	0.
(14) Chlumsky, Nick Board Member	1.00	X						0.	0.	0.
(15) Clinger, John Board Member	1.00	X						0.	0.	0.
(16) Espinoza, Maria Board Member	1.00	X						0.	0.	0.
(17) Fry, David L. Board Member	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Goss, Chauncey P. Board Member	1.00	X						0.	0.	0.
(19) Griffin, Gary H. Board Member	1.00	X						0.	0.	0.
(20) Hansen, Chris Board Member	1.00	X						0.	0.	0.
(21) Hartman, Barbara Board Member	1.00	X						0.	0.	0.
(22) Hawkins, Cynthia M. Board Treasurer	1.00	X		X				0.	0.	0.
(23) Hendry, Beth Board Member	1.00	X						0.	0.	0.
(24) Herzog, Wane Board Member	1.00	X						0.	0.	0.
(25) Hudson, Michelle Board Member	1.00	X						0.	0.	0.
(26) Humphreys, Matthew Board Chair	1.00	X		X				0.	0.	0.
1b **Subtotal**								705,096.	0.	90,076.
c **Total from continuation sheets to Part VII, Section A**								0.	0.	0.
d **Total (add lines 1b and 1c)**								705,096.	0.	90,076.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

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

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

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Idelson, Charles Board Member	1.00	X						0.	0.	0.
(28) Jackson, Sally Board Member	1.00	X						0.	0.	0.
(29) Johnson, Calli Board Member	1.00	X						0.	0.	0.
(30) Joyce, John Board Member	1.00	X						0.	0.	0.
(31) Karnes, Kevin Board Chair	1.00	X		X				0.	0.	0.
(32) Kershaw, Andrea Board Member	1.00	X						0.	0.	0.
(33) Klein, David Board Member	1.00	X						0.	0.	0.
(34) Lapi, Tony Board Member	1.00	X						0.	0.	0.
(35) Lucas, Brian Board Member	1.00	X						0.	0.	0.
(36) Lucas, David Board Member	1.00	X						0.	0.	0.
(37) Martus, Stephen Board Member	1.00	X						0.	0.	0.
(38) Matter, Gary Board Member	1.00	X						0.	0.	0.
(39) McMillion, Tracy Board Member	1.00	X						0.	0.	0.
(40) Miller, Charlotte Board Member	1.00	X						0.	0.	0.
(41) Moreland, Victoria Board Member	1.00	X						0.	0.	0.
(42) Motzer, Bill Board Member	1.00	X						0.	0.	0.
(43) Mullinax, Landon Board Member	1.00	X						0.	0.	0.
(44) Mundy, Barbara Board Member	1.00	X						0.	0.	0.
(45) Nelson, Stan Board Member	1.00	X						0.	0.	0.
(46) Nygaard, Scott Board Member	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) O'Berski, Dan Board Member	1.00	X						0.	0.	0.
(48) O'Donnell, Patricia Board Member	1.00	X						0.	0.	0.
(49) Oliver, David Board Member	1.00	X						0.	0.	0.
(50) Parrish, Harlan C. Board Member	1.00	X						0.	0.	0.
(51) Pogar, Janet Board Member	1.00	X						0.	0.	0.
(52) Pontius, Steve Board Member	1.00	X						0.	0.	0.
(53) Prather, Will Board Member	1.00	X						0.	0.	0.
(54) Rivera, Peter Board Member	1.00	X						0.	0.	0.
(55) Rodriguez, Victoria Assistant Board Treasurer	1.00	X		X				0.	0.	0.
(56) Rogers, Carolyn Board Member	1.00	X						0.	0.	0.
(57) Ryan, Karen L. Board Member	1.00	X						0.	0.	0.
(58) Salyer, Glen Board Member	1.00	X						0.	0.	0.
(59) Santos, Jay Board Chair	1.00	X		X				0.	0.	0.
(60) Sherman, Brendan Board Member	1.00	X						0.	0.	0.
(61) Shearman, Robert C. Board Member	1.00	X						0.	0.	0.
(62) Simmering, Bryan Board Member	1.00	X						0.	0.	0.
(63) Snell, Mary Board Secretary	1.00	X		X				0.	0.	0.
(64) Streger, John Board Member	1.00	X						0.	0.	0.
(65) Stryker, Mike Board Member	1.00	X						0.	0.	0.
(66) Todd, Ted Board Member	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) Uhler, Tom Board Member	1.00	X						0.	0.	0.
(68) Vertich, Corey Board Member	1.00	X						0.	0.	0.
(69) Wallace, Darren Board Member	1.00	X						0.	0.	0.
(70) White, Scott Board Member	1.00	X						0.	0.	0.
(71) Wilks, Earnest J. Board Member	1.00	X						0.	0.	0.
(72) Williams, Christy Board Member	1.00	X						0.	0.	0.
(73) Zwack, Matthew Board Member	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,820.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,041,194.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,420,432.				
	g Noncash contributions included in lines 1a-1f	1g	$ 10,659,388.				
	h **Total.** Add lines 1a-1f			23,505,446.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			128,646.			128,646.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	510,077.				
	b Less: cost or other basis and sales expenses	7b	431,275.				
	c Gain or (loss)	7c	78,802.				
	d Net gain or (loss)			78,802.			78,802.
	8a Gross income from fundraising events (not including $ 43,820. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	15,382.				
	c Net income or (loss) from fundraising events			-15,382.			-15,382.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a Miscelleneous		900099	37,435.			37,435.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			37,435.			
	12 **Total revenue.** See instructions			23,734,947.	0.	0.	229,501.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,850,535.	17,850,535.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	379,040.	379,040.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	398,864.	165,347.	182,642.	50,875.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,228,853.	3,160,114.	457,085.	611,654.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,108.	65,613.	23.	12,472.
9 Other employee benefits	499,767.	376,013.	47,112.	76,642.
10 Payroll taxes	347,807.	252,581.	45,970.	49,256.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,550.		26,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,483.		15,483.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	271,248.	243,708.	11,280.	16,260.
12 Advertising and promotion				
13 Office expenses	37,970.		8,550.	29,420.
14 Information technology	65,798.	25,164.	20,270.	20,364.
15 Royalties				
16 Occupancy	530,697.	524,136.	2,935.	3,626.
17 Travel	55,517.	45,024.	877.	9,616.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,729.	7,334.	743.	652.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	291,323.	263,889.	17,770.	9,664.
23 Insurance	99,741.	51,031.	44,642.	4,068.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Program supplies	158,395.	158,395.		
b Utilities	107,162.	90,108.	9,527.	7,527.
c Equipment and vehicles	88,199.	81,104.	4,131.	2,964.
d Printing and Postage	70,659.	15,931.	2,780.	51,948.
e All other expenses	106,893.	25,692.	907.	80,294.
25 **Total functional expenses.** Add lines 1 through 24e	25,717,338.	23,780,759.	899,277.	1,037,302.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,264,268.	1	1,008.
	2	Savings and temporary cash investments	2,707,036.	2	411,435.
	3	Pledges and grants receivable, net	1,035,248.	3	1,504,940.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	240,691.	7	456,501.
	8	Inventories for sale or use	3,778,562.	8	2,661,284.
	9	Prepaid expenses and deferred charges	83,383.	9	98,488.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 4,971,360.			
	b	Less: accumulated depreciation — 10b: 1,991,938.	2,164,233.	10c	2,979,422.
	11	Investments - publicly traded securities	2,199,319.	11	2,407,831.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,395,576.	15	1,048,382.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	14,868,316.	16	11,569,291.
Liabilities	17	Accounts payable and accrued expenses	556,680.	17	448,104.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	357,980.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,238,427.	25	1,121,503.
	26	**Total liabilities.** Add lines 17 through 25	2,795,107.	26	1,927,587.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,621,776.	27	4,531,791.
	28	Net assets with donor restrictions	4,451,433.	28	5,109,913.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	12,073,209.	32	9,641,704.
	33	Total liabilities and net assets/fund balances	14,868,316.	33	11,569,291.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,734,947.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,717,338.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,982,391.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,073,209.
5	Net unrealized gains (losses) on investments	5	159,814.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-608,928.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,641,704.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16581358.	30130908.	45133796.	26386990.	23505446.	141738498
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	16581358.	30130908.	45133796.	26386990.	23505446.	141738498
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6035951.
6 **Public support.** Subtract line 5 from line 4.						135702547

