Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

A F	or the	e 2023 calendar year, or tax year beginning and	enaing												
B c	heck if pplicabl	C Name of organization		D Employer identifie	cation number										
	Addre	The United Way of Lee County, Inc.]											
	Name chang	Doing business as		59-10051	69										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number											
]Final return	7273 Concourse Drive		239-433-											
	termin ated			G Gross receipts \$	47,238,073.										
	Ameno return	FOIL Myers, FL 33908		H(a) Is this a group re											
	Application pendir	F Name and address of principal officer: Deathfrile OOy		for subordinates	? Yes X No										
		same as C above		H(b) Are all subordinates in	cluded? Yes No										
<u> </u>	ax-ex	empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)(1) c$	or 527	If "No," attach a	list. See instructions										
	Vebsi			H(c) Group exemptio											
<u>K</u> F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1957 N	1 State of legal domicile: FL										
Pa	rt I	Summary													
ø		Briefly describe the organization's mission or most significant activities: We as	re the	United Way	agency for										
Activities & Governance		Lee, Hendry, and Glades Counties.													
ern		Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.													
ŏ				3	65										
8		Number of independent voting members of the governing body (Part VI, line 1b)			64										
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			97										
ivit		Total number of volunteers (estimate if necessary)			4136										
Act				7a	0.										
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b Prior Year	0.										
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		30,130,908.	Current Year										
ne		Contributions and grants (Part VIII, line 1h)		0.	45,133,796.										
/en		Program service revenue (Part VIII, line 2g)		-85,712.	352,906.										
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,772.	156,170.										
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,046,968.	45,642,872.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,941,948.	34,495,453.										
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.										
		Benefits paid to or for members (Part IX, column (A), line 4)		4,630,900.	5,333,609.										
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.										
)en		Total fundraising expenses (Part IX, column (D), line 25) 680, 18	 31.		<u>.</u>										
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,213,540.	1,813,271.										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,786,388.	41,642,333.										
		Revenue less expenses. Subtract line 18 from line 12		2,260,580.	4,000,539.										
-S		Heverlae 1633 experises. Oubtract line 10 from line 12		ginning of Current Year	End of Year										
ets (20	Total assets (Part X, line 16)		15,954,492.	22,123,032.										
Net Assets or und Balances	21	Total liabilities (Part X, line 26)		4,854,661.	7,696,197.										
Net	22	Net assets or fund balances. Subtract line 21 from line 20		11,099,831.	14,426,835.										
_	rt II	Signature Block													
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is										
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,										
Sigr	1	Signature of officer		Date											
Her		Jeannine Joy, President and CEO													
		Type or print name and title													
		Print/Type preparer's name Preparer's signature		Date Check	PTIN										
Paid		Amelia Cooper Amelia Cooper	1	.2/06/24 self-employ											
Prep	arer	Firm's name CliftonLarsonAllen LLP		Firm's EIN 4	1-0746749										
Use	Only	Firm's address 4501 Tamiami Trail North, Suite 2	00												
		Naples, FL 34103-3548		Phone no. 23	9-262-8686										
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No										

