

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to 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.

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	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

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, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** 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

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

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The United Way of Lee County, Inc.		D Employer identification number 59-1005169
	Doing business as		E Telephone number 239-433-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 17,320,421.
	7273 Concourse Drive		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Fort Myers, FL 33908		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Jeannine Joy same as C above			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.unitedwaylee.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 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 2020 (Part V, line 2a)	5	60
	6 Total number of volunteers (estimate if necessary)	6	8143
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 14,139,697.	Current Year 16,581,800.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,343.	78,633.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-186,428.	-203,284.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,104,612.	16,457,149.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,883,134.	13,515,833.
	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)	2,493,492.	3,026,486.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 674,627.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	758,306.	713,847.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,134,932.	17,256,166.	
19 Revenue less expenses. Subtract line 18 from line 12	-30,320.	-799,017.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,171,775.	End of Year 11,455,934.
	21 Total liabilities (Part X, line 26)	399,633.	1,213,046.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,772,142.	10,242,888.

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 Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Amelia Cooper	Preparer's signature Amelia Cooper	Date 11/15/21	Check if self-employed <input type="checkbox"/> PTIN P00437898
	Firm's name CliftonLarsonAllen LLP	Firm's EIN 41-0746749	Phone no. 239-262-8686	
	Firm's address 4501 Tamiami Trail North, Suite 200 Naples, FL 34103-3548			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The United Way of Lee, Hendry, Glades, and Okeechobee is a volunteer driven organization dedicated to improving the quality of life for all people in our community. Our United Way supports and helps coordinate the human service network in our community so that the network can

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

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

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

4a (Code:) (Expenses \$ 6,226,780. including grants of \$ 5,961,075.) (Revenue \$) Community Impact Fund:

The United Way supports 96 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. 3) Meeting Critical Needs - By helping the elderly and people with

4b (Code:) (Expenses \$ 7,607,819. including grants of \$ 7,098,354.) (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 2020, United Way House clients received 363,497 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 \$ 1,783,829. including grants of \$ 456,404.) (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 61,237. 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 \$ 676,939. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 16,295,367.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		60
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 65		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 64		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in Schedule O how this was done	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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeannine Joy President/CEO	55.00			X				154,859.	0.	21,414.
(2) Agollari, Julian Board Member	1.00	X						0.	0.	0.
(3) Alderman, Betsy Board Member	1.00	X						0.	0.	0.
(4) Bell, Patricia J Board Member	1.00	X						0.	0.	0.
(5) Beville, Robert Board Member	1.00	X						0.	0.	0.
(6) Branning, Noelle Board Member	1.00	X						0.	0.	0.
(7) Brooks, Gary Board Member	1.00	X						0.	0.	0.
(8) Bryant, Gary L Board Member	1.00	X						0.	0.	0.
(9) Carfore, Cindy S Board Member	1.00	X						0.	0.	0.
(10) Carroll, Mary Beth Board Member	1.00	X						0.	0.	0.
(11) Catti, Joseph R Board Member	1.00	X						0.	0.	0.
(12) Chlumsky, Nick Board Member	1.00	X						0.	0.	0.
(13) Clark, Michael thru 6/20 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) Dale, David Board Member	1.00	X						0.	0.	0.
(17) Desjarlais, Roger J Vice Chair	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Doggett, Linda Board Member	1.00	X						0.	0.	0.
(19) Elliott, Jerry Board Member	1.00	X						0.	0.	0.
(20) Englilsh, Katherine (Honorary) Board Member	1.00	X						0.	0.	0.
(21) Folk, Craig R Board Member	1.00	X						0.	0.	0.
(22) Fry, David L Board Member	1.00	X						0.	0.	0.
(23) George, Lowell Board Member	1.00	X						0.	0.	0.
(24) Goss, Chauncey P Board Member	1.00	X						0.	0.	0.
(25) Griffin, Gary H Board Member	1.00	X						0.	0.	0.
(26) Hart, Larry Board Member	1.00	X						0.	0.	0.
1b Subtotal								154,859.	0.	21,414.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								154,859.	0.	21,414.