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	16581358.	30130908.	45133796.	26386990.	23505446.	141738498
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	123,776.	50,135.	62,967.	77,539.	128,646.	443,063.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						142181561

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	95.44 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	95.64 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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 with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	3c		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: The United Way of Lee County, Inc.

Employer identification number: 59-1005169

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 801,366.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		$ 691,581.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3		$ 832,344.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		$ 600,107.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 5,666,062.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: The United Way of Lee County, Inc.

Employer identification number: 59-1005169

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Furniture and homegoods	$ 801,366.	12/31/25
2	Furniture/Homegoods	$ 691,581.	12/31/25
3	Household Goods	$ 832,344.	12/31/25
5	Apparel/furniture/homegoods	$ 5,666,062.	12/31/25
		$	
		$	

Name of organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The United Way of Lee County, Inc.

Employer identification number
59-1005169

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

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

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,338,399.	2,343,707.	2,421,643.	3,016,147.	2,757,223.
b Contributions					
c Net investment earnings, gains, and losses	401,732.	270,991.	389,249.	-429,599.	476,940.
d Grants or scholarships					
e Other expenditures for facilities and programs	167,741.	260,972.	452,271.	137,978.	202,814.
f Administrative expenses	15,614.	15,327.	14,914.	26,927.	15,202.
g End of year balance	2,556,776.	2,338,399.	2,343,707.	2,421,643.	3,016,147.

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

a Board designated or quasi-endowment 100 %
b Permanent endowment .0000 %
c Term endowment .0000 %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		179,192.		179,192.
b Buildings		3,445,717.	1,429,956.	2,015,761.
c Leasehold improvements		127,049.	32,847.	94,202.
d Equipment		605,596.	259,790.	345,806.
e Other		613,806.	269,345.	344,461.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,979,422.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) Beneficial Interest In Assets Held by Others	148,945.
(2) Right of Use Assets	899,437.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	1,048,382.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Donor designations payable	117,194.
(3) Lease Liabilities	939,033.
(4) Refundable Advance	59,339.
(5) Deferred revenue	5,937.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,121,503.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	31,588,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	159,814.		
b	Donated services and use of facilities	2b	8,302,851.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	15,382.		
e	Add lines 2a through 2d			2e	8,478,047.
3	Subtract line 2e from line 1			3	23,110,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,483.		
b	Other (Describe in Part XIII.)	4b	608,928.		
c	Add lines 4a and 4b			4c	624,411.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	23,734,947.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	34,020,088.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	8,302,851.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	15,382.		
e	Add lines 2a through 2d			2e	8,318,233.
3	Subtract line 2e from line 1			3	25,701,855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,483.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	15,483.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	25,717,338.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:
The unrestricted Board Designated Endowment is being held to support the mission of the Organization.