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The United Way of Lee, Hendry, and Glades is a volunteer driven
	organization dedicated to improving the quality of life for all people
	in our community. Continued on Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? 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 \$28,125,110 . including grants of \$26,525,063 .) (Revenue \$)
	Community Impact Fund:
	The United Way Community Impact Fund supports over 260 programs
	throughout a large network of social service agencies. These critical
	community programs address vital areas such as strengthening families,
	building resiliency for our most vulnerable populations, supporting
	youth and empowering communities: 1) The United Way of Lee County Gifts
	In Kind Program: The United Way Gifts In Kind Program provides
	nonprofit, health and human services organizations, in Lee, Hendry, and
	Glades counties with access to quality in-kind goods. GIK acts as a
	liaison between local and national donors, and participating agencies.
	Continued on Schedule O
4b	(Code:) (Expenses \$8,908,264. including grants of \$7,242,460.) (Revenue \$)
	American Rescue Plan Act (ARPA) funding was awarded through a
	collaboration with the Lee County Government to ensure that 59 Lee
	County nonprofit social service agencies maintained the organizational
	capacity to administer 62 projects to help mediate the negative impact
	of the COVID-19 pandemic. United Way was also awarded to maintain the
	infrastructure requisite to educate potential Sub-Awardees on the
	application process and functionally administer federal support to all
	awarded Agencies. A portion of the award received by United Way led to
	strengthening internal processes and operations, resulting in
	dramatically enhanced social service programming in Lee County with the
	ultimate goal of mitigating long-term COVID-19 impacts. Continued on
	Schedule O
4c	(Code:) (Expenses \$2, 100, 183. including grants of \$727, 930.) (Revenue \$)
	United Way 211 is the connection for community members in need in Lee,
	Hendry and Glades Counties to ensure they can access information and
	services to remain independent and successful. Whether it be
	assistance with household financial needs, school uniforms for their
	children or access to legal services, a caller to 211 is provided
	resource options to assist. During times of disaster, 211 becomes the
	trusted emergency information line, providing needed information on
	resources such as shelters, evacuation routes and recovery services.
	Veterans and their families are assisted through the 211 Mission United
	Program linking them to information and services designated for
	Veterans and active military members. United Way 211 is available 24
	hours a day, 7 days a week by dialing 211 or 239-433-3900.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 991,767 • including grants of \$ 0 •) (Revenue \$)
4e	Total program service expenses 40,125,324.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ہے ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ارما	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X. column (A), line 27 // "Yes," complete Schedule (Part) and (ii) 20 bit the organization answer "Yes" to Part VII), Section A, line 34, or 6, a shout compensation of the organization accurrent and former offices, directions, frustees, key employees, and highest compensation employees? (ii) "Yes," complete Schedule (A "I') "No," for o line 284. 24a Dth organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was secured after December 31, 2002? if "Yes," answer lines 24d brough? 24d and complete Schedule K if "No," for o line 28e. 25b Dtl the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Dtl the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27d Dtl the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28d Dtl the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28d Dtl the organization marks that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 28d Dtl the organization any the state of the organization spore for more 900 or 900 EZ? If "Yes," complete Schedule L, Part II 28d Dtl the organization proof any amount on Part X, line 5 or 22; for receivables from or payables to any current or former officer, director, fursites, key employee, correct or fooders, dispostantial contributor or SS; 28d Dtl the organization proof any amount on Part X, line 5 or 22; for receivables from or payables to any current or former officer, director, fursites, key employee, correct or fooders, dispostantial contributor or SS; 28d Dtl the organization organization contributor or employees thread, again assessment or former officer, director, fursites, key employee, correct or fooders, d		Continued)		Yes	No
Part X. column (A), line 27 if "Yes," complete Schedule I, Parts Land M J 20 Did the organization shares" "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization sourcett and former officers, directions, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 24a Did the organization have a tax-exempt bond issue with an addituding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrayer lines 260 through 24d and complete Schedule K. If "No," go to line 25a 25b Did the organization invest any process of fax exempt bonds beyond a temporary period exception? 24d 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization employees an any tax-exempt bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1/4 yes, "complete Schedule I, Part I 25b Did the organization reported any are of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any effect if transaction with a disqualified person in a prior year, and that the transaction has not been reported any effect if transaction with a disqualified person in a prior year, and that the transaction has not been reported any effect if transaction with a disqualified person in a prior year, and that the transaction has not been reported and year. If year, organized schedule I, Part II 25c Did the organization reporded a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If year, organized schedule I, Part II	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
23 Did the organization answer "Vest to Park III, Section A, line 3, 4, or 5, about compensation of the organization acument and former officers, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the stack of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2th through 2td and complete Schedule K. If "No," yo to line 25a. 24a D to Did the organization manufacts are account of the than a returning escove at any time during the year to defease any tax-exempt bonds? d Did the organization annual and an escrow account other than a returning escove at any time during the year? d Did the organization acts as an 'no behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization acts as an 'no behalf of issuer for bonds outstanding escove at any time during the year? d Did the organization and the time tangaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II 25b Ut the organization approach any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III 26b Ut the organization in provide a grant or other assistance to any current or former officer, director, trustee, key to business transaction with one of the following parties? (See the Schedule I, Part III 27c V			22	х	
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV. 24a Old the organization have a tax examp bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sissued after December 31, 2002? If "Yes," answer lines 2do through 2dd and complete Schedule IV. If "No." go to fire 25a. 24b Did the organization maintain an excrew account other than a refunding secrew at any time during the year? 24c Old the organization maintain an excrew account other than a refunding secrew at any time during the year? 24d Old the organization maintain an excrew account other than a refunding secrew at any time during the year? 24d Old the organization accounts as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Old the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Old the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d In the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Old the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d In the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d In the organization are as a "on behalf of" issuer for bonds outstanding at any time during the year? 25d In the organization are as a "on behalf of" issuer for bonds outstanding at any time during the year? 25d In the organization report any amount on Part X, lino 5 or 22, for receivables from or payables to any current or former of organization report any amount on Part X, lino 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or forunder, organization employee organization report of any current or former officer, director, trustee, key employee, creator or forund	23				
Schedule / White organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrivo account other than a refunding secret was any time during the year to defease any tax-exempt bonds? d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18b to the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization spring Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I is 18b to the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization spring Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II is 18b to 18b the organization aware that it engaged in an excess benefit transaction with a disputation or prome 990 or 990-E27 If "Yes," complete Schedule L, Part II is 25b X 50 bid the organization are prof any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or any of these persons? If "Yes," complete Schedule L, Part II is 25b X 28 bid the organization provide schedule L, Part II is 18b A family maintain organization with a controlled entity force or forms officier, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II in 28b X					
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that did not a prior year, and that the transaction have the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Controlled entity for airly in member of any of these persons? If "Yes," complete Schedule L, Part II 25b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity for current or payables to a substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity for paying the threat of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule N, P		·	23	Х	
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c/3), 501(c/k), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part I b is the organization avare that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 800 or 906(227) "Yes," complete Schedule L, Part I 25b Did the organization provide a grant or other assistance to any current or forms 900 or 900(227) "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity froulding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Z X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for any individual desorbed in line 28a7 If "Yes," complete Schedule II, Part IV 26a A 39% controlled entity of one or more individual desorbed in line 28a7 If "Yes," complete Schedule I	24a				
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c/3), 501(c/k), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part I b is the organization avare that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 800 or 906(227) "Yes," complete Schedule L, Part I 25b Did the organization provide a grant or other assistance to any current or forms 900 or 900(227) "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity froulding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Z X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for any individual desorbed in line 28a7 If "Yes," complete Schedule II, Part IV 26a A 39% controlled entity of one or more individual desorbed in line 28a7 If "Yes," complete Schedule I		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/3), 501(c/4), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I., Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I 25b X 25b X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fuscise, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule I., Part II 27b X 28 Was the organization party to a business transaction with one of the following parties? (See the Schedule I., Part II 27b X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule I., Part II 27b X X 28 Was the organization party to a business transaction with one of the following parties? (See the Schedule I., Part IV 27b X X X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule I., Part IV 28b X X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule II 27b X X X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule II 27b X X X 29 Did the organization in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II 27b X X X 29 Did the organization orliquidate, terminate, or dissolve and cease operations? If "Yes," complete			24a		X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)3, 501(c)4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule I., Part I 25a X 25a X 25a	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 25b 25c 2			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990 E27 ""yes," complete Schedule L, Part I 250 X 25	25a				37
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		, , ,	25a		<u> </u>
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV, 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV, 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or the similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 Did the organization sella, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exempt or reverse any payment from or engage in any transaction with a controlled entity within the meaning of secti	b				
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II	06	, and the second se	250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 7 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X X was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A 53% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than 255,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than 255,000 in noncash contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 2596 of its net assets? If "Yes," complete Schedule N. Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R. Part II, III, or IV, and Part V, Iine 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part IV, Iine 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V	20				
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II. 27	27	, , ,			
entity (including an employee thereof) or family member of any of these persons? #"Yes," complete Schedule L, Part III					
Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization individual, eterminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Yes, to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Bot the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V II 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V Iine 2 36 Section 501(c)(3) organizations. Did the organization			27		Х
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? ## "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ## "Yes," complete Schedule L, Part IV. 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? ## "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 A Was the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b ## "Yes," to line 35a, did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2 36 Section 501c(I)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2 36 Section 501c(I)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2 37 Did	28	\cdot			
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contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Saba Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 Scotion 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O The Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable De Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Go Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
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Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 37 Did the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and 19? Note: All Form 990 filers are required to complete Schedule O 28 Note: All Form 990 filers are required to complete Schedule O 29 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 20 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 20 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			31		<u> </u>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	, · ·			v
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If "Yes," complete Schedule R, Part V, line 2 36	36				
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Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any lin	38				
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1 1		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					
(gambling) winnings to prize winners?		Enter the number of refine WZa moladed of line 14. Enter of in not applicable			
	С	(mandational descriptions)	_		
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Form 990 (2023) The United Way of Lee County, Inc.

