

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>The United Way of Lee County, Inc.</b>	Taxpayer identification number (TIN) <b>59-1005169</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>7273 Concourse Drive</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Fort Myers, FL 33908</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

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

### The Organization

- The books are in the care of ► **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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2021** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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.

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 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

Number and street (or P.O. box if mail is not delivered to street address)

7273 Concourse Drive

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Fort Myers, FL 33908

**F** Name and address of principal officer: Jeannine Joy

same as C above

**D** Employer identification number

59-1005169

**E** Telephone number

239-433-2000

**G** Gross receipts \$ 17,290,635.

**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](http://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, Glades, and Okeechobee counties.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 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 2021 (Part V, line 2a) 5 72
	6	Total number of volunteers (estimate if necessary) 6 7764
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 16,581,800. 16,581,358.
	9	Program service revenue (Part VIII, line 2g) 0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 78,633. 291,402.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -203,284. 32,723.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,457,149. 16,905,483.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,515,833. 11,185,274.
	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) 3,026,486. 3,616,778.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 733,733.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 713,847. 1,106,817.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,256,166. 15,908,869.
19	Revenue less expenses. Subtract line 18 from line 12 -799,017. 996,614.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 11,455,934. 10,857,756.
	21	Total liabilities (Part X, line 26) 1,213,046. 721,074.
	22	Net assets or fund balances. Subtract line 21 from line 20 10,242,888. 10,136,682.

## 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
	Jeannine Joy, President and CEO	12/21/2022
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Amelia Cooper	Amelia Cooper
	Firm's name	Firm's EIN
	CliftonLarsonAllen LLP	41-0746749
	Firm's address	Phone no.
	4501 Tamiami Trail North, Suite 200 Naples, FL 34103-3548	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

☒**1** Briefly describe the organization's mission:

The United Way of Lee, Hendry, Glades, and Okeechobee 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 ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 6,270,549. including grants of \$ 5,977,026. ) (Revenue \$ )**Community Impact Fund:**

The United Way supports 102 local human service agencies and over 260 programs and initiatives in our community. The United Way Community Impact Fund targets and addresses the underlying causes of problems in five key impact areas: 1) Strengthening Families - By moving families and individuals beyond poverty, facilitating support groups to empower victims to regain control of their lives, and providing assistance to victims of domestic violence. 2) Nurturing Youth - By ensuring a quality early childhood education opportunity for all children, supporting mentoring programs, and providing at-risk youth with programs to build and strengthen their character and life skills. Continued on Schedule O

**4b** (Code: ) (Expenses \$ 5,712,289. including grants of \$ 4,989,452. ) (Revenue \$ )**United Way Houses:**

United Way of Lee, Hendry, Glades, and Okeechobee Counties, in collaboration with our human service partners, bring needed services into communities through neighborhood resource centers. These "one stop" centers provide space for agencies to reach clients who may not be able to access services outside their neighborhood. In 2021, United Way House clients received 309,025 services across the 17 United Way Houses in operation. The neighborhood houses are a perfect example of how collaboration increases access to services and improves local neighborhoods. The vision is helping people in need with more than a short term solution by offering them coordinated services that may help them prevent the problem from reoccurring.

**4c** (Code: ) (Expenses \$ 1,756,983. including grants of \$ 218,796. ) (Revenue \$ )**United Way 211:**

Every hour of every day, someone in our community needs human services, from finding an after-school program, to counseling for a teen, to securing adequate care for an aging parent. People often don't know where to turn, and as a result, end up going without necessary services. United Way 211 exists to help people navigate their way through the maze of health and social service agencies by providing the most adequate, up-to-date resources for the client's situation. Last year, United Way 211 had a total call volume of over 76,370. During times of natural disasters such as hurricanes, United Way 211 becomes the Information Hotline for Lee, Hendry, and Glades Counties offering information on shelters, evacuation routes, and recovery services.

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

(Expenses \$ 841,157. including grants of \$ 0. ) (Revenue \$ 0. )

**4e** Total program service expenses 14,580,978.

Form 990 (2021)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	X	
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> 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		X
<b>27</b> 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		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> 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		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 72		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> 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.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator 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.	<b>17</b>		

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **The Organization - (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, 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) Jeannine Joy President/CEO	60.00			X				181,007.	0.	27,624.
(2) Bell, Patricia J. Board Member	1.00	X						0.	0.	0.
(3) Beville, Robert Board Member	1.00	X		X				0.	0.	0.
(4) Branning, R. Noelle Officer	1.00	X		X				0.	0.	0.
(5) Brooks, Gary Board Member	1.00	X						0.	0.	0.
(1) Agollari, Julian Board Member	1.00	X						0.	0.	0.
(2) Desjarlais, Roger J. Vice Chair	1.00	X		X				0.	0.	0.
(3) Hawkins, Cynthia M. Treasurer	1.00	X		X				0.	0.	0.
(4) Anderson, Kevin Board Member	1.00	X						0.	0.	0.
(9) Bryant, Gary L. Board Member	1.00	X						0.	0.	0.
(10) Carfore, Cindy S. Board Member	1.00	X						0.	0.	0.
(11) Carroll, Mary Beth Board Member	1.00	X						0.	0.	0.
(12) Chlumsky, Nick Board Member	1.00	X						0.	0.	0.
(13) Cisneros Molloy, Cora Board Member	1.00	X						0.	0.	0.
(14) Clinger, John Board Member	1.00	X						0.	0.	0.
(15) Collins, Michael Board Member	1.00	X						0.	0.	0.
(16) Elliott, Jerry 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			
(17) English, Katherine R. Board Member	1.00	X						0.	0.	0.
(18) Fry, David L. Board Member	1.00	X						0.	0.	0.
(19) Goss, Chauncey P. Board Member	1.00	X						0.	0.	0.
(20) Griffin, Gary H. Board Member	1.00	X						0.	0.	0.
(21) Hartman, Barbara Jean Board Member	1.00	X						0.	0.	0.
(22) Hendry, Beth Board Member	1.00	X						0.	0.	0.
(23) Herzog, Wane Board Member	1.00	X						0.	0.	0.
(24) Hudson, Michelle Board Member	1.00	X						0.	0.	0.
(25) Humphreys, Matthew Board Member	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								181,007.	0.	27,624.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								181,007.	0.	27,624.