Part X, Line 2:
The Organization is designated as a 501(c)(3) charitable organization by the Internal Revenue Service and is exempt from federal and state income taxes. The Organization follows the income tax standard for uncertain tax positions. The Organization has evaluated its tax positions and determined it has no uncertain tax positions as of December 31, 2025 and 2024.

Part XI, Line 2d - Other Adjustments:
Fundraising expenses 15,382.

Part XI, Line 4b - Other Adjustments:
Uncollectible pledges 608,928.

Part XII, Line 2d - Other Adjustments:
Fundraising Expenses 15,382.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

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

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

		(a) Event #1 Swing into Spring (event type)	(b) Event #2 Mighty Mussels (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	39,829.	3,991.		43,820.
	2 Less: Contributions	39,829.	3,991.		43,820.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,856.	2,140.		3,996.
	7 Food and beverages	10,296.	938.		11,234.
	8 Entertainment				
	9 Other direct expenses	152.			152.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				15,382.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-15,382.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: The United Way of Lee County, Inc.

Employer identification number: 59-1005169

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4Kids of Southwest Florida 4983 Royal Gulf Cir Fort Myers, FL 33966	61-1416525	501(c)(3)	0.	13,078.	FMV	Furniture & Housewares	Allocation for General Support
Abuse Counseling and Treatment (ACT) - 407 Center Road - Fort Myers, FL 33907	59-1864735	501(c)(3)	354,450.	65,911.	FMV	Furniture & Housewares	Allocation for General Support
Adult Family Care 317 Pennfield St. Lehigh Acres, FL 33974	27-1302947	501(c)(3)	0.	6,094.	FMV	Furniture & Housewares	Allocation for General Support
Agape Home 3 Avenue J Fort Myers, FL 33471	65-0721743	501(c)(3)	10,000.	0.	n/a	n/a	Allocation for General Support
Aids Healthcare Foundation 2231 McGregor Boulevard Fort Myers, FL 33901	95-4112121	501(c)(3)	90,000.	50,526.	FMV	Furniture & Housewares	Allocation for General Support
Alliance for the Arts 10091 McGregor Blvd Fort Myers, FL 33919	51-0182649	501(c)(3)	17,500.	32,517.	FMV	Furniture & Housewares	Allocation for General Support

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

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

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alvin A. Dubin Alzheimer's Resource Center - 12685 New Brittany Blvd. - Fort Myers, FL 33907	65-0580633	501(c)(3)	111,750.	0.	n/a	n/a	Allocation for General Support
American Red Cross Florida's Southern Gulf - 7051 Cypress Terrace, Suite 110 - Fort Myers, FL 33907	53-0196605	501(c)(3)	64,500.	0.	n/a	n/a	Allocation for General Support
Amigos Center 1560 Matthew Drive, Suite A Fort Myers, FL 33907	59-3646095	501(c)(3)	13,000.	9,190.	FMV	Furniture & Housewares	Allocation for General Support
Area Agency on Aging for Southwest Florida - 2830 Winkler Ave Suite 112 - Fort Myers, FL 33916	59-1854441	501(c)(3)	0.	7,580.	FMV	Furniture & Housewares	Allocation for General Support
Beacon of HOPE 5090 Doug Taylor Circle St. James City, FL 33956	03-0551791	501(c)(3)	57,400.	201,970.	FMV	Furniture & Housewares	Allocation for General Support
Big Brothers Big Sisters of the Sun Co - 1000 South Tamiami Trail - Venice, FL 34285	59-1361826	501(c)(3)	80,500.	0.	n/a	n/a	Allocation for General Support
Blessings in a Backpack, Lee County - PO Box 61402 - Fort Myers, FL 33906	26-1964620	501(c)(3)	48,000.	0.	n/a	n/a	Allocation for General Support
Bonita Senior Center 25999 Old 41 Rd Bonita Springs, FL 34135	84-4799485	501(c)(3)	10,000.	0.	n/a	n/a	Allocation for General Support
Bonita Springs (FL) Lions Eye Clinic - 10322 Pennsylvania Ave. - Bonita Springs, FL 34135	45-0560906	501(c)(3)	36,500.	0.	n/a	n/a	Allocation for General Support