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	97			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	•	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
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 A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X
b				7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		v
	to file Form 8282?		 T	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7-		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization in received a contribution of cars, boats, airplanes, or other vehicles, did the organization in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the approximation contribution makes any total distribution and a continue 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:		1			
а	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	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
	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.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
ь	organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c				
14a			•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.	•				

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Form 990 (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 register members as at person to regard a 2 vite morning members as		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,/		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - (239)433-2000			
	7273 Concourse Drive, Fort Myers, FL 33908			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box,	not c	Posi heck i	ition	l than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer po	Key employee	Highest compensated surpline		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Joy, Jeannine	60.00			.,				224 660	0	21 420
President/CEO	FF 00			Х				224,669.	0.	31,438.
(2) Pelle, Hannah COO	55.00					x		128,961.	0.	16,908.
(3) Hidalgo, Michelle CFO	55.00			х				119,217.	0.	14,113.
(4) Agollari, Julian	1.00								•	
Board Member		Х						0.	0.	0.
(5) Anderson, Kevin	1.00									
Board Member		Х						0.	0.	0.
(6) Bell, Patricia J.	1.00									
Board Member		Х						0.	0.	0.
(7) Bernier, Christopher	1.00									
Board Member		Х						0.	0.	0.
(8) Beville, Robert	1.00									
Board Chair		Х		Х				0.	0.	0.
(9) Branning, R. Noelle	1.00									
Board Chair		Х		Х				0.	0.	0.
(10) Brooks, Gary	1.00									
Board Member		X						0.	0.	0.
(11) Bryant, Gary L.	1.00									
Board Member		Х						0.	0.	0.
(12) Carfore, Cindy S.	1.00									
Board Member		Х						0.	0.	0.
(13) Carroll, Mary Beth	1.00								_	_
Board Member		Х						0.	0.	0.
(14) Chlumsky, Nick	1.00									_
Board Member		Х						0.	0.	0.
(15) Cisneros Molloy, Cora	1.00									_
Board Member	1 00	Х			_	_		0.	0.	0.
(16) Clinger, John	1.00								_	_
Board Member	1 00	Х			_	_		0.	0.	0.
(17) Collins, Michael	1.00	٦,							<u> </u>	_
Board Member		X						0.	0.	0 • Form 990 (2023)

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\$100,000 of compensation from the organization 0
See Part VII, Section A Continuation sheets

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023)