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> 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		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

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**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			
(26) Idelson, Charles Board Member	1.00	X						0.	0.	0.
(27) Jackson, Sally Board Member	1.00	X						0.	0.	0.
(28) Johnson, Calli Board Member	1.00	X						0.	0.	0.
(29) Joyce, John Board Member	1.00	X						0.	0.	0.
(30) Karnes, Kevin Board Member	1.00	X						0.	0.	0.
(31) Kazemi, Saeed Board Member	1.00	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) Lafferty, Jennifer Board Member	1.00	X						0.	0.	0.
(35) Lapi, Tony Board Member	1.00	X						0.	0.	0.
(36) Loyola, Victoria Board Member	1.00	X	X					0.	0.	0.
(37) Lucas, David Board Member	1.00	X						0.	0.	0.
(38) Makurat, Paul Board Member	1.00	X						0.	0.	0.
(39) Martus, Stephen 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) Nelson, Stan Board Member	1.00	X						0.	0.	0.
(44) Nygaard, Scott Board Member	1.00	X						0.	0.	0.
(45) O'berski, Dan 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			
(46) O'Donnell, Patricia Board Member	1.00	X						0.	0.	0.
(47) Oliver, David Board Member	1.00	X						0.	0.	0.
(48) Parrish, Harlan C. Board Member	1.00	X						0.	0.	0.
(49) Perry, Tommy Board Member	1.00	X						0.	0.	0.
(50) Pollock, John M. Board Member	1.00	X						0.	0.	0.
(51) Pontius, Steve Board Member	1.00	X						0.	0.	0.
(52) Pruitt, Angela J. Board Member	1.00	X						0.	0.	0.
(53) Ryan, Karen L. Officer	1.00	X		X				0.	0.	0.
(54) Shearman, Robert C. Board Member	1.00	X		X				0.	0.	0.
(55) Simmering, Bryan Board Member	1.00	X						0.	0.	0.
(56) Snell, Mary Vlasak Secretary	1.00	X		X				0.	0.	0.
(57) St. Amand, Dotty J. Board Member	1.00	X						0.	0.	0.
(58) Todd, Ted Board Member	1.00	X						0.	0.	0.
(59) Uhler, Tom Board Member	1.00	X						0.	0.	0.
(60) Vertich, Corey Officer	1.00	X		X				0.	0.	0.
(61) Wallace, Darren Board Member	1.00	X						0.	0.	0.
(62) White, A. Scott Board Member	1.00	X						0.	0.	0.
(63) Wilks, Earnest J. Board Member	1.00	X						0.	0.	0.
(64) 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,559,392.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	15,021,966.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,772,561.				
	<b>h</b> Total. Add lines 1a-1f			16,581,358.			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g</b> Total. Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			123,776.			123,776.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross rents	<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			552,778.				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	385,152.				
	<b>c</b> Gain or (loss)	<b>7c</b>	167,626.				
	<b>d</b> Net gain or (loss)			167,626.			167,626.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>Business Code</b>						
	<b>11 a</b> Miscellaneous		900099	32,723.			32,723.
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d			32,723.				
<b>12</b> Total revenue. See instructions			16,905,483.	0.	0.	324,125.	

**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	10,964,778.	10,964,778.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	220,496.	220,496.		
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	208,632.	135,611.	31,295.	41,726.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,710,601.	2,088,595.	179,789.	442,217.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	128,323.	95,237.	12,935.	20,151.
9 Other employee benefits	347,721.	266,125.	24,172.	57,424.
10 Payroll taxes	221,501.	169,829.	14,877.	36,795.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,401.		16,401.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,202.		15,202.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	97,244.	45,487.	23,070.	28,687.
12 Advertising and promotion				
13 Office expenses	13,468.		13,468.	
14 Information technology	54,774.	17,565.	3,501.	33,708.
15 Royalties				
16 Occupancy	104,108.	59,996.	42,362.	1,750.
17 Travel	15,188.	9,852.	1,262.	4,074.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,045.	1,168.	2,819.	58.
20 Interest				
21 Payments to affiliates	195,868.	195,868.		
22 Depreciation, depletion, and amortization	104,400.	2,418.	101,982.	
23 Insurance	33,354.	7,776.	25,578.	
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	271,801.	236,385.		35,416.
b Utilities	99,479.	37,872.	61,291.	316.
c Equipment and vehicles	28,238.	6,773.	21,422.	43.
d Printing and postage	21,589.	2,296.	340.	18,953.
e All other expenses	31,658.	16,851.	2,392.	12,415.
25 Total functional expenses. Add lines 1 through 24e	15,908,869.	14,580,978.	594,158.	733,733.
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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,434,036.	<b>1</b>	296,112.
	<b>2</b> Savings and temporary cash investments .....	128,911.	<b>2</b>	880,665.
	<b>3</b> Pledges and grants receivable, net .....	4,869,101.	<b>3</b>	4,810,221.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	670,863.	<b>7</b>	292,439.
	<b>8</b> Inventories for sale or use .....	359,432.	<b>8</b>	299,398.
	<b>9</b> Prepaid expenses and deferred charges .....	42,128.	<b>9</b>	75,100.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,470,556.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,282,882.		
	<b>11</b> Investments - publicly traded securities .....	1,194,240.	<b>10c</b>	1,187,674.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,643,959.	<b>11</b>	2,879,162.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	113,264.	<b>14</b>	136,985.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,455,934.	<b>15</b>	10,857,756.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	678,202.	<b>16</b>	458,891.
	<b>18</b> Grants payable .....		<b>17</b>	
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> 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 .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	445,300.	<b>23</b>	0.
	<b>25</b> 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 .....	89,544.	<b>24</b>	262,183.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,213,046.	<b>25</b>	721,074.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>
<b>27</b> Net assets without donor restrictions .....		3,088,218.		2,915,767.
<b>28</b> Net assets with donor restrictions .....		7,154,670.		7,220,915.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....				
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>29</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>30</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		10,242,888.	<b>31</b>	10,136,682.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	11,455,934.	<b>32</b>	10,857,756.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,905,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,908,869.
3	Revenue less expenses. Subtract line 2 from line 1	3	996,614.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,242,888.
5	Net unrealized gains (losses) on investments	5	200,841.
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	-1,303,661.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,136,682.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2021)