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bonita Springs Assistance Office 25300 Bernwood Drive #6 Bonita Springs, FL 34135	59-2337909	501(c)(3)	39,500.	0.	n/a	n/a	Allocation for General Support
Boy Scouts of America, Southwest Florida Council - 1801 Boy Scout Drive - Fort Myers, FL 33907	59-1150488	501(c)(3)	159,250.	18,695.	FMV	Furniture & Housewares	Allocation for General Support
Boys & Girls Clubs of Lee County 9371 Cypress Lake Drive, Unit 5 Fort Myers, FL 33919	59-2013870	501(c)(3)	215,880.	0.	n/a	n/a	Allocation for General Support
Bridges 2 New Beginnings 382 NE 191st St Miami, FL 33179	33-2300174	501(c)(3)	0.	11,431.	FMV	Furniture & Housewares	Allocation for General Support
Cafe of Life 10540 Childers Street Bonita Springs, FL 34135	65-0832961	501(c)(3)	40,500.	94,199.	FMV	Furniture & Housewares	Allocation for General Support
Cancer Alliance of Naples 3384 Woods Edge Circle, Suite 102 Bonita Springs, FL 34134	22-3879709	501(c)(3)	13,000.	0.	n/a	n/a	Allocation for General Support
Cape Christian 2110 Chiquita Blvd S Cape Coral, FL 33991	65-0098788	501(c)(3)	0.	43,528.	FMV	Furniture & Housewares	Allocation for General Support
Catholic Charities of Lee, Hendry & Glades - 4235 Michigan Ave Link - Fort Myers, FL 33916	59-2473176	501(c)(3)	124,000.	17,053.	FMV	Furniture & Housewares	Allocation for General Support
Challenged Minds Learning Center, Inc - 1851 Commercial Dr - Fort Myers, FL 33901	27-1408793	501(c)(3)	0.	8,962.	FMV	Furniture & Housewares	Allocation for General Support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child Care of Southwest Florida 6831 Palisades Park Ct. Suite 6 Fort Myers, FL 33912	59-6198583	501(c)(3)	114,500.	77,049.	FMV	Furniture & Housewares	Allocation for General Support
Children's Advocacy Center of Southwest Florida - 3830 Evans Avenue - Fort Myers, FL 33901	65-0007620	501(c)(3)	413,100.	30,622.	FMV	Furniture & Housewares	Allocation for General Support
Children's Home Society of Florida - Southwest Division - 13650 Fiddlesticks Blvd. Suite 202-296 - Fort Myers, FL 33912	59-0192430	501(c)(3)	151,386.	148,416.	FMV	Furniture & Housewares	Allocation for General Support
Children's Network of SWFL 2232 Altamont Ave. Fort Myers, FL 33901	20-4968228	501(c)(3)	54,167.	92,721.	FMV	Furniture & Housewares	Allocation for General Support
Churches on the Streets 2000 N Recreation Way North Fort Myers, FL 33903	46-4959420	501(c)(3)	0.	15,469.	FMV	Furniture & Housewares	Allocation for General Support
City Takers SWFL 3592 Broadway Fort Myers, FL 33901	80-0320010	501(c)(3)	0.	387,953.	FMV	Furniture & Housewares	Allocation for General Support
Community Assisted & Supported Living Inc - 1928 2nd St. - Sarasota, FL 33901	65-0869993	501(c)(3)	0.	32,784.	FMV	Furniture & Housewares	Allocation for General Support
Community Cooperative 3429 Dr. Martin Luther King Jr. Blv Fort Myers, FL 33916	59-2602772	501(c)(3)	374,500.	10,176.	FMV	Furniture & Housewares	Allocation for General Support
Compass 82 1358 Hooper Ave Toms River, NJ 08753	46-3845002	501(c)(3)	0.	12,323.	FMV	Furniture & Housewares	Allocation for General Support

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cornerstone Church of Fort Myers, Inc - 3220 Dr. Martin Luther King Jr Blvd - Fort Myers, FL 33916	92-2969300	501(c)(3)	0.	70,290.	FMV	Furniture & Housewares	Allocation for General Support
Deaf & Hard of Hearing Center 1860 Boy Scout Drive B208 Fort Myers, FL 33907	58-2398372	501(c)(3)	18,000.	0.	n/a	n/a	Allocation for General Support
Disaster Recovery - Multiple Partners - 2754 Orange Street - Fort Myers, FL 33907	86-3050546	501(c)(3)	0.	585,255.	FMV	Furniture & Housewares	Allocation for General Support
Dr. Piper Center for Social Services - 2607 Dr. Ella Piper Way - Fort Myers, FL 33916	65-0788551	501(c)(3)	70,000.	74,283.	FMV	Furniture & Housewares	Allocation for General Support
Dress for Success 12995 S. Cleveland Ave. Suite 153 Fort Myers, FL 33907	27-2177347	501(c)(3)	13,000.	0.	n/a	n/a	Allocation for General Support
Dunbar Community Outreach, Inc 2754 Orange St Fort Myers, FL 33916	86-3050546	501(c)(3)	0.	184,914.	FMV	Furniture & Housewares	Allocation for General Support
EHL Fragile X Foundation 413 Van Loon Lane #107 Cape Coral, FL 33909	82-0844169	501(c)(3)	0.	28,800.	FMV	Furniture & Housewares	Allocation for General Support
Epilepsy Services of Southwest Florida - 1750 17th Avenue - Sarasota, FL 34234	59-3281492	501(c)(3)	28,000.	0.	n/a	n/a	Allocation for General Support
Eva's Foundation 16331 Old U.S. 41 Fort Myers, FL 33912	81-4202200	501(c)(3)	4,000.	439,255.	FMV	Furniture & Housewares	Allocation for General Support