Form 990 The	United Way o)f	Le	е	Co	un	tу	, Inc.	59-100	5169
Part VII Section A. Officers, Dire	ectors, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	neck	all t	hat	app	y)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	.0r				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099-10130)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	om pe				organizations
	below	vidua	itutior	ser	Key employee	hest c	ner			
	line)	lbdi	Inst	Officer	Key	Higl	Former			
(27) Hendry, Beth	1.00									
Board Member		Х						0.	0.	0.
(28) Herzog, Wane	1.00									
Board Member		Х						0.	0.	0.
(29) Hudson, Michelle	1.00									
Board Member		Х						0.	0.	0.
(30) Humphreys, Matthew	1.00									
Vice Chair		Х		Х				0.	0.	0.
(31) Jackson, Sally	1.00									
Board Member		Х						0.	0.	0.
(32) Johnson, Calli	1.00									
Board Member		Х						0.	0.	0.
(33) Joyce, John	1.00									
Board Member		Х						0.	0.	0.
(34) Karnes, Kevin	1.00									_
Board Member		Х						0.	0.	0.
(35) Kershaw, Andrea	1.00									_
Board Member		Х						0.	0.	0.
(36) Klein, David	1.00	1								
Board Member		Х						0.	0.	0.
(37) Lapi, Tony	1.00									
Board Member		Х						0.	0.	0.
(38) ldelson, Charles	1.00									
Board Member		Х						0.	0.	0.
(39) Lucas, David	1.00	1								
Board Member		Х						0.	0.	0.
(40) Makurat, Paul	1.00									
Board Member		Х						0.	0.	0.
(41) Martus, Stephen	1.00	ļ							•	
Board Member	1 22	Х						0.	0.	0.
(42) Matter, Gary	1.00								•	_
Board Member	1 00	Х	\vdash					0.	0.	0.
(43) McMillion, Tracy	1.00								_	_
Board Member	4 00	Х						0.	0.	0.
(44) Miller, Charlotte	1.00	. .							_	_
Board Member	4 4 4	Х	\vdash					0.	0.	0.
(45) Moreland, Victoria	1.00	<u></u>							_	_
Board Member	4 4 4	Х						0.	0.	0.
(46) Motzer, Bill	1.00	<u></u>							_	_
Board Member		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 The	United Way	of.	Le	e	Co	un	tу	, Inc.	59-100	5169
Part VII Section A. Officers, Dire	ectors, Trustees, Key E	mplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per					as a		from	from related	other
	week (list any	tor				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ed em		(W-2/1099-MISC)	(VV 27 1000 WIIOO)	organization
	related	tee or	ıstee			ensate		(** =* ********************************		and related
	organizations	Itrus	nal trı		loyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	hesto	Former			
	line)	n P	si Si	#0	Ke	ij	For			
(47) Mullinax, Landon	1.00	↓								
Board Member	1 22	Х						0.	0.	0.
(48) Mundy, Barbara	1.00	↓								
Board Member		Х						0.	0.	0.
(49) Nelson, Stan	1.00	۱							•	
Board Member	1 22	Х						0.	0.	0.
(50) Nygaard, Scott	1.00	١							•	
Board Member	1 00	Х						0.	0.	0.
(51) O'Berski, Dan	1.00	٠,							0	0
Board Member	1 00	Х						0.	0.	0.
(52) O'Donnell, Patricia	1.00	٠,							0	0
Board Member	1 00	X						0.	0.	0.
(53) Oliver, David	1.00	X						_	0.	0
Board Member (54) Parrish, Harlan C.	1.00	^						0.	0.	0.
Board Member	1.00	X						0.	0.	0.
(55) Phillips, April	1.00	^						0.	0.	0.
Board Member	1.00	X						0.	0.	0.
(56) Pollock, John M,	1.00							0.	0.	0 •
Board Member	1.00	x						0.	0.	0.
(57) Pontius, Steve	1.00									
Board Member	1.00	x						0.	0.	0.
(58) Rodriguez, Victoria	1.00									
Assistant Treasurer		x		х				0.	0.	0.
(59) Rogers, Carolyn	1.00	1							•	
Board Member		х						0.	0.	0.
(60) Ryan, Karen L.	1.00							-	-	-
Board Member		Х						0.	0.	0.
(61) Shearman, Robert C.	1.00									
Board Member		Х						0.	0.	0.
(62) Simmering, Bryan	1.00									
Board Member		Х	L					0.	0.	0.
(63) Snell, Mary Vlasak	1.00									
Secretary		Х		Х				0.	0.	0.
(64) St. Amand, Dotty J.	1.00	1								
Board Member		Х						0.	0.	0.
(65) Todd, Ted	1.00	1								
Board Member		Х						0.	0.	0.
(66) Uhler, Tom	1.00	1								
Board Member		Х						0.	0.	0.
Total to Part VII, Section A, line 1c		_ X	<u> </u>					0.	U.	

Form 990 The Unite	ed Way c	f	Le	e	Co	un	ty	, Inc.	59-100	5169
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per					a a		from the	from related	other
	week (list any	tor				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc.				e em		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	related	tee oi	ustee			ensat				and related
	organizations	al trus	onal t		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(57)		드	드	₽	포	至	Fc			
(67) Vertich, Corey	1.00	٦,								0
Board Member	1 00	Х						0.	0.	0.
(68) Wallace, Darren	1.00	х						0.	0.	0
Board Member (69) White, A. Scott	1.00	Δ						0.	0.	0.
Board Member	1.00	х						0.	0.	0.
(70) Wilks, Earnest J.	1.00	^						0.	0.	U •
Board Member	1.00	Х						0.	0.	0.
(71) Zwack, Matthew	1.00							0.	0.	0.
Board Member	1.00	Х						0.	0.	0.
								•		•
		ł								
			_							
		ł								
			_							
		1								
		1								
	•									
Total to Part VII, Section A, line 1c										
, , ,								•		