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11447425.	12309923.	14139697.	16581800.	16581358.	71060203.
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 <b>Total.</b> Add lines 1 through 3	11447425.	12309923.	14139697.	16581800.	16581358.	71060203.
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)						3773386.
6 <b>Public support.</b> Subtract line 5 from line 4.						67286817.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	11447425.	12309923.	14139697.	16581800.	16581358.	71060203.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	150,313.	191,072.	161,454.	120,644.	108,574.	732,057.
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 <b>Total support.</b> Add lines 7 through 10						71792260.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	93.72	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.59	%
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>	
<b>6</b> Other distributions (describe in Part VI). See instructions.	<b>6</b>	
<b>7</b> Total annual distributions. Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

# Schedule B

(Form 990)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2021

Name of the organization

Employer identification number

**The United Way of Lee County, Inc.**

**59-1005169**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

## General Rule

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

## Special Rules

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

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

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

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

Name of organization	Employer identification number
The United Way of Lee County, Inc.	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
<u>1</u>		\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>682,966.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,850,939.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>445,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>The United Way of Lee County, Inc.</b>	<b>59-1005169</b>

**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
<u>2</u>	furniture, sanitizing wipes	\$ <u>682,966.</u>	<u>12/31/21</u>
<u>3</u>	clothing, headphones, water bottles, pencils, and bags	\$ <u>1,850,939.</u>	<u>10/27/21</u>
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

**The United Way of Lee County, Inc.****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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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? .....

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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 .....

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

Schedule D (Form 990) 2021

132051 10-28-21

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

**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
<b>1a</b> Beginning of year balance	2,757,223.	2,535,007.	2,151,684.	2,432,968.	2,285,636.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	476,940.	350,975.	511,360.	-132,816.	381,954.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	202,814.	114,804.	114,259.	134,398.	220,814.
<b>f</b> Administrative expenses	15,202.	13,955.	13,778.	14,070.	13,808.
<b>g</b> End of year balance	3,016,147.	2,757,223.	2,535,007.	2,151,684.	2,432,968.

**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:

- (i)** Unrelated organizations  
**(ii)** Related organizations

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		29,192.		29,192.
<b>b</b> Buildings		1,910,173.	972,654.	937,519.
<b>c</b> Leasehold improvements		151,833.	10,216.	141,617.
<b>d</b> Equipment		199,587.	192,815.	6,772.
<b>e</b> Other		179,771.	107,197.	72,574.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,187,674.

Schedule D (Form 990) 2021



**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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	262,183.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	262,183.

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 ☒

Schedule D (Form 990) 2021

**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	15,787,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	200,841.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	200,841.
3	Subtract line 2e from line 1	3	15,586,620.
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	15,202.
b	Other (Describe in Part XIII.)	4b	1,303,661.
c	Add lines 4a and 4b	4c	1,318,863.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,905,483.

**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	15,893,667.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	15,893,667.
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	15,202.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,202.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,908,869.

**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, 2021 and 2020.

**Part XI, Line 4b - Other Adjustments:**

**Part XIII** Supplemental Information *(continued)*

Uncollectible pledges

1,303,661.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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? ☒ 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
Abuse Counseling and Treatment (ACT) - PO Box 60401 - Fort Myers, FL 33906	59-1864735	501(c)(3)	353,450.	0.	n/a	n/a	Allocation for General Support
After the Rain of SWFL 2925 Montclair Ave Fort Myers, FL 33902	20-3173545	501(c)(3)	0.	7,343.	FMV	bedding, furniture (27,7)	Allocation for General Support
Agape Home 3 Avenue J Moore Haven, FL 33471	65-0721743	501(c)(3)	13,500.	0.	n/a	n/a	Allocation for General Support
AHP / ICAN 6255 W Sunset Blvd, 21st Fl Los Angeles, CA 90028	95-4112121	501(c)(3)	90,000.	0.	n/a	n/a	Allocation for General Support
Alliance for the Arts 10091 McGregor Blvd Fort Myers, FL 33919	51-0182649	501(c)(3)	20,500.	0.		Leather Recliners (2), Recliner (1), Supplies for	Allocation for General Support
Alvin A. Dubin Alzheimer's Resource Center - 12468 Brantley Commons Ct - Fort Myers, FL 33907	65-0580633	501(c)(3)	101,750.	4,799.	FMV		Allocation for General Support