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Hartman, Barbara Jean Board Member	1.00	X						0.	0.	0.
(28) Hawkins, Cynthia M Treasurer	1.00	X		X				0.	0.	0.
(29) Heath, Patricia M thru 6/20 Board Member	1.00	X						0.	0.	0.
(30) Hendry, Beth Board Member	1.00	X						0.	0.	0.
(31) Herzog, Wane Board Member	1.00	X						0.	0.	0.
(32) Hudson, Michelle Board Member	1.00	X						0.	0.	0.
(33) Hughes, Amy Board Member	1.00	X						0.	0.	0.
(34) Humphreys, Matthew Board Member	1.00	X						0.	0.	0.
(35) Idelson, Charles Board Member	1.00	X						0.	0.	0.
(36) Jackson, Sally Board Member	1.00	X						0.	0.	0.
(37) Johnson, Calli Board Member	1.00	X						0.	0.	0.
(38) Kazemi, Saeed Board Member	1.00	X						0.	0.	0.
(39) Kershaw, Andrea McNiff Board Member	1.00	X						0.	0.	0.
(40) Kleinfield, Cary thru 4/20 Board Member	1.00	X						0.	0.	0.
(41) Lafferty, Jennifer Board Member	1.00	X						0.	0.	0.
(42) Lapi, Tony Board Member	1.00	X						0.	0.	0.
(43) Lewis, Kevin B Board Member	1.00	X						0.	0.	0.
(44) Loyola, Victoria Board Member	1.00	X						0.	0.	0.
(45) Lucas, David Board Member	1.00	X						0.	0.	0.
(46) Makurat, Paul Board Member	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Miller, Charlotte Board Member	1.00	X					0.	0.	0.	
(48) Molloy, Cora Board Member	1.00	X					0.	0.	0.	
(49) Moreland, Victoria Board Member	1.00	X					0.	0.	0.	
(50) Motzer, Bill Board Member	1.00	X					0.	0.	0.	
(51) Nelson, Stan Board Member	1.00	X					0.	0.	0.	
(52) Nygaard, Scott Board Member	1.00	X					0.	0.	0.	
(53) O'Berski, Dan Board Member	1.00	X					0.	0.	0.	
(54) O'Donnell, Patricia Board Member	1.00	X					0.	0.	0.	
(55) Oliver, David Board Member	1.00	X					0.	0.	0.	
(56) Perry, Tommy Board Member	1.00	X					0.	0.	0.	
(57) Pollock, John M Board Member	1.00	X					0.	0.	0.	
(58) Pontius, Steve Board Member	1.00	X					0.	0.	0.	
(59) Pruitt, Angela Board Member	1.00	X					0.	0.	0.	
(60) Ryan, Karen L Board Member	1.00	X					0.	0.	0.	
(61) Schreiner, Dean E Board Member	1.00	X					0.	0.	0.	
(62) Shearman, Robert C Board Chair	1.00	X		X			0.	0.	0.	
(63) Simmering, Bryan Board Member	1.00	X					0.	0.	0.	
(64) Snell, Mary Vlasak Secretary	1.00	X		X			0.	0.	0.	
(65) Tejero, Jordi Board Member	1.00	X					0.	0.	0.	
(66) Todd, Ted Board Member	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,078,715.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,503,085.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,191,412.				
	h Total. Add lines 1a-1f		16,581,800.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		120,644.			120,644.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	4,920.			
			(ii) Personal				
	b Less: rental expenses ...	6b	208,385.				
	c Rental income or (loss)	6c	-203,465.				
	d Net rental income or (loss)		-203,465.			-203,465.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	612,876.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	654,887.				
	c Gain or (loss)	7c	-42,011.				
d Net gain or (loss)		-42,011.			-42,011.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Miscellaneous	Business Code	900099	181.		181.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			181.			
12 Total revenue. See instructions			16,457,149.	0.	0.	-124,651.	