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c	3,500.				
fts,			Related organizations	1d	,,,,,,,				
ية إق				1e	10,433,015.				
Sir			Government grants (contributions) All other contributions, gifts, grants, and		10,133,013.				
utic er		T		1f	34,697,281.				
ë Đ			similar amounts not included above		23,592,245.				
no Dd		_	Noncash contributions included in lines 1a-1f	1g \$		45,133,796.			
OB		<u> </u>	Total. Add lines 1a-1f		Business Code	13,133,730.			
	_	_			Business Code				
ice	2								
er ue		b							
Program Service Revenue		C							
		d							
		e	All all and a second a second and a second a						
_			All other program service revenue						
-		g	Total. Add lines 2a-2f						
	3		Investment income (including divide			76 020			76 020
						76,939.			76,939.
	4		Income from investment of tax-exem	-					
	5		Royalties) Real					
			<u> </u>) Real	(ii) Personal				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			` ' 		(") Other				
	7	а	Circle and	ecurities	(ii) Other				
		_	,	364,130.					
		b	Less: cost or other basis	-00 163					
une				588,163.					
her Revenue				275,967.		275 067			275 067
Ä			Net gain or (loss)			275,967.			275,967.
	8	а	Gross income from fundraising events (r						
Ò			including \$ 3,500.	-					
			contributions reported on line 1c). So		25 410				
			Part IV, line 18		25,410.				
			Less: direct expenses		7,038.	10 272			10 272
			Net income or (loss) from fundraising			18,372.			18,372.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of inv	ventory	Business Code				
ရှ		_	Miscelleneous		900099	137 700			127 700
eo Te	11		HIPCELIGHEOUR		300033	137,798.			137,798.
Miscellaneous Revenue		b							
sce Be		C	All other recent						
ž			All other revenue			127 700			
		е	Total Add lines 11a-11d			137,798.	0.	0	500 076
	12		Total revenue. See instructions			45,642,872.	١ ٠٠	0.	509,076.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	7.5.			
	not include amounts reported on lines 6b, 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	25 076 285.	25,076,285.		
2	Grants and other assistance to domestic	23,010,203.	23,010,203.		
	individuals. See Part IV, line 22	9,419,168.	9,419,168.		
3	Grants and other assistance to foreign	J, 11J, 100 •	3,413,100.		
3	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,				
Ŭ	trustees, and key employees	535,276.	147,818.	336,237.	51,221.
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	3,830,456.	3,331,172.	220,445.	278,839.
8	Pension plan accruals and contributions (include	-	-		-
	section 401(k) and 403(b) employer contributions)	185,149.	152,615.	9,824.	22,710.
9	Other employee benefits	446,227.		42,052.	35,550.
10	Payroll taxes	336,501.	270,894.	40,465.	25,142.
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting	29,374.		29,374.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	235,700.	171,351.	14,692.	49,657.
12	Advertising and promotion				
13	Office expenses	41,949.		5,284.	36,665.
14	Information technology	55,967.	32,855.	6,969.	16,143.
15	Royalties			1	
16	Occupancy	544,142.	522,370.	17,530.	4,242.
17	Travel	26,930.	20,853.	973.	5,104.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 146	0 540	0.710	006
19	Conferences, conventions, and meetings	12,146.	8,548.	2,712.	886.
20	Interest	120 241	120 241	+	
21	Payments to affiliates	139,241.	139,241.	33 106	9 470
22	Depreciation, depletion, and amortization	139,376. 69,567.	97,418. 21,130.	33,486.	8,472. 5,338.
23	Insurance	09,307.	21,130.	43,099.	5,330.
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 0.) Program supplies	149,193.	149,193.		
a b	Utilities	117,912.	86,204.	22,506.	9,202.
C	Equipment and vehicles	92,412.	84,076.	5,862.	2,474.
d	Printing and postage	70,436.	16,860.	1,594.	51,982.
	All other expenses	88,926.	8,648.	3,724.	76,554.
25	Total functional expenses. Add lines 1 through 24e	41,642,333.		836,828.	680,181.
26	Joint costs. Complete this line only if the organization	,,,,		200,0200	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			<u>.</u>	L	Earm 990 (2022)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,079,039. 1,761,087. 1 Cash - non-interest-bearing 5,680,574. 8,723,063. Savings and temporary cash investments 2 3,189,033. 1,471,471. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 425,969. 366,446. Notes and loans receivable, net 7 919,960. 4,316,186. Inventories for sale or use 8 48,885. 134,578. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 3,596,802. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 1,525,516. 1,095,665. 2,071,286. 10c 2,310,274. 2,217,796. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 523,045. 1,743,167. Other assets. See Part IV, line 11 15 15 15,954,492. 22,123,032. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 577,465. 622,953. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 4,277,196. 7,073,244. of Schedule D 4,854,661. 7,696,197. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,070,040. 10,401,297. 27 27 Net assets without donor restrictions 5,029,791. Net assets with donor restrictions 4,025,538. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 11,099,831. 14,426,835. 32 Total net assets or fund balances 32 15,954,492. 22,123,032. 33 33 Total liabilities and net assets/fund balances

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	41	,64	2,3	<u>33.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,00	0,5	<u>39.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,09	9,8	31.
5	Net unrealized gains (losses) on investments	5		1:	9,1	<u>57.</u>
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		-69	2,6	92.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	14	,42	6,8	35.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHEDULE A

(Form 990)

Total

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.