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **95.**

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

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

**See Part IV for Column (g) descriptions**

**Schedule I (Form 990) 2021**

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
American Red Cross Florida's Southern Gulf - 7501 Cypress Terrace, Suite 110 - Fort Myers, FL 33907	59-0808350	501(c)(3)	82,500.	0.	n/a	n/a	Allocation for General Support	
Amigos Center Zion Lutheran Church, 7401 Winkler Fort Myers, FL 33919	59-3646095	501(c)(3)	55,000.	0.	n/a	n/a	Allocation for General Support	
Beacon of HOPE 5465 Pine Island Road Bokeelia, FL 33922	03-0551791	501(c)(3)	44,000.	0.	n/a	n/a	Allocation for General Support	
Beesley's Paw Prints 7273 Concourse Drive Fort Myers, FL 33908		501(c)(3)	0.	29,085.	FMV	Dog Beds (54), Linens, Clothing, Dog Towels,	Allocation for General Support	
Big Brothers Big Sisters of the Sun Coast - 1000 South Tamiami Tr., Suite C - Venice, FL 34285	59-2479002	501(c)(3)	84,833.	12,485.	FMV	Toyota Sienna, 2002 Buick Park Ave Car	Allocation for General Support	
Blessings in a Backpack, Lee County - 12271 Towne Lake Dr. - Fort Myers, FL 33913	26-1964620	501(c)(3)	53,375.	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)	51,500.	0.	n/a	n/a	Allocation for General Support	
Bonita Springs Assistance Office 25300 Bernwood Dr, Suite 6 Bonita Springs, FL 34135	59-2337909	501(c)(3)	68,250.	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)	166,250.	0.	n/a	n/a	Allocation for General Support	

Schedule I (Form 990)

Schedule I (Form 990) **The United Way of Lee County, Inc.**

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Boys & Girls Clubs of Lee County 9371 Cypress Lake Drive Suite 5 Fort Myers, FL 33919	59-2013870	501(c)(3)	218,830.	0.	n/a	n/a	Allocation for General Support		
Cafe of Life 10540 Childers St Bonita Springs, FL 34135	65-0832961	501(c)(3)	35,250.	0.	n/a	n/a	Allocation for General Support		
Cancer Alliance of Naples 3384 Woods Edge Cr., #102 Naples, FL 34134	22-3789709	501(c)(3)	16,000.	0.	n/a	n/a	Allocation for General Support		
Cape Coral Caring Center 4645 SE 15th Ave Cape Coral, FL 33907	65-0262583	501(c)(3)	11,000.	0.	n/a	n/a	Allocation for General Support		
Catholic Charities of Lee, Hendry & Gl - 4235 Michigan Links Avenue - Fort Myers, FL 33916	59-2473176	501(c)(3)	131,414.	0.	n/a	n/a	Allocation for General Support		
Child Care of Southwest Florida 6831 Pallasades Park Ct, Suite 6 Fort Myers, FL 33912	59-6198583	501(c)(3)	121,432.	0.	n/a	n/a	Allocation for General Support		
Children's Advocacy Center of Southwest Florida - 3830 Evans Ave - Fort Myers, FL 33901	65-0007620	501(c)(3)	369,350.	3,371.	FMV	Sofa(1)	Allocation for General Support		
Children's Home Society of Florida - Southwest Division - 1940 Maravilla Ave - Fort Myers, FL 33901	59-0192430	501(c)(3)	152,026.	0.	n/a	n/a	Allocation for General Support		
Children's Home Society of Florida - Treasure Coast Division - 650 10th St - Vero Beach, FL 32960	59-0192430	501(c)(3)	9,600.	0.	n/a	n/a	Allocation for General Support		

Schedule I (Form 990)

**Part III** 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Network of SWFL 2232 Altamont Avenue Fort Myers, FL 33901	31-1659302	501(c)(3)	56,000.	0.	n/a	n/a	Allocation for General Support
Clewiston UW 4800 S US Highway 1 Fort Pierce, FL 34982	59-6212157	501(c)(3)	0.	6,594. FMV		Backpacks (600)	Allocation for General Support
Community Cooperative 3429 Martin Luther King Blvd. Fort Myers, FL 33901	59-2602772	501(c)(3)	375,201.	1,367. FMV		Misc Food Items (133), Days of Caring Comfort	Allocation for General Support
C.R.O.W. 3883 Sanibel Captiva Rd Sanibel, FL 33957	23-7271040	501(c)(3)	0.	9,951. FMV		Misc Furniture pieces (5)	Allocation for General Support
Deaf & Hard of Hearing Center 1860 Boy Scout Dr., Suite B208 Fort Myers, FL 33907	58-2398372	501(c)(3)	14,000.	2,389. FMV		Office Furniture (4)	Allocation for General Support
Dr. Piper Center for Social Services - 2607 Dr. Ella Piper Way - Fort Myers, FL 33916	65-0788551	501(c)(3)	63,500.	670. FMV		Supplies for Days of Caring (713)	Allocation for General Support
Dress for Success 12995 S Cleveland Ave Suite 153 Fort Myers, FL 33907	27-2177347	501(c)(3)	9,000.	0.	n/a	n/a	Allocation for General Support
Early Learning Coalition of Indian River, Martin and Okeechobee Counties - 2675 Winkler Ave, Suite 300 - Fort Myers, FL 33901	65-1144775	501(c)(3)	5,100.	0.	n/a	n/a	Allocation for General Support
Early Learning Coalition of Southwest Florida - 10 SE Central Pkwy. Ste 200 - Stuart, FL 34994	65-1035652	501(c)(3)	82,500.	5,376. FMV		Kindergarten Reading Bundles (358)	Allocation for General Support