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 ...	13,002,349.	13,002,349.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	513,484.	513,484.		
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	176,275.	114,578.	26,442.	35,255.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,262,498.	1,770,031.	106,928.	385,539.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,241.	81,672.	4,874.	17,695.
9 Other employee benefits	292,589.	229,184.	13,724.	49,681.
10 Payroll taxes	190,883.	147,855.	10,305.	32,723.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,278.		15,278.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,782.		10,782.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	66,635.	33,962.	5,962.	26,711.
12 Advertising and promotion				
13 Office expenses	228,593.	136,451.	40,176.	51,966.
14 Information technology	54,078.	17,898.	3,088.	33,092.
15 Royalties				
16 Occupancy	83,929.	74,168.	9,761.	
17 Travel	13,941.	8,719.	436.	4,786.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,326.	3,228.	596.	502.
20 Interest				
21 Payments to affiliates	144,804.	144,804.		
22 Depreciation, depletion, and amortization	33,766.	1,444.	31,862.	460.
23 Insurance	9,284.	6,498.	2,786.	
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 Dues and Subscriptions	9,124.	7,632.	980.	512.
b Training	3,602.	1,410.	2,192.	0.
c				
d				
e All other expenses	35,705.			35,705.
25 Total functional expenses. Add lines 1 through 24e	17,256,166.	16,295,367.	286,172.	674,627.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	997,017.	1	1,434,036.
	2 Savings and temporary cash investments	204,105.	2	128,911.
	3 Pledges and grants receivable, net	5,794,140.	3	4,869,101.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	115,707.	7	670,863.
	8 Inventories for sale or use	233,676.	8	359,432.
	9 Prepaid expenses and deferred charges	76,840.	9	42,128.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,381,307.		
	b Less: accumulated depreciation	10b 1,187,067.	1,215,283.	10c 1,194,240.
	11 Investments - publicly traded securities	2,431,330.	11	2,643,959.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	103,677.	15	113,264.
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,171,775.	16	11,455,934.	
Liabilities	17 Accounts payable and accrued expenses	315,737.	17	678,202.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	445,300.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	83,896.	25	89,544.
	26 Total liabilities. Add lines 17 through 25	399,633.	26	1,213,046.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,889,465.	27	3,100,399.
	28 Net assets with donor restrictions	7,882,677.	28	7,142,489.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,772,142.	32	10,242,888.
	33 Total liabilities and net assets/fund balances	11,171,775.	33	11,455,934.

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	16,457,149.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,256,166.
3	Revenue less expenses. Subtract line 2 from line 1	3	-799,017.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,772,142.
5	Net unrealized gains (losses) on investments	5	269,763.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,242,888.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10058511.	11447425.	12309923.	14139697.	16581800.	64537356.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10058511.	11447425.	12309923.	14139697.	16581800.	64537356.
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)						4113365.
6 Public support. Subtract line 5 from line 4.						60423991.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10058511.	11447425.	12309923.	14139697.	16581800.	64537356.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100,878.	150,313.	191,072.	161,454.	120,644.	724,361.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						65261717.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	92.59 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.49 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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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>	 <hr/> <hr/> <hr/>	\$ <u>595,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,238,843.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,728,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>809,205.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>2,324,826.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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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
3	PPE _____ _____ _____	\$ <u>1,238,843.</u>	<u>07/01/20</u>
4	Clothing _____ _____ _____	\$ <u>1,728,000.</u>	<u>07/01/20</u>
5	Furniture _____ _____ _____	\$ <u>809,205.</u>	<u>07/01/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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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 for instructions and the latest information.**

OMB No. 1545-0047

2020
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) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,535,007.	2,151,684.	2,432,968.	2,285,636.	2,135,422.
b Contributions					
c Net investment earnings, gains, and losses	350,975.	511,360.	-132,816.	381,954.	168,268.
d Grants or scholarships					
e Other expenditures for facilities and programs	114,804.	114,259.	134,398.	220,814.	5,066.
f Administrative expenses	13,955.	13,778.	14,070.	13,808.	12,988.
g End of year balance	2,757,223.	2,535,007.	2,151,684.	2,432,968.	2,285,636.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,192.		29,192.
b Buildings		1,910,173.	896,248.	1,013,925.
c Leasehold improvements		134,717.	12,466.	122,251.
d Equipment		200,004.	190,438.	9,566.
e Other		107,221.	87,915.	19,306.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,194,240.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (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)	
Total. (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	89,544.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	89,544.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,924,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	269,763.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	208,385.	
	e Add lines 2a through 2d	2e		478,148.
3	Subtract line 2e from line 1		3	16,446,368.
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	10,781.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		10,781.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,457,149.