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

The United Way of Lee County, 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		, ,	` ,	,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	14139697.	16581800.	16581358.	30130908.	45133796 .	122567559
2	Tax revenues levied for the organ-						
	ization'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	14139697.	16581800.	16581358.	30130908.	45133796.	122567559
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)						3766926.
6	Public support. Subtract line 5 from line 4.						118800633
	ction B. Total Support				•		•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			16581358.	30130908.	45133796.	122567559
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	161,454.	120,644.	123,776.	50,135.	62,967.	518,976.
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						123086535
12	Gross receipts from related activities,	etc. (see instruction	ns)		•	12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2023 (14	96.52 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	98.17 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	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 to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
_						Cabadula A	(Form 990) 2023

Schedule A (Form 990) 2023 The United Way of Lee County, Inc. 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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,
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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-) :	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
4a		
4h		
4b		
4c		
5a		
5b		
5c		
6		
J		
7		
8		
9a		
OF		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2023

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	etruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	nteara	ited Type III supporting organ	nization (see

8

Schedule A (Form 990) 2023

instructions)

Minimum Asset Amount (add line 7 to line 6)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

The United Way of Lee County, Inc.

59-1005169

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 3 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; I ine 1. Complete Parts I and II.
contributor, durino literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one of the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering o) instead of the contributor name and address), II, and III.
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \$
Caution: An organization the	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number

The	United	Way	of	Lee	County,	Inc.
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59-1005169

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 3,423,216.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$_4,637,382.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,030,888.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,987,945</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 4,494,446.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,870,907</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

The United Way of Lee County, In

59-1005169

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,992,975.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$\$,957,353.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Nume, address, and En 1 1	\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions.)

Name of organization Employer identification number

The United Way of Lee County, Inc.

59-1005169

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
1	Apparel/furniture/homegoods					
		\$_3,423,216.	12/31/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
2	Furniture and homegoods					
		\$ 4,637,382.	12/31/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
3	Furniture/Homegoods					
		\$1,030,888.	12/31/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
4	Food and supplies					
		\$ <u>1,987,945</u> .	12/31/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
6	Household goods					
		\$ 1,870,907.	12/31/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
7_	Children's toys and suppplies					
		\$ <u>1,992,975.</u>	12/31/23			

Name of organization **Employer identification number** The United Way of Lee County, Inc. 59-1005169 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

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

Inspection

Name of the organization

The United Way of Lee County, Inc.

Employer identification number 59-1005169

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	Accounts. Complete if the	
		(a) Donor advised	d 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 w	riting that the assets hel	d in donor advised fu	nds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that gra	nt funds can be used	only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confe	erring	
	impermissible private benefit?			Yes No	
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes	on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a his	storically important land area	
	Protection of natural habitat		Preservation of a ce	rtified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a	conservation easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	cture included on line 2a			
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, a	nd not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	inization during the tax	
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserva	tion easements during the year	
_					
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation e	easements during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B	00	
_	and section 170(h)(4)(B)(ii)?	•			
9	In Part XIII, describe how the organization reports conservatio				
	balance sheet, and include, if applicable, the text of the footnot		•		
	organization's accounting for conservation easements.	3			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, 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	3, not to report in its reve	nue statement and ba	alance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in further	ance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue	statement and balan	ce 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			\$	
	(m)			^	
2	If the organization received or held works of art, historical trea			ı, provide	
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023	

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		179,192.		179,192.
b Buildings		2,801,423.	1,166,618.	1,634,805.
c Leasehold improvements		127,049.	7,437.	119,612.
d Equipment		241,587.	205,069.	36,518.
e Other		247,551.	146,392.	101,159.
Total. Add lines 1a through 1e. (Column (d) must equal	2,071,286.			

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Part VII Investments - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(6)(7) (8) (9)

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

(a) Description	(b) Book value
(1) Beneficial Interest In Assets Held by Others	125,911.
(2) Right of Use Assets	1,617,256.
(3)	
<u>(5)</u>	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,743,167.

Other Liabilities Part X

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	91,267.
(3) Lease liabilties	1,635,847.
(4) Refundable Advance - ARPA Grant	5,340,193.
(5) Deferred revenue	5,937.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	7,073,244.

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

Schedule D (Form 990) 2023

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, 2023 and 2022.

Part XI, Line 2d - Other Adjustments:

Schedule D (Form 990) 2023 The United Way of Lee County, Inc.	59-1005169 Page 5
Schedule D (Form 990) 2023 The United Way of Lee County, Inc. Part XIII Supplemental Information (continued)	
Fundraising expenses	7,038.
	·
Part XI, Line 4b - Other Adjustments:	
Uncollectible pledges	692,692.
oncorrectible proages	0,52,0,52.
Part XII, Line 2d - Other Adjustments:	
	7 020
Fundraising expenses	7,038.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number The United Way of Lee County, 59-1005169 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1 Swing into	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Spring (event type)	(event type)	(total number)	col. (c))
nue			(2 : 2 : : :) [: : /	(2.2	(
Revenue	1	Gross receipts	28,910.			28,910.
_	2	Less: Contributions	3,500.			3,500.
	3	Gross income (line 1 minus line 2)	25,410.			25,410.
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs	604.			604.
Direct Expenses	7	Food and beverages	6,315.			6,315.
	8	Entertainment				
		Other direct expenses	119.			119.
		Direct expense summary. Add lines 4 through	٠,			7,038. 18,372.
Pa	rt I	Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		990, Part IV, line 19, or i		10,372.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						_
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 The United Way of Lee County, Inc. $59-1$.00516	9 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		120	0.4
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	- Traine		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
			_
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a		Yes	□ No
L	retain the state gaming license?	103	140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	. III . I' O	01- 101-
га	(-/, (-/, (-/, (-/, (-/, (-/, (-/,	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_