Schedule I (Form 990)



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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Epilepsy Services of Southwest Florida - 1900 Main Street, Ste 212 - Sarasota, FL 34236	59-3281492	501(c)(3)	24,000.	0.	n/a	n/a	Allocation for General Support
F.I.S.H. of Sanibel-Captiva 1630 Periwinkle Way, Suite B Sanibel, FL 33957	20-8892375	501(c)(3)	60,250.	16,219.	FMV	Adult Diapers (50), Wheelchair (1), Walkers (3), Commode	Allocation for General Support
Family Initiative 730 SW 4th Street Suite 6 Cape Coral, FL 33991	46-1528487	501(c)(3)	20,500.	248,868.	FMV	Misc Toys, Costumes, (36), Childrens Misc	Allocation for General Support
FGCU Foundation/PSEP/Scholars Program - 10501 FGCU Blvd South - Fort Myers, FL 33965	65-4063969	501(c)(3)	25,500.	0.	n/a	Furniture	Allocation for General Support
Florida Treatment for Change 2180 Maravilla Lane Ft Myers, FL 33901	82-3261252	501(c)(3)	10,000.	1,304.	FMV	L Shaped Wood Office Desk (1), 5 Drawer Metal File	Allocation for General Support
Franklin Park Elementary School 2323 Ford Street Fort Myers, FL 33916		501(c)(3)	0.	295,837.	FMV	Misc Furniture Pieces (5); Pallets of Seasonal Decor	Allocation for General Support
Friendship Centers 1888 Brother Geenen Way Sarasota, FL 34236	59-1522614	501(c)(3)	30,000.	0.	n/a	n/a	Allocation for General Support
Fort Myers Middle Academy 3050 Central Ave Fort Myers, FL 33901		501(c)(3)	0.	248,475.	FMV	Childrens Misc Items (44626.50)	Allocation for General Support
Girl Scouts of Gulfcoast Florida 4780 Cattlemen Rd Sarasota, FL 34233	59-0760212	501(c)(3)	27,700.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

Schedule I (Form 990) **The United Way of Lee County, Inc.**

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Goodwill Industries of Southwest Florida - 4940 Bayline Drive - North Fort Myers, FL 33917	59-6196141	501(c)(3)	114,350.	0.	n/a	n/a	Allocation for General Support
Guardian ad Litem Foundation 2075 W First St. #300 Fort Myers, FL 33901	59-3044475	501(c)(3)	34,500.	0.	n/a	n/a	Allocation for General Support
Gulf Coast Humane Society 2010 Arcadia Street Fort Myers, FL 33916	59-0806978	501(c)(3)	45,150.	9,322.	FMV	Paper Towels, Pet Products (83); Box of Items	Allocation for General Support
Harry Chapin Food Bank of Southwest Florida - 3760 Fowler St - Fort Myers, FL 33901	59-2332120	501(c)(3)	195,345.	948.	FMV	High Back Red Tufted Leather Office Chairs (5)	Allocation for General Support
Health Planning Council 8961 Daniels Center Dr, Suite 401 Fort Myers, FL 33912	59-2269305	501(c)(3)	21,000.	0.	n/a	n/a	Allocation for General Support
Healthy Families 1140 Pratt Blvd. Labelle, FL 33975	59-3502843	501(c)(3)	13,000.	0.	n/a	n/a	Allocation for General Support
Healthy Start of Southwest Florida 1921 Jefferson Avenue Fort Myers, FL 33901	65-0378720	501(c)(3)	57,750.	4,394.	FMV	Blackstone Media Console, Artisans Craft Storage	Allocation for General Support
Hearts & Homes for Veterans 2230 Alicia St Fort Myers, FL 33901	46-2570640	501(c)(3)	5,000.	14,584.	FMV	Cinnamon Cherry Computer Desk (1), Cases of	Allocation for General Support
Hibiscus Children's Center 2400 N.E. Dixie Highway Jensen Beach, FL 34957	59-2632361	501(c)(3)	10,800.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE Clubhouse 3602 Broadway Fort Myers, FL 33901	30-0437443	501(c)(3)	30,500.	0.	n/a	n/a	Allocation for General Support
Hope HealthCare Services 9470 HealthPark Circle Fort Myers, FL 33908	59-2128697	501(c)(3)	105,500.	0.	n/a	n/a	Allocation for General Support
Hospice of Okeechobee Po Box 1548 Okeechobee, FL 34973	59-2831397	501(c)(3)	12,800.	0.	n/a	n/a	Allocation for General Support
I WILL Mentorship Foundation 3903 Martin Luther King Jr Blvd Fort Myers, FL 33916	47-3761436	501(c)(3)	27,100.	0.	n/a	n/a	Allocation for General Support
IMPACT For Developmental Education 1650 Medical Ln Fort Myers, FL 33907	59-1035415	501(c)(3)	134,000.	2,131.	FMV	Blackstone Media Console, Artisans Craft Storage	Allocation for General Support
Individual Family In Need 7273 Concourse Drive Fort Myers, FL 33908			0.	17,189.	n/a	Furniture Pieces (14), Furniture (3), Detergent, Dog	Allocation for General Support
Interfaith Charities of South Lee 17592 Rockefeller Circle Fort Myers, FL 33937	65-0362463	501(c)(3)	80,000.	0.	n/a	n/a	Allocation for General Support
LARC 2570 Hanson Street Fort Myers, FL 33901	59-0968911	501(c)(3)	263,750.	0.	n/a	n/a	Allocation for General Support
Lee County Foundation 2266 2nd St Fort Myers, FL 33901	59-2637849	501(c)(3)	0.	322,929.	FMV	Grocery, Househld, Personal Care, Grocery (250), Office	Allocation for General Support