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	17,453,770.
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	208,385.	
	e Add lines 2a through 2d	2e		208,385.
3	Subtract line 2e from line 1		3	17,245,385.
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	10,781.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		10,781.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	17,256,166.

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, 2020 and 2019.

Part XI, Line 2d - Other Adjustments:

Part XIII Supplemental Information (continued)

Rental Expenses on Form 990 Part VIII line 6(b) 208,385.

Part XI, Line 4b - Other Adjustments:

Donor Designations to Agencies

Part XII, Line 2d - Other Adjustments:

Rental Expenses on Form 990 Part VIII line 6(b) 208,385.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Abuse Counseling & Treatment Center - PO Box 60401 - Fort Myers, FL 33906	59-1864735	501(c)(3)	350,950.	0.	n/a	n/a	Allocation for General Support
AFCAM Catholic Center 3681 Michigan Ave Fort Myers, FL 33916	35-2159438	501(c)(3)	20,000.	0.	n/a	n/a	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
Aids Healthcare Foundation (formerly ICAN) - 2231B McGregor Blvd. - Fort Myers, FL 33901	65-1479557	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)	10,125.	0.	n/a	n/a	Allocation for General Support
Alvin A Dubin Alzheimer's Resource Center - 12468 Brantley Commons Ct - Fort Myers, FL 33907	65-0580633	501(c)(3)	85,490.	774.	FMV	Furniture	Allocation for General Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **100.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