Schedule G	i (Form 990)	The	United	Way	of	Lee	County,	Inc.	59-1005169	Page 4
Part IV	(Form 990) Supplemental Info	mation	(continued)							
_										

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

Open to Public Inspection

name of the organization The Unite	d Wav of	Lee County,	Inc.				59-1005169
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's propert II Grants and Other Assistance to	stance?ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$ 1 (a) Name and address of organization or government					(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Abuse Counseling and Treatment (ACT) - 407 Center Road, Fort Myers - Fort Myers, FL 33907	59-1864735	501(c)(3)	435,632.	0.	n/a	n/a	Allocation for General Support
Adventures in Missions 6000 Wellspring Trail Gainesville, GA 30506	65-0133113	501(c)(3)	0.	119,168.	FMV	Office furniture	Allocation for General Support
Agape Home 3 Avenue J Fort Myers, FL 33471	65-0721743	501(c)(3)	13,500.	0.	n/a	n/a	Allocation for General Support
AHF / ICAN 2231 McGregor Boulevard Fort Myers, FL 33901	95-4112121	501(c)(3)	90,000.	0.	n/a	n/a	Allocation for General Support
Aids Healthcare Foundation 2231 McGregor Boulevard Fort Myers, FL 33901	95-4112121	501(c)(3)	46,000.	0.	n/a	n/a	Allocation for General Support
Alliance for the Arts 10091 McGregor Blvd Fort Myers, FL 33919 2 Enter total number of section 501(c)(3) a	51-0182649	1	22,500.	2,226.	FMV	Furniture	Allocation for General Support 123.

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

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

Schedule I (Form 990) 2023

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alvin A. Dubin Alzheimer's							
Resource Center - 12685 New							
Brittany Blvd Fort Myers, FL							Allocation for General
33907	65-0580633	501(c)(3)	236,219.	0.	n/a	n/a	Support
American Legion							
1857 Jackson Street							Allocation for General
Fort Myers, FL 33901	47-3043441	501(c)(3)	0.	124,849.	FMV	Flooring	Support
American Red Cross Florida's				,		_	
Southern Gulf - 7051 Cypress							
Terrace, Suite 110 - Fort Myers,							Allocation for General
FL 33907	53-0196605	501(c)(3)	66,000.	0.	n/a	n/a	Support
Amigos Center							
1560 Matthew Drive, Suite A							Allocation for General
Fort Myers, FL 33907	59-3646095	501(c)(3)	10,000.	0.	n/a	n/a	Support
ANA's Friends							
11691 Gateway Blvd. Suite 102							Allocation for General
Fort Myers, FL 33913	59-2296529	501(c)(3)	0.	19,973.	FMV	Furniture	Support
,							
Beach Baptist Church							
130 Connecticut St.							Allocation for General
Fort Myers Beach, FL 33931	59-2495484	501(c)(3)	0.	62,710.	FMV	Furniture	Support
Decree of HODE							
Beacon of HOPE							Allogation for Games-1
5090 Doug Taylor Circle St.	03-0551791	E01/->/2>	F4 000	15 007	EW7		Allocation for General
James City, FL 33956	03-0551/91	DUT(C)(3)	54,000.	15,297.	r m v	Furniture	Support
Beesleys Paw Prints							
7273 Concourse Drive							Allocation for General
Fort Myers, FL 33908	59-1005169	501(c)(3)	0.	5,885.	FMV	Homegoods	Support
- ,				,			
Big Brothers Big Sisters of the							
Sun Co - 1000 South Tamiami Trail							Allocation for General
- Venice, FL 34285	59-1361826	501(c)(3)	75,000.	0.	n/a	n/a	Support

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blessings in a Backpack, Lee							
County - PO Box 61402 - Fort							Allocation for General
Myers, FL 33906	26-1964620	501(c)(3)	57,000.	0.	n/a	n/a	Support
			,				
Bonita Springs Assistance Office							
25300 Bernwood Drive #6							Allocation for General
Bonita Springs, FL 34135	59-2337909	501(c)(3)	108,900.	2,080.	FMV	Furniture	Support
Bonita Springs (FL) Lions Eye							
Clinic - 10322 Pennsylvania Ave.							Allocation for General
- Bonita Springs, FL 34135	45-0560906	501(c)(3)	80,500.	7,412.	FMV	Furniture	Support
Des Greeks of Newstrand							
Boy Scouts of America, Southwest Florida Council - 1801 Boy Scout							Allocation for General
-	59-1150488	E01/a)/2)	165 200	0	2/2	n/a	Support
Drive - Fort Myers, FL 33907	39-1130466	501(0)(3)	165,200.	0.	n/a	11/a	Support
Boys & Girls Clubs of Lee County							
9371 Cypress Lake Drive, Unit 5							Allocation for General
Fort Myers, FL 33919	59-2013870	501(c)(3)	365,017.	0.	n/a	n/a	Support
			,				
Cafe of Life							
10540 Childers Street							Allocation for General
Bonita Springs, FL 34135	65-0832961	501(c)(3)	32,000.	0.	n/a	n/a	Support
Camelot							
4150 Ford Street Ext. Suite 1-C	04.45-005-	501 () (0)	_			L	Allocation for General
Fort Myers, FL 33916	31-1659302	501(c)(3)	0.	27,957.	FMV	Furniture	Support
Cancer Alliance of Naples							
3384 Woods Edge Circle, Suite 102							Allocation for General
Bonita Springs, FL 34134	22-3879709	501(c)(3)	11,000.	0	n/a	n/a	Support
	22 3013103	301(0)(3)	11,000.		, , , <u>, , , , , , , , , , , , , , , , </u>	, u	Papporo
Cape Coral Animal Shelter							
325 SW 2nd Avenue							Allocation for General
Cape Coral, FL 33991	81-3632884	501(c)(3)	26,182.	0.	n/a	n/a	Support