Schedule I (Form 990)

Part III 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lee County Human and Veteran Services - 2440 Thompson St - Fort Myers, FL 33901	59-6000702	501(c)(3)	28,000.	10,864. FMV		Rain Coats (600), Office Furniture(5.2), bedding,	Allocation for General Support
Lee County Legal Aid Society 2400 First St, Suite 214 Fort Myers, FL 33901	59-1163686	501(c)(3)	99,000.	0. n/a		n/a	Allocation for General Support
Lee County School District/Social Norming Project (Paper Check) - 2855 Colonial Blvd - Fort Myers, FL 33966	59-2637849	501(c)(3)	25,000.	51,198. FMV		Gift Cards \$20 (2519), desk(1), media center (1)	Allocation for General Support
Lehigh Community Services (UW House) - 201 Plaza Dr #3 - Lehigh Acres, FL 33936	59-1773738	501(c)(3)	102,600.	4,517. FMV		Blackstone Media Console, Artisans Craft Storage	Allocation for General Support
Lighthouse of SWFL 35 West Mariana Ave N Fort Myers, FL 33903	59-1665257	501(c)(3)	80,150.	0. n/a		n/a	Allocation for General Support
Literacy Council of the Gulf Coast 26820 Old 41 Bonita Springs, FL 34135	65-0153890	501(c)(3)	189,500.	0. n/a		n/a	Allocation for General Support
Lutheran Services 3615 Central Avenue #4 Fort Myers, FL 33901	59-2198911	501(c)(3)	25,000.	3,494. FMV		Cocktail Table (1), Office Chairs(2), Wardrobe(1), Des	Allocation for General Support
Martha's House Po Box 727 Okeechobee, FL 34973	65-0094350	501(c)(3)	13,600.	0. n/a		n/a	Allocation for General Support
Meals of Hope 2221 Corporation Blvd Naples, FL 34109	27-0268307	501(c)(3)	20,000.	0. n/a		n/a	Allocation for General Support

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Midwest Food Bank 5601 Division Dr. Fort Myers, FL 33905	41-2120170	501(c)(3)	22,000.	97,994. FMV		Box of Items (5), Misc Food Items, Juice, Snacks (1629),	Allocation for General Support
Migrant Workers Program 2855 Colonial Blvd. Fort Myers, FL 33908	59-2637849	501(c)(3)	0.	23,332. FMV		House hold Items (10), Boxes of Groceries,	Allocation for General Support
Multiple Sclerosis Center of Southwest Florida - 3372 Woods Edge Cr., #103 - Bonita Springs, FL 34134	31-1763776	501(c)(3)	12,500.	0. n/a		n/a	Allocation for General Support
My Aunt's House 202 NE Second Street Suite 8 Okeechobee, FL 34974	11-3687864	501(c)(3)	8,400.	0. n/a		n/a	Allocation for General Support
NAMI Lee County 8191 College Parkway #201 Fort Myers, FL 33919	65-0122844	501(c)(3)	54,000.	0. n/a		n/a	Allocation for General Support
New Horizons of SWFL PO Box 111833 Naples, FL 34108	11-3678086	501(c)(3)	52,500.	0. n/a		n/a	Allocation for General Support
Our Mother's Home of Southwest Florida - 18011 South Tamiami Trail #16-106 - Fort Myers, FL 33908	65-0510103	501(c)(3)	18,500.	17,399. FMV		Microwave(1), Mini Fridge(1), Office	Allocation for General Support
PACE Center for Girls of Lee County - 3800 Evans Ave. ~ Fort Myers, FL 33901	59-2414492	501(c)(3)	49,600.	2,829. FMV		Storage Cabinet(1), Loveseat(1)	Allocation for General Support
Partners for Breast Cancer Care 9470 HealthPark Circle Fort Myers, FL 33908	65-0290568	501(c)(3)	38,000.	0. n/a		n/a	Allocation for General Support

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Dentists Care PO Box 7429 Fort Myers, FL 33911	65-0822909	501(c)(3)	94,000.	118,204. FMV		Dental Supplies(1042)	Allocation for General Support
Quality Life Center 3210 Martin Luther King Blvd. Fort Myers, FL 33901	65-0321309	501(c)(3)	62,900.	8,166. FMV		Home Items (31), Office furniture(5.2), bookcase	Allocation for General Support
Rapid Rehousing Lee County Human & Veterans Services - 2440 Thompson St - Fort Myers, FL 33901		501(c)(3)	0.	20,828. FMV		Towels(389), Towels,Yoga Mats, Nightstands,	Allocation for General Support
Redlands Christian Migrant Association (RCMA) - 402 W Main St - Immokalee, FL 34142	59-1221966	501(c)(3)	19,000.	0. n/a		n/a	Allocation for General Support
Real Life Children's Ranch, Inc 7777 U.S. Hwy 441 S.E. Okeechobee, FL 34974	59-6173061	501(c)(3)	12,000.	0. n/a		n/a	Allocation for General Support
SalusCare 3763 Evans Ave. Fort Myers, FL 33901	59-1287693	501(c)(3)	383,392.	850. FMV		desk (1),washing machine(1)	Allocation for General Support
Salvation Army of Lee, Hendry & Glades, The - 10291 McGregor Blvd. - Fort Myers, FL 33919	58-0660607	501(c)(3)	372,800.	40,874. FMV		Pallets of Seasonal Decor (300), Office Furniture(9),	Allocation for General Support
Lee County School District 2855 Colonial Blvd Fort Myers, FL 33966			0.	582,400. FMV		Hand Sanitizer Wipes (58240)	Allocation for General Support
School Resource Center 2855 Colonial Blvd Fort Myers, FL 33966			0.	1,754,314. FMV		Clothing, Dog Towels, Bedding, Wifi (178); Box of	Allocation for General Support