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
F.I.S.H. of Sanibel-Captiva 2430 Periwinkle Way Sanibel, FL 33957	20-8892375	501(c)(3)	67,500.	208,481.	FMV	Furniture & Housewares	Allocation for General Support
Family Health Centers of SWFL 2256 Heitman St Fort Myers, FL 33901	59-1741273	501(c)(3)	0.	52,369.	FMV	Furniture & Housewares	Allocation for General Support
Family Initiative 734 SW 4th Street Cape Coral, FL 33991	46-1528487	501(c)(3)	20,500.	0.	n/a	n/a	Allocation for General Support
FGCU Foundation/PSEP/Scholars Program - 10501 FGCU Blvd S - Fort Myers, FL 33965	65-0403969	501(c)(3)	25,600.	0.	n/a	n/a	Allocation for General Support
Florida Treatment for Change 2180 Maravilla Ln. Unit 1 Fort Myers, FL 33901	83-3521116	501(c)(3)	17,600.	23,733.	FMV	Furniture & Housewares	Allocation for General Support
FMB Strong 820 Buttonwood Dr Fort Myers Beach, FL 33931	32-0242186	501(c)(3)	0.	145,841.	FMV	Furniture & Housewares	Allocation for General Support
For Prophet 3592 Broadway suite 130 Fort Myers, FL 33901	82-3726453	501(c)(3)	0.	462,087.	FMV	Furniture & Housewares	Allocation for General Support
Freedom Clubhouse of Fort Myers 6313 Corporate #140 Fort Myers, FL 33919	33-2221712	501(c)(3)	0.	17,840.	FMV	Furniture & Housewares	Allocation for General Support
Freeway Isaiah 58:12 Corp 3903 Dr. Martin Luther King Blvd Fort Myers, FL 33916	99-4108879	501(c)(3)	0.	80,272.	FMV	Furniture & Housewares	Allocation for General Support

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gigi's Playhouse 1901 Brantley Raod, #11 Fort Myers, FL 33907	82-1124956	501(c)(3)	10,000.	0.	n/a	n/a	Allocation for General Support
Girl Scouts of Gulfcoast Florida 4780 Cattlemen Road Sarasota, FL 34233	59-0760212	501(c)(3)	33,000.	0.	n/a	n/a	Allocation for General Support
Goodwill Industries of Southwest Florida - 5100 Tice St. - Fort Myers, FL 33905	59-6196141	501(c)(3)	110,400.	31,345.	FMV	Furniture & Housewares	Allocation for General Support
Greater Pine Island Alliance 10484 Stringfellow Rd St James City, FL 33956	92-1305064	501(c)(3)	0.	97,685.	FMV	Furniture & Housewares	Allocation for General Support
Guardian ad Litem Foundation (Voices for Kids) A.N.A.'s Friends - 2075 W First St #300 - Fort Myers, FL 33901	59-3044475	501(c)(3)	37,535.	0.	n/a	n/a	Allocation for General Support
Gulf Coast Humane Society 2010 Arcadia St. Fort Myers, FL 33916	59-0806978	501(c)(3)	45,000.	0.	n/a	n/a	Allocation for General Support
Habitat for Humanity of Lee and Hendry County - 12751 New Brittany Blvd Suite 100 - Fort Myers, FL 33907	59-2236174	501(c)(3)	0.	78,877.	FMV	Furniture & Housewares	Allocation for General Support
Harry Chapin Food Bank of Southwest Florida - 3760 Fowler St. - Fort Myers, FL 34288	59-2332120	501(c)(3)	197,845.	10,298.	FMV	Furniture & Housewares	Allocation for General Support
Health Planning Council 8961 Daniels Center Drive Fort Myers, FL 33912	59-2269305	501(c)(3)	23,000.	0.	n/a	n/a	Allocation for General Support