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASL-Community Assisted &							
Supported Living - 2911							
Fruiteville Rd - Sarasota, FL							Allocation for General
4237	65-0869993	501(c)(3)	175,000.	0.	n/a	n/a	Support
Catholic Charities of Lee, Hendry							
Gl - 4235 Michigan Ave Link -							Allocation for General
Fort Myers, FL 33916	59-2473176	501(c)(3)	352,560.	0.	n/a	n/a	Support
Center for Progress & Excellence							
1500 Colonial Blvd. Suite 233							Allocation for General
Fort Myers, FL 33905	47-4810710	501(c)(3)	84,867.	0.	n/a	n/a	Support
Centerstone of Florida							
44 Vantage Way, St. 400							Allocation for General
Nashville, TN 37228	20-0072992	501(c)(3)	595,240.	0.	n/a	n/a	Support
Child Care of Southwest Florida							
6831 Palisades Park Ct. Suite 6						Furniture &	Allocation for General
Fort Myers, FL 33912	59-6198583	501(c)(3)	175,995.	92,258.	FMV	Housewares	Support
Children's Advocacy Center of							
Southwest Florida - 3830 Evans							Allocation for General
Avenue - Fort Myers, FL 33901	65-0007620	501(c)(3)	363,600.	0.	n/a	n/a	Support
Children's Home Society of Florida						-,	
Southwest Division - 13650							
Fiddlesticks Blvd. Ste. 202-296 -							Allocation for General
Fort Myers, FL 33912	59-0192430	501(c)(3)	151,386.	0.	n/a	n/a	Support
·			,				
Children's Network of SWFL							
2232 Altamont Ave.							Allocation for General
Fort Myers, FL 33901	20-4968228	501(c)(3)	186,010.	83,858.	FMV	Furniture	Support
Christian Medical Ministries							
13450 Parker Commons Blvd #103							Allocation for General
Fort Myers, FL 33912	47-2641606	501(c)(3)	89,191.	n	n/a	n/a	Support

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chrysallis Wellness							
11932 Fairway Lakes Drive							Allocation for General
Fort Myers, FL 33913	84-5111847	501/a)/3)	220,000.	0	n/a	n/a	Support
roic myers, FE 33913	04-3111047	301(0)(3)	220,000.	0.	п/а	11/ a	Support
Community Cooperative							
3429 Dr. Martin Luther King Jr. Blv							Allocation for General
Fort Myers, FL 33916	59-2602772	501(c)(3)	456,420.	0.	n/a	n/a	Support
Community Danta cashin Cabasia							
Community Partnership Schools 7273 Concourse Drive						Furniture &	Allocation for General
	59-1005169	F01/-1/21	0.	3,571,804.	EM7	Housewares	
Fort Myers, FL 33908	39-1003109	301(0)(3)	<u> </u>	3,371,004.	FMV	nousewares	Support
Deaf & Hard of Hearing Center							
1860 Boy Scout Drive B208							Allocation for General
Fort Myers, FL 33907	58-2398372	501(c)(3)	76,986.	0.	n/a	n/a	Support
Department of Children and							
Families - 2295 Victoria Ave	50 2450462	F04 () (2)		55 540			Allocation for General
Fort Myers, FL 33901	59-3458463	201(c)(3)	0.	77,742.	F.W.V	Housewares	Support
Dr. Piper Center for Social							
Services - 2607 Dr. Ella Piper Way							Allocation for General
- Fort Myers, FL 33916	65-0788551	501(c)(3)	160,976.	473.	FMV	Furniture	Support
Dress for Success							
12995 S. Cleveland Ave. Suite 153						Furniture &	Allocation for General
Fort Myers, FL 33907	27-2177347	501(c)(3)	98,000.	4,486.	EW/A	Housewares	Support
Early Learning Coalition of	2/ 21//34/	501(0/(5/	50,000.	4,400.	T 11 4	TIOGDEWATED	Papporc
Southwest Florida - 2675 Winkler							
Ave., St. 300 - Fort Myers, FL							Allocation for General
33901	65-1144775	501(c)(3)	68,750.		n/a	n/a	Support
,3301	03 1144//3	501(5)(5)	00,730.		μ., α	<u> </u>	Pupport
Earn To Learn							
9160 Forum Corporate Parkway, #321							Allocation for General
Fort Myers, FL 33905	45-2514055	501(c)(3)	28,252.	0.	n/a	n/a	Support

Part II Continuation of Grants and Other		mestic Organizations		vernments (Sch	edule I (Form 990), Pa	rt II.)	75 1005105 Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Epilepsy Services of Southwest							
Florida - 1750 17th Avenue -							Allocation for