See Part IV for Column (g) descriptions

Schedule I (Form 990) 2020

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
American Red Cross- Florida's Southern Gulf - 7501 Cypress Terrace, Suite 110 - Fort Myers, FL 33907	59-0808350	501(c)(3)	69,500.	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.	1,157.	FMV	Office equipment	Allocation for General Support
Beacon of HOPE 5465 Pine Island Road Bokeelia, FL 33922	03-0551791	501(c)(3)	39,500.	0.	n/a	n/a	Allocation for General Support
Big Brothers Big Sisters of the Suncoast - 1000 South Tamiami Tr., Suite C - Venice, FL 34285	59-2479002	501(c)(3)	87,919.	14,677.	FMV	Car and furniture	Allocation for General Support
Blessings in a Backpack Lee County 12271 Towne lake Dr. Fort Myers, FL 33913	26-1964620	501(c)(3)	37,500.	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)	65,500.	0.	n/a	n/a	Allocation for General Support
Boy Scouts of America SWF Council 1801 Boy Scout Drive Fort Myers, FL 33907	59-1150488	501(c)(3)	135,584.	7,621.	FMV	Holiday items	Allocation for General Support
Boys and Girls Club of Lee County 7275 Concourse Dr #200 Fort Myers, FL 33908	59-2013870	501(c)(3)	204,069.	38,373.	FMV	Furniture	Allocation for General Support
Cafe of Life 10540 Childers St Bonita Springs, FL 34135	65-0832961	501(c)(3)	32,500.	0.	n/a	n/a	Allocation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Castle 3525 W Midway Road Fort Pierce, FL 34981	59-2094472	501(c)(3)	7,250.	0.	n/a		Allocation for General Support
Catholic Charities 4235 Michigan Links Avenue Fort Myers, FL 33916	59-2473176	501(c)(3)	99,776.	340.	FMV	Furniture and household items	Allocation for General Support
Child Care of Southwest Florida 6831 Pallasades Park Ct, Suite 6 Fort Myers, FL 33912	59-6198583	501(c)(3)	101,850.	7,284.	FMV	Furniture	Allocation for General Support
Children's Advocacy Center of SWFL 3830 Evans Ave Fort Myers, FL 33901	65-0007620	501(c)(3)	366,100.	44,868.	FMV	Furniture and holiday items	Allocation for General Support
Children's Home Society of Florida - Southwest Division - 1940 Maravilla Avenue - Fort Myers, FL 33901	59-0192430	501(c)(3)	152,026.	0.	n/a		Allocation for General Support
Children's Home Society of Florida - Treasure Coast Division - 650 10th Street - Vero Beach, FL 32960	59-0192430	501(c)(3)	12,000.	0.	n/a		Allocation for General Support
Children's Network of SWFL 2232 Altamont Avenue Fort Myers, FL 33901	31-1659302	501(c)(3)	58,000.	6,495.	FMV	holiday items	Allocation for General Support
Community Cooperative Ministries 3429 Martin Luther King Blvd. Fort Myers, FL 33901	59-2602772	501(c)(3)	412,564.	12,666.	FMV	Coffee, artwork	Allocation for General Support
Deaf & Hard of Hearing Center of SWFL - 1860 Boy Scout Dr., Suite B208 - Fort Myers, FL 33907	58-2398372	501(c)(3)	14,000.	810.	FMV	tables	Allocation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dr Piper Center For Social Services - 2607 Dr. Ella Piper Way - Fort Myers, FL 33916	65-0788551	501(c)(3)	62,533.	5,848. FMV		Recliner	Allocation for General Support
Early Learning Coalition of SWFL 2675 Winkler Ave, Suite 300 Fort Myers, FL 33901	65-1144775	501(c)(3)	75,834.	0. n/a		n/a	Allocation for General Support
Epilepsy Service 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 1630 periwinkle way, ste b sanibel, FL 33957	20-8892375	501(c)(3)	58,100.	2,669. FMV		Furniture, office supplies	Allocation for General Support
Florida Gulf Coast University, SPEP/Scholars Program - 10501 FGCU Blvd. South - Fort Myers, FL 33965	65-4063969		21,253.	0. n/a		n/a	Allocation for General Support
Friendship Centers 1888 Brother Geenen Way Sarasota, FL 34236	59-1522614	501(c)(3)	64,607.	27,748. FMV		Baby grand piano	Allocation for General Support
Girl Scouts of Gulf Coast Florida 4780 Cattlemen Rd Sarasota, FL 34233	59-0760212	501(c)(3)	23,583.	0. n/a		n/a	Allocation for General Support
Good Wheels 10075 Bavaria Road SE Fort Myers, FL 33913	65-0192740	501(c)(3)	18,245.	0. n/a		n/a	Allocation for General Support
Goodwill Industries of SWFL 4940 Bayline Drive Nort Fort Myers, FL 33917	59-6196141	501(c)(3)	99,661.	158. FMV		Refrigerator	Allocation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Guardian Ad Litem Foundation 2075 W First St. #300 Fort Myers, FL 33901	59-3044475	501(c)(3)	34,500.	680.	FMV	Office furniture	Allocation for General Support
Gulfcoast Humane Society 2010 Arcadia St. Fort Myers, FL 33916	59-0806978	501(c)(3)	50,100.	6,037.	FMV	Pet items, pet food	Allocation for General Support
Harry Chapin Food Bank of SWFL 3760 Fowler St Fort Myers, FL 33901	59-2332120	501(c)(3)	211,899.	1,513.	FMV	Furniture	Allocation for General Support