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Families 1140 Pratt Blvd. LaBelle, FL 33935	59-3502843	501(c)(3)	13,000.	0.	n/a	n/a	Allocation for General Support
Healthy Start of Southwest Florida 1921 Jefferson Ave. Fort Myers, FL 33901	65-0378720	501(c)(3)	55,750.	325,497.	FMV	Furniture & Housewares	Allocation for General Support
Hearts & Homes for Veterans 2230 Alicia St Fort Myers, FL 33901	46-2570640	501(c)(3)	0.	66,101.	FMV	Furniture & Housewares	Allocation for General Support
HOPE Clubhouse 3602 Broadway Fort Myers, FL 33901	30-0437443	501(c)(3)	33,500.	5,370.	FMV	Furniture & Housewares	Allocation for General Support
Hope HealthCare Services 9470 Healthpark Circle Fort Myers, FL 33908	59-2128697	501(c)(3)	58,000.	0.	n/a	n/a	Allocation for General Support
House of Hope 3602 Broadway Fort Myers, FL 33901	30-0437443	501(c)(3)	0.	144,485.	FMV	Furniture & Housewares	Allocation for General Support
I WILL Mentorship Foundation 3903 MLK Blvd Suite B Fort Myers, FL 33916	47-3761436	501(c)(3)	32,050.	0.	n/a	n/a	Allocation for General Support
IMPACT For Developmental Education 1650 Medical Lane #4 Fort Myers, FL 33907	59-1935415	501(c)(3)	134,000.	10,381.	FMV	Furniture & Housewares	Allocation for General Support
Inspiritus, Inc P.O. Box 7829 Atlanta, GA 30357	58-1535692	501(c)(3)	0.	7,624.	FMV	Furniture & Housewares	Allocation for General Support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Integrity Church 10421 Pennsylvania Ave Bonita Springs, FL 34135	26-1668738	501(c)(3)	0.	239,458.	FMV	Furniture & Housewares	Allocation for General Support
Interfaith Charities of South Lee 17592 Rockefeller Circle Fort Myers, FL 33967	65-0362473	501(c)(3)	78,000.	0.	n/a	n/a	Allocation for General Support
Jewish Federation 9701 Commerce Center Ct. Fort Myers, FL 33908	59-2668992	501(c)(3)	21,500.	0.	n/a	n/a	Allocation for General Support
Kimmie's Recovery Zone 9090 Gladioulus Preserve Circle Fort Myers, FL 33908	83-3244277	501(c)(3)	0.	41,047.	FMV	Furniture & Housewares	Allocation for General Support
Kingdom First Enterprises 1428 S Brandywine Cir Fort Myers, FL 33919	32-0551594	501(c)(3)	0.	13,979.	FMV	Furniture & Housewares	Allocation for General Support
Laces of Love 2077 J and C Blvd Naples, FL 34109	20-2870936	501(c)(3)	0.	142,889.	FMV	Furniture & Housewares	Allocation for General Support
LARC 2570 Hanson Street Fort Myers, FL 33901	59-0968911	501(c)(3)	261,000.	115,907.	FMV	Furniture & Housewares	Allocation for General Support
Lee County Housing Development Corp - 3677 Central Ave. - Fort Myers, FL 33901	65-0295038	501(c)(3)	0.	460,640.	FMV	Furniture & Housewares	Allocation for General Support
Lee County Human&Veteran Services 2440 Thompson St Fort Myers, FL 33901	59-6000702	501(c)(3)	0.	58,854.	FMV	Furniture & Housewares	Allocation for General Support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lee County Legal Aid Society 2400 First St, Ste 214 Fort Myers, FL 33901	59-1163686	501(c)(3)	159,000.	0.	n/a	n/a	Allocation for General Support
Lee County School District/Social Norming Project - 2855 Colonial Blvd - Fort Myers, FL 33966	59-2637849	501(c)(3)	25,000.	295,631.	FMV	Furniture & Housewares	Allocation for General Support
Lee County Sheriff's Office 14750 Six Mile Cypress Parkway Fort Myers, FL 33912	59-0329530	501(c)(3)	0.	22,458.	FMV	Furniture & Housewares	Allocation for General Support
Lee County Sheriff's Youth Activities League - 12611 New Brittany Blvd - Fort Myers, FL 33907	26-1557408	501(c)(3)	0.	149,674.	FMV	Furniture & Housewares	Allocation for General Support
Lee County Unmet Needs Long Term Recovery Group - 1000 Pinebrook Road - Venice, FL 34285	59-2473176	501(c)(3)	0.	20,090.	FMV	Furniture & Housewares	Allocation for General Support
Lehigh Community Services 201 Plaza Dr Lehigh Acres, FL 33936	59-1773738	501(c)(3)	108,600.	6,894.	FMV	Furniture & Housewares	Allocation for General Support
Lighthouse of SWFL 35 W. Mariana Ave. N. Fort Myers, FL 33903	59-1665257	501(c)(3)	86,150.	0.	n/a	n/a	Allocation for General Support
Literacy Council of the Gulf Coast 26820 Old 41 Road Bonita Springs, FL 34135	65-0153890	501(c)(3)	187,500.	0.	n/a	n/a	Allocation for General Support
Lutheran Services 3615 Central Avenue #4 Fort Myers, FL 33901	59-2198911	501(c)(3)	30,000.	63,915.	FMV	Furniture & Housewares	Allocation for General Support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Meals of Hope 2221 Corporation Boulevard Naples, FL 34109	27-0268307	501(c)(3)	18,000.	0.	n/a	n/a	Allocation for General Support
Midwest Food Bank 5601 Division Dr. Fort Myers, FL 33905	41-2120170	501(c)(3)	18,000.	0.	n/a	n/a	Allocation for General Support
Multiple Sclerosis Center of Southwest Florida - 1545 Raymond Diehl Road #250 - Tallahassee, FL 32308	01-0973168	501(c)(3)	15,500.	0.	n/a	n/a	Allocation for General Support
NAMI Lee County 8200 Health Center Blvd. Suite 104 Estero, FL 34135	31-1763776	501(c)(3)	55,000.	0.	n/a	n/a	Allocation for General Support
New Horizons of SWFL 8191 College Parkway Fort Myers, FL 33919	65-0122844	501(c)(3)	43,000.	0.	n/a	n/a	Allocation for General Support
Our Mother's Home of Southwest Florida - P.O. Box 111833 - Naples, FL 34108	11-3678086	501(c)(3)	22,000.	7,150.	FMV	Furniture & Housewares	Allocation for General Support
PACE Center for Girls of Lee County - 7438 Carrier RD - Fort Myers, FL 33967	65-0510103	501(c)(3)	46,100.	0.	n/a	n/a	Allocation for General Support
Partners for Breast Cancer Care 3800 Evans Avenue Fort Myers, FL 33901	59-2414492	501(c)(3)	38,000.	0.	n/a	n/a	Allocation for General Support
Pine Manor Improvement Association 5547 10th Ave Fort Myers, FL 33906	65-0133208	501(c)(3)	78,000.	30,409.	FMV	Furniture & Housewares	Allocation for General Support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Police Athletic League - Fort Myers - 3280 Marion Street - Fort Myers, FL 33916	65-0118480	501(c)(3)	8,000.	0.	n/a	n/a	Allocation for General Support
Premier Mobile Health Services 10676 Colonial, Suite 20 Fort Myers, FL 33906	82-5372657	501(c)(3)	10,000.	0.	n/a	n/a	Allocation for General Support
Project Dentists Care 2051 McGregor Blvd Fort Myers, FL 33901	65-0822909	501(c)(3)	96,500.	0.	n/a	n/a	Allocation for General Support
Providence Family Life Center 3592 Broadway Ste 130A Fort Myers, FL 33901	80-0933776	501(c)(3)	0.	44,465.	FMV	Furniture & Housewares	Allocation for General Support
Quality Life Center 3210 Dr. Martin Luther King Jr. Blv Fort Myers, FL 33916	65-0321309	501(c)(3)	61,030.	115,881.	FMV	Furniture & Housewares	Allocation for General Support
RCMA 402 West Main Street Immokalee, FL 34142	59-1221966	501(c)(3)	20,000.	263,233.	FMV	Furniture & Housewares	Allocation for General Support
Reach Global Crisis Response 901 E 78th Street Minneapolis, MN 55442	41-0721672	501(c)(3)	0.	37,031.	FMV	Furniture & Housewares	Allocation for General Support
Rebuilding Together 3049 Cleveland Ave Suite 200 Fort Myers, FL 33907	59-3664580	501(c)(3)	0.	42,792.	FMV	Furniture & Housewares	Allocation for General Support
Regenerate Your Authentic Nature 6900 Daniels Parkway Suite 29 PMB 1 Fort Myers, FL 33912	46-2389728	501(c)(3)	0.	76,828.	FMV	Furniture & Housewares	Allocation for General Support

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Resource De Layor, Inc 6084 Timberwood Cir Apt 322 Fort Myers, FL 33908	93-1897569	501(c)(3)	0.	167,469.	FMV	Furniture & Housewares	Allocation for General Support
Sacred Souls Sanctuary, Inc 688 Moringmist Ln Lehigh Acres, FL 33974	87-3805551	501(c)(3)	0.	159,473.	FMV	Furniture & Housewares	Allocation for General Support
SalusCare 3763 Evans Avenue Fort Myers, FL 33901	59-1287693	501(c)(3)	363,392.	13,995.	FMV	Furniture & Housewares	Allocation for General Support
Salvation Army of Lee, Hendry & Glades - 10291 McGregor Boulevard - Fort Myers, FL 33919	58-0660607	501(c)(3)	348,800.	148,748.	FMV	Furniture & Housewares	Allocation for General Support
Senior Friendship Centers of Lee County - 5272 Summerlin Commons Way - Fort Myers, FL 33907	59-1522614	501(c)(3)	30,000.	0.	n/a	n/a	Allocation for General Support
Special Equestrians 5121 Staley Road Fort Myers, FL 33905	65-0250071	501(c)(3)	43,000.	0.	n/a	n/a	Allocation for General Support
St Matthew's House 2001 Airport Road South Naples, FL 34112	65-1110501	501(c)(3)	27,500.	0.	n/a	n/a	Allocation for General Support
St Vincent de Paul CARES 2891 Center Point Drive Suite 102 Fort Myers, FL 33916	59-2380770	501(c)(3)	0.	48,991.	FMV	Furniture & Housewares	Allocation for General Support
SWFL Regional Coalition To End Homelessness - 1791 Trade Center Way, Suite D - Naples, FL 34109	04-3610154	501(c)(3)	0.	5,129.	FMV	Furniture & Housewares	Allocation for General Support

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Center for Progress and Excellence - 1500 Colonial Blvd Suite 233 - Fort Myers, FL 33907	47-4810710	501(c)(3)	0.	21,685.	FMV	Furniture & Housewares	Allocation for General Support
The Florida Conference of the United Methodist Church - 450 Martin Luther King Jr. Avenue - Lakeland, FL 33815	59-0904361	501(c)(3)	0.	73,790.	FMV	Furniture & Housewares	Allocation for General Support
The Foundation for Lee County Public Schools - 2266 Second St - Fort Myers, FL 33901	59-2637849	501(c)(3)	0.	271,316.	FMV	Furniture & Housewares	Allocation for General Support
The Heights Center 15570 Hagie Drive Fort Myers, FL 33908	45-5595206	501(c)(3)	64,500.	17,812.	FMV	Furniture & Housewares	Allocation for General Support
The Housing Authority 4224 Renaissance Preserve Way Fort Myers, FL 33916	99-3501529	501(c)(3)	0.	6,257.	FMV	Furniture & Housewares	Allocation for General Support
The Lee County Coalition for a Drug-Free Southwest Florida - PO Box 61688 - Fort Myers, FL 33906	59-3052892	501(c)(3)	10,250.	0.	n/a	n/a	Allocation for General Support
The McGregor Clinic, Inc 3487 Broadway Fort Myers, FL 33901	65-0922489	501(c)(3)	0.	56,123.	FMV	Furniture & Housewares	Allocation for General Support
The New Beginnings 4810 Marine Drive Cape Coral, FL 33904	45-2842513	501(c)(3)	0.	14,444.	FMV	Furniture & Housewares	Allocation for General Support
The Phoenix House Project 3441 Colonial Blvd Fort Myers, FL 33966	87-3029852	501(c)(3)	0.	19,092.	FMV	Furniture & Housewares	Allocation for General Support

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Sky Family YMCA Fort Myers and Bonita - 701 Center Rd - Venice, FL 34285	59-1629660	501(c)(3)	223,250.	0.	n/a	n/a	Allocation for General Support
Thrive SWFL 907 SE 5th Ave Cape Coral, FL 33990	65-0529641	501(c)(3)	0.	142,946.	FMV	Furniture & Housewares	Allocation for General Support
Title 1 Migrant Eduction Program 2855 Colonial Blvd Fort Myers, FL 33966	59-2637849	501(c)(3)	0.	167,756.	FMV	Furniture & Housewares	Allocation for General Support
Trailways Camps 3502 Harbor Ct. Fort Myers, FL 33908	88-2818905	501(c)(3)	13,000.	11,149.	FMV	Furniture & Housewares	Allocation for General Support
United Way 7273 Concourse Dr Fort Myers, FL 33390	59-1005169	501(c)(3)	0.	3,396,014.	FMV	Furniture & Housewares	Allocation for General Support
Urban Strategies, Inc 2990 Edison Ave Fort Myers, FL 33916	43-1141027	501(c)(3)	0.	14,590.	FMV	Furniture & Housewares	Allocation for General Support
Valerie's House 1762 Fowler Street Fort Myers, FL 33902	47-3701240	501(c)(3)	47,000.	0.	n/a	n/a	Allocation for General Support
Visuality, Inc 2506 Second St #106 Fort Myers, FL 33901	45-2399065	501(c)(3)	0.	7,966.	FMV	Furniture & Housewares	Allocation for General Support

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Direct Assistance	1158	379,040.	0.		

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

Part I, Line 2:
Extensive application and review process for amounts and programs submitted. Each is reviewed by allocations department and independent volunteer allocation team and Board approved.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Joy, Jeannine	(i)	219,632.	0.	0.	16,880.	17,867.	254,379.	0.
President/Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Pelle, Hannah	(i)	135,653.	0.	0.	9,599.	9,004.	154,256.	0.
Chief Operating Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:
President's compensation is determined and approved by the Board on an annual basis. This process includes review and approval by independent persons, comparability data, and contemporaneous documentation of the deliberation. The President of the Organization approves the compensation of other key employees and officers.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization: The United Way of Lee County, Inc.

Employer identification number: 59-1005169

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		10,659,389.	Thrift Store Value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M, Part I, Line 32b:
The Organization maintains, either directly or through a custodial relationship, a brokerage account utilized to receive and sell security donations with a financial institution through a brokerage firm in which an organization board member was an officer during the year ended December 31, 2025.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: The United Way of Lee County, Inc.

Employer identification number: 59-1005169

Form 990, Item C, Doing Business As:
United Way of Lee, Hendry, and Glades Counties

Form 990, Part III, Line 1, Description of Organization Mission:
Our United Way supports and helps coordinate the human service network in our community so that the network can provide high quality social service programs that make a difference in people's lives.

Form 990, Part III, Line 4b, Program Service Accomplishments:
to low and moderate-income households.

Volunteer Center - In 2025 the Volunteer Center made a remarkable difference in our community, connecting over 2,700 volunteers with United Way Partner Agencies and Resiliency Hubs, local nonprofits, and faith-based initiatives. Together, volunteers contributed more than 121,000 hours of service, supporting food distribution, community gardening, beautification projects, and disaster relief. The outreach efforts resulted in a 30% increase in volunteer participation compared to the previous year, demonstrating its vital role in fostering civic engagement and positive change. The value of volunteerism in 2025 surpassed $10.5 million and made a measurable impact in the community.

Form 990, Part III, Line 4d, Other Program Services:
United Way 211 is the connection for community members in need in Lee, Hendry and Glades Counties to ensure they can access information and services to remain independent and successful. Whether it be assistance with household financial needs, school uniforms for their children or access to legal services, a caller to 211 is provided resource options to assist. During times of disaster, 211 becomes the trusted disaster information line, providing needed information on resources such as shelters, evacuation routes and recovery services. Veterans and their families are assisted through the 211 Mission United Program linking them to information and services designated for Veterans and active military members. United Way 211 is available 24 hours a day, 7 days a week by dialing 211 or 239-433-3900.
Expenses $ 1,970,593. including grants of $ 379,040. Revenue $ 0.

Form 990, Part VI, Section A, line 1a:
The Executive Committee, all who are members of the governing body, may authorize the expenditure of funds in cases of emergency. Written minutes of all business transactions by the Executive Committee shall be submitted for review at the next meeting of the Board of Directors and all actions except in case of emergency shall be subject to approval by the Board of Directors.
The Executive Committee also performs the President's Annual Review.

Form 990, Part VI, Section A, line 2:
The President and the board secretary are sisters.

Form 990, Part VI, Section B, line 11b:
A draft of the return is reviewed by the Organization's President, CFO, Treasurer, and Finance Committee. A finalized Form 990 is presented to the

Name of the organization: The United Way of Lee County, Inc.
Employer identification number: 59-1005169

Board for their approval before the return is filed. The Board members review the Form 990 and vote to accept the return.

Form 990, Part VI, Section B, Line 12c:
The Organization annually requires Board members and employees to complete a conflict-of-interest policy questionnaire. Board members and staff are covered under the policy. Any Board member with a conflict is unable to vote on the issue in question.

Form 990, Part VI, Section B, Line 15a:
President's compensation is determined and approved by the Board on an annual basis. This process includes review and approval by independent persons, comparability data, and contemporaneous documentation of the deliberation. The President of the Organization approves the compensation of other key employees and officers.

Form 990, Part VI, Section C, Line 19:
Conflict of Interest Policy and Financial Statements are available on the Organization's website.

Form 990, Part XI, line 9, Changes in Net Assets:
Uncollectible pledges -608,928.