Schedule I (Form 990)

<b>Part II</b> 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Southwest Florida Free Pain Clinic 6831 Pallisades Park Court, Unit 3 Fort Myers, FL 33912	47-2641606	501(c)(3)	20,000.	0.	n/a	n/a	Allocation for General Support		
Special Equestrians 5121 Staley Road Fort Myers, FL 33906	65-0250071	501(c)(3)	40,750.	0.	n/a	n/a	Allocation for General Support		
St Matthew's House 2001 Airport Rd S Naples, FL 34112	65-1110501	501(c)(3)	15,000.	4,763.	FMV	Furniture Pieces (17)	Allocation for General Support		
St Vincent DePauls 384 15th St North St Petersburg, FL 33705	59-2380770	501(c)(3)	0.	6,768.	FMV	Furniture(2,33), Recliner, Rug (2), Office Furniture(5,2),	Allocation for General Support		
The Heights Center 15570 Hagie Drive Fort Myers, FL 33908	45-5595206	501(c)(3)	72,500.	0.	n/a	n/a	Allocation for General Support		
The Lee County Coalition for a Drug-Free Southwest Florida - 3653 Evans Ave., #202 - Fort Myers, FL 33901	59-3052892	501(c)(3)	6,817.	0.	n/a	n/a	Allocation for General Support		
The Sky Family YMCA FM and Bonita 701 Center Road Venice, FL 94285	59-1629660	501(c)(3)	179,300.	0.	n/a	n/a	Allocation for General Support		
Treasure Coast Food Bank 3051 Industrial 25th Street Fort Pierce, FL 34946	65-0123281	501(c)(3)	7,600.	0.	n/a	n/a	Allocation for General Support		
United Way, 211, Bell Tower , Community Impact, We Care - 7273 Concourse Drive - Fort Myers, FL 33908	59-1005169	501(c)(3)	0.	385,025.	FMV	Bike(1)Clothing, Dog Towels, Bedding, Wifi (177), Homes	Allocation for General Support		

Schedule I (Form 990)





**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	2532	220,495.	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.

**Part II, line 1, Column (g):**

**Name of Organization or Government:**

**Alvin A. Dubin Alzheimer's Resource Center**

**(g) Description of Non-cash Assistance: Leather Recliners (2), Recliner**

**Part IV Supplemental Information**

(1), Supplies for Day of Caring (713)

Name of Organization or Government: Beesley's Paw Prints

(g) Description of Non-cash Assistance: Dog Beds (54), Linens, Clothing,  
Dog Towels, Bedding, (177) Wifi

Name of Organization or Government: Community Cooperative

(g) Description of Non-cash Assistance: Misc Food Items (133), Days of  
Caring Comfort Bags (29)

Name of Organization or Government: F.I.S.H. of Sanibel-Captiva

(g) Description of Non-cash Assistance: Adult Diapers (50), Wheelchair  
(1), Walkers (3), Commode (1), Canes (3),

Name of Organization or Government: Family Initiative

(g) Description of Non-cash Assistance: Misc Toys, Costumes, (36),  
Childrens Misc Items (44,626.50)

Name of Organization or Government: Florida Treatment for Change

(g) Description of Non-cash Assistance: L Shaped Wood Office Desk (1), 5  
Drawer Metal File Cabinets (2)

Name of Organization or Government: Franklin Park Elementary School

(g) Description of Non-cash Assistance: Misc Furniture Pieces (5);  
Pallets of Seasonal Decor (300), Childrens Items

Name of Organization or Government: Gulf Coast Humane Society

(g) Description of Non-cash Assistance: Paper Towels, Pet Products (83);

**Part IV** Supplemental Information

Box of Items (5), Health, Housewares, Groceries (26

Name of Organization or Government: Healthy Start of Southwest Florida

(g) Description of Non-cash Assistance: Blackstone Media Console,  
Artisans Craft Storage Console (1.4), desks (2) (3)

Name of Organization or Government: Hearts & Homes for Veterans

(g) Description of Non-cash Assistance: Cinnamon Cherry Computer Desk  
(1), Cases of Coffee (103), Dishwasher (1), Furn

Name of Organization or Government: IMPACT For Developmental Education

(g) Description of Non-cash Assistance: Blackstone Media Console,  
Artisans Craft Storage Console (1.4), Media Unit (1),

Name of Organization or Government: Individual Family In Need

(g) Description of Non-cash Assistance: Furniture Pieces (14), Furniture  
(3), Detergent, Dog Food (12.75)

Name of Organization or Government: Lee County Foundation

(g) Description of Non-cash Assistance: Grocery, Household, Personal Care,  
Grocery (250), Office Supplies (905), Houseware

Name of Organization or Government: Lee County Human and Veteran Services

(g) Description of Non-cash Assistance: Rain Coats (600), Office  
Furniture (5.2), bedding, furniture (27.7)

Name of Organization or Government: Lehigh Community Services (UW House)