Health Planning Council (Early Steps) - 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 Hendry & Glades Counties - 1140 Pratt Blvd. - Labelle, FL 33975	59-3502843	501(c)(3)	13,000.	0.	n/a	n/a	Allocation for General Support
Healthy Start Coalition of SWFL 1921 Jefferson Avenue Fort Myers, FL 33901	65-0378720	501(c)(3)	57,750.	1,986.	FMV	Office furniture and home goods	Allocation for General Support
Hibiscus Children's Center 2400 N.E. Dixie Highway Jensen Beach, FL 34957	59-2632361	501(c)(3)	13,500.	0.	n/a	n/a	Allocation for General Support
Hope Clubhouse 3602 Broadway Fort Myers, FL 33901	30-0437443	501(c)(3)	35,000.	0.	n/a	n/a	Allocation for General Support
Hope HealthCare Services 9470 HealthPark Circle Fort Myers, FL 33908	59-2128697	501(c)(3)	85,500.	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
Hospice of Okeechobee Po Box 1548 Okeechobee, FL 34973	59-2831397	501(c)(3)	16,000.	0.	n/a	n/a	Allocation for General Support
Human Trafficking Awareness Partnerships - 7275 Concourse Drive, Unit 400 - Fort Myers, FL 33908	30-0370679	501(c)(3)	16,857.	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)	25,434.	10,995.	FMV	Vehicles	Allocation for General Support
IMPACT for Developmental Education 1650 Medical Ln Fort Myers, FL 33907	59-1035415	501(c)(3)	129,000.	0.	n/a	n/a	Allocation for General Support
Interfaith Charities of South Lee 17592 Rockefeller Circle Fort Myers, FL 33937	65-0362463	501(c)(3)	75,000.	0.	n/a	n/a	Allocation for General Support
L.A.R.C. 2570 Hanson Street Fort Myers, FL 33901	59-0968911	501(c)(3)	270,115.	27,840.	FMV	furniture	Allocation for General Support
Lee County Human and Veterans Services - 2440 Thompson St. - Fort Myers, FL 33901	59-1163686	501(c)(3)	28,000.	0.	n/a	n/a	Allocation for General Support
Lee County Legal Aid Society 2211 Widman Way Suite 600 Fort Myers, FL 33901	59-1773738	501(c)(3)	103,600.	7,490.	FMV	furniture	Allocation for General Support
Lehigh Community Services 201 Plaza Dr #3 Lehigh Acres, FL 33936	59-1773738	501(c)(3)	103,600.	7,490.	FMV	furniture	Allocation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lighthouse of SWFL 35 West Mariana Ave N Fort Myers, FL 33903	59-1665257	501(c)(3)	89,765.	0. n/a	n/a	n/a	Allocation for General Support
Literacy Council Gulf Coast 26820 Old 41 Bonita Springs, FL 34135	65-0153890	501(c)(3)	157,917.	0. n/a	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.	0. n/a	n/a	n/a	Allocation for General Support
Martha's House Po Box 727 Okeechobee, FL 34973	65-0094350	501(c)(3)	17,000.	0. n/a	n/a	n/a	Allocation for General Support
Meals of Hope 2221 Corporation Blvd Naples, FL 34109	27-0268307	501(c)(3)	32,200.	0. n/a	n/a	n/a	Allocation for General Support
Multiple Sclerosis Center of SWFL 3372 Woods Edge Cr., #103 Bonita Springs, FL 34134	31-1763776	501(c)(3)	12,500.	0. n/a	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)	10,500.	0. n/a	n/a	n/a	Allocation for General Support
NAMI Lee 7275 Concourse Dr. #300 Fort Myers, FL 33908	65-0122844	501(c)(3)	64,000.	0. n/a	n/a	n/a	Allocation for General Support
New Horizons of SWFL PO Box 111833 Naples, FL 34108	11-3678086	501(c)(3)	51,419.	33,454. FMV	Office furniture and supplies	n/a	Allocation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Our Mother's Home of Southwest Florida - 18011 South Tamiami Trail #16-106 - Fort Myers, FL 33908	65-0510103	501(c)(3)	18,500.	0.	n/a	n/a	Allocation for General Support
PACE Center for Girls of Lee County - 3800 Evans Ave. - Fort Myers, FL 33901	59-2414492	501(c)(3)	47,750.	6,116.	FMV	Personal care items	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
Project Dentist Care of SWFL PO Box 7429 Fort Myers, FL 33911	65-0822909	501(c)(3)	94,000.	0.	n/a	n/a	Allocation for General Support
Quality Life Center of Southwest Florida - 3210 Martin Luther King Blvd. - Fort Myers, FL 33901	65-0321309	501(c)(3)	31,937.	0.	n/a	n/a	Allocation for General Support
Real Life Children's Ranch 7777 U.S. Hwy 441 S.E. Okeechobee, FL 34974	59-6173061	501(c)(3)	15,000.	0.	n/a	n/a	Allocation for General Support
Redlands Christian Migrant Association (RCMA) - 402 W Main St - Immokalee, FL 34142	59-1221966	501(c)(3)	15,834.	0.	n/a	n/a	Allocation for General Support
SalusCare 3763 Evans Ave. Fort Myers, FL 33901	59-1287693	501(c)(3)	393,007.	7,572.	FMV	Appliances, furniture	Allocation for General Support
Shared Services Network of Okeechobee County - 700 SW Second Avenue - Okeechobee, FL 34974	65-0219235	501(c)(3)	6,400.	0.	n/a	n/a	Allocation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Social Norming Project/The School District of Lee County - 2855 Colonial Blvd - Fort Myers, FL 33966	59-2637849	501(c)(3)	25,000.	0.	n/a	n/a	Allocation for General Support
Special Equestrians 5121 Staley Road Fort Myers, FL 33906	65-0250071	501(c)(3)	33,333.	0.	n/a	n/a	Allocation for General Support
The Heights Center 15570 Hagie Drive Fort Myers, FL 33908	45-5595206	501(c)(3)	63,500.	0.	n/a	n/a	Allocation for General Support
The Lee County Coalition for Drug-Free SWFL - 3653 Evans Ave., #202 - Fort Myers, FL 33901	59-3052892	501(c)(3)	6,068.	0.	n/a	n/a	Allocation for General Support
The Salvation Army of Lee, Hendry & Glades - 10291 McGregor Blvd. - Fort Myers, FL 33919	58-0660607	501(c)(3)	270,300.	32,464.	FMV	Furniture and cubicles	Allocation for General Support
The Sky Family YMCA 701 Center Road Venice, FL 94285	59-1629660	501(c)(3)	146,677.	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)	9,500.	0.	n/a	n/a	Allocation for General Support
Valerie's House PO Box 1955 Fort Myers, FL 33902	47-3701240	501(c)(3)	19,100.	0.	n/a	n/a	Allocation for General Support
Wellfit Girls Program SWFL 7505 Cordoba Cr. Naples, FL 34109	47-2821242	501(c)(3)	6,250.	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
Big Brothers Big Sisters of St. Lucie, Indian River & Okeechobee - 108 N. Depot Dr. Suite 102 - Fort Pierce, FL 34950	59-2455513	501(c)(3)	5,000.	0.	n/a		Allocation for General Support
Cancer Alliance of Naples 3384 Woods Edge Circle Suite #102 Bonita Springs, FL 34134	22-3879709	501(c)(3)	11,000.	3,744.	FMV	Furniture	Allocation for General Support
Midwest Food Bank 2031 Warehouse Road Normal, IL 61761	41-2120170	501(c)(3)	50,000.	320,496.	FMV	PPE	Allocation for General Support
211 Palm Beach/Treasure Coast PO Box 3588 Lantana, FL 33465	23-7153017	501(c)(3)	5,000.	0.	n/a		Allocation for General Support
AMKids of SW Florida 1190 Mail Street Fort Myers Beach, FL 33931	59-3052865	501(c)(3)	49.	345.	FMV	Pool Table	Allocation for General Support
Bonita Springs United Way House 25300 Bernwood Dr, Suite 6 Bonita Springs, FL 34135	59-2337909	501(c)(3)	22,917.	0.	n/a		Allocation for General Support
Cape Coral Caring Center 4645 SE 15th Ave Cape Coral, FL 33907	65-0262583	501(c)(3)	18,500.	0.	n/a		Allocation for General Support
Dress for Success 12995 S Cleveland Ave Suite 153 Fort Myers, FL 33907	27-2177347	501(c)(3)	8,000.	26,992.	FMV	Furniture, computers, monitors	Allocation for General Support
Early Learning Coalition of Indian River, Martin and Okeechobee Counties - 10 SE Central Pkwy. Ste 200 - Stuart, FL 34994	65-1035652	501(c)(3)	4,500.	0.	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
eva's Foundation (Closet) 16331 Old US 41, Suite 101 Fort Myers, FL 33912	81-4202200	501(c)(3)	5,000.	801. FMV		Food, clothing	Allocation for General Support
Family Initiative 730 SW 4th Street Suite 6 Cape Coral, FL 33991	46-1528487	501(c)(3)	7,500.	11,810. FMV		Food, housewears, Health items, and beauty	Allocation for General Support
Florida Treatment for Change 2180 Maravilla Lane Fort Myers, FL 33901	83-3521116	501(c)(3)	10,000.	3,746. FMV		Pool Table	Allocation for General Support
Healthy Start Coalition, Okeechobee - 1140 Pratt Blvd. - Labelle, FL 33975	59-3502843	501(c)(3)	3,500.	0. n/a			Allocation for General Support
Helping People Succeed 1601 N.E. Braille Place Jensen Beach, FL 34957	59-1051699	501(c)(3)	2,000.	0. n/a			Allocation for General Support
Okeechobee Educational Foundation 700 Sw 2nd Ave Okeechobee, FL 34974	65-0219235	501(c)(3)	2,000.	0. n/a			Allocation for General Support
The Salvation Army 10291 McGregor Blvd. fort Myers, FL 33919	58-0660607	501(c)(3)	75,000.	0. n/a			Allocation for General Support
SWFL Free Pain Clinic (Christian Medical Ministries) - 6831 Pallisades Park Court, Unit 3 - fort Myers, FL 33912	47-2641606	501(c)(3)	16,667.	0. n/a			Allocation for General Support
United Cerebral Palsy of Southwest Florida - 810 SE 10th Ct. - Cape Coral, FL 33990	59-1796622	501(c)(3)	4,720.	0. 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
Tykes and Taeens 3577 SW Corporate Parkway Palm City, FL 34990	65-0570899	501(c)(3)	5,000.	0.	n/a	n/a	Allocation for General Support
United Cerebral Palsy of Southwest Florida - 810 SE 10th Ct. - Cape Coral, FL 33990	59-1796622	501(c)(3)	0.	3,476.	FMV	Office equipment	Allocation for General Support
Lifeline Family Center 907 SE 5th Avenue Cape Coral, FL 33990	65-0529641	501(c)(3)	0.	230.	FMV	Fabric and sewing machine	Allocation for General Support
Various other UW agencies 7273 Concourse Drive Fort Myers, FL 33908	Applied For	501(c)(3)	0.	732,705.	FMV	Furniture, office supplies, holiday items,	Allocation for General Support

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Direct assistance	3336	513,484.	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: Family Initiative

(g) Description of Non-cash Assistance: Food, housewears items, Health and beauty items

Part IV Supplemental Information

Name of Organization or Government: Various other UW agencies

(g) Description of Non-cash Assistance: Furniture, office supplies,
holiday items, grocery, home goods

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2020

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 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		5,191,412.	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** **0**

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

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

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:

provide high quality social service programs that make a difference in
people's lives.

Form 990, Part III, Line 4a, Program Service Accomplishments:

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 2020, the program
received over \$5 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
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.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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Form 990, Part III, Line 4d, Other Program Services:

The United Way Volunteer Center serves Lee, Hendry, Glades, and Okeechobee counties. It creates connections between volunteer opportunities and individuals, families, businesses, and groups to help serve the community. The United Way Volunteer Center also runs four programs: United Way Beesley's Paw Prints Pet Therapy Program, ReadingPals where volunteers read to four and five-year-olds at school sites in Lee and Hendry Counties; United Way Family Mentor Program where trained volunteers meet one-on-one with parents who are reunifying with their children through Children's Network of Southwest Florida; and United Way VITA where IRS certified volunteers save working families hundreds of dollars in tax preparation while ensuring they receive all applicable tax credits such as the EITC. United Way VITA volunteers brought back over \$9.78 million in returns for working families in our community during the 2020 Tax Year. Including tax preparation fees saved and the value of volunteer hours, the VITA program had a \$12 million dollar impact on our community. The United Way Volunteer Center can be reached by calling 239-433-7567. Expenses \$ 676,939. including grants of \$ 0. Revenue \$ 0.

Form 990 Part III

The United Way faced unprecedented challenges during 2020 due to the global pandemic. Disaster relief dollars were given to numerous agencies to combat the needs throughout the community. United Way administered \$2 million in CARES dollars for childcare scholarships, allowing parents to return to work. United Way was also faced with higher than average receivables due to many employee campaigns

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

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 1:

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.

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:

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