(g) Description of Non-cash Assistance: Blackstone Media Console,

**Part IV** Supplemental Information

Artisans Craft Storage Console (1.4), Misc Furniture

Name of Organization or Government: Lutheran Services

(g) Description of Non-cash Assistance: Cocktail Table (1), Office  
Chairs(2), Wardrobe(1), Desk (1)

Name of Organization or Government: Midwest Food Bank

(g) Description of Non-cash Assistance: Box of Items (5), Misc Food  
Items, Juice, Snacks (1629), Restorox Disinfectant

Name of Organization or Government: Migrant Workers Program

(g) Description of Non-cash Assistance: House hold Items (10), Boxes of  
Groceries, Beauty, Misc Goods (3), Misc Furn

Name of Organization or Government:

Our Mother's Home of Southwest Florida

(g) Description of Non-cash Assistance: Microwave(1), Mini Fridge(1),  
Office Furniture(19)

Name of Organization or Government: Quality Life Center

(g) Description of Non-cash Assistance: Home Items (31), Office  
furniture(5.2), bookcase (1), furniture(5)

Name of Organization or Government:

Rapid Rehousing Lee County Human & Veterans Services

(g) Description of Non-cash Assistance: Towels(389), Towels, Yoga Mats,  
Nightstands, Dresses (267), Furniture(2.33),

**Part IV** Supplemental Information

Name of Organization or Government:

Salvation Army of Lee, Hendry &amp; Glades, The

(g) Description of Non-cash Assistance: Pallets of Seasonal Decor (300),  
Office Furniture(9), office furniture(19)

Name of Organization or Government: School Resource Center

(g) Description of Non-cash Assistance: Clothing, Dog Towels, Bedding,  
Wifi (178); Box of Items (5), Towels, Yoga Mats,

Name of Organization or Government: St Vincent DePauls

(g) Description of Non-cash Assistance: Furniture(2.33),Recliner, Rug  
(2), Office Furniture(5.2),desk (1),end table(1),

Name of Organization or Government:

United Way,211,Bell Tower ,Community Impact, We Care

(g) Description of Non-cash Assistance: Bike(1)Clothing, Dog Towels,  
Bedding, Wifi (177), Homes Items (30); Misc Furn

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Employer identification number

59-1005169

The United Way of Lee County, Inc.

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021



<b>Part III</b>	<b>Supplemental Information</b>
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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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
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- ▶ **Complete** if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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		4,772,561.	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 Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

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.

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

Schedule M (Form 990) 2021

**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, Line 32b:

An investment broker is used to sell donated securities

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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**2021**

Open to Public  
Inspection

Name of the organization

The United Way of Lee County, Inc.

Employer identification number  
59-1005169

**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 4a, Program Service Accomplishments:**

3) Meeting Critical Needs - By helping the elderly and people with disabilities live independently, with dignity and respect, responding to people in crisis, and connecting people in need of help through United Way 211 Information and Referral Line; 4) Empowering Communities - By organizing and mobilizing communities, bringing health and human services to neighborhoods, and connecting providers and residents through partnerships. 5) Supporting Veterans - Meeting the needs of veterans and active service members through Mission United; coordinating the veteran support organizations.

The United Way Gifts in Kind Program solicits and collects donated merchandise, materials, equipment, fixtures, furniture, etc. for redistribution to local nonprofit agencies. In 2021, the program received over \$4.7 million in donated items that benefited the local social service network and community.

**Form 990, Part III, Line 4c, Program Service Accomplishments:**

United Way 211 also runs Mission United, a single phone point of entry

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

utilizing the 211 number to help local United States active military, veterans and their families in Lee, Hendry and Glades counties navigate and access needed services. United Way 211 is available 24 hours a day, 7 days a week by dialing 211 or 239-433-3900.

Form 990, Part III, Line 4d, Other Program Services:

Other.

Expenses \$ 841,157. including grants of \$ 0. Revenue \$ 0.

Form 990 Part III

The United Way continued to face unprecedented challenges during 2021 due to the global pandemic. United Way faced higher than average receivables due to many employee campaigns furloughing or laying off employees enrolled in payroll deduction for United Way. Some major corporate pledges were also not realized.

Form 990, Part VI, Section A, line 1a:

The executive committee is made up of the officers of the board as well as other directors the Chairperson deems necessary. The committee shall have and exercise the authority of the board between meetings but cannot make changes to the organizational documents or make decisions regarding merging or dissolving the corporation. Any funds disbursed in absence of emergency must be within approved budgeted guidelines and are submitted to the board for review at the next meeting.

Form 990, Part VI, Section A, line 2:

The President and the board secretary are sisters.

Name of the organization

The United Way of Lee County, Inc.

Employer identification number  
59-1005169

Form 990, Part VI, Section B, line 11b:

A draft of the Return is reviewed by the Organization's President, Treasurer, and Finance Committee. A finalized Form 990 is presented to the Board before the return is filed, for their approval. The Board members review the Form 990 and vote to accept the return.

Form 990, Part VI, Section B, Line 12c:

The Organization annually has the Board members and employees complete a conflict of interest policy questionnaire. Board members and staff are covered under the policy. Any Board members with a conflict are unable to vote on the issue in question.

Form 990, Part VI, Section B, Line 15:

President's compensation approved and determined by the Board on an annual basis. The review process, done annually, includes review and approval by independent persons, comparability data, and contemporaneous documentation of the deliberation. The President of the Organization approves the compensation of any other key employees and officers.

Form 990, Part VI, Section C, Line 19:

Governing documents, 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 -1,303,661.

## RENT 1

128111 04-01-21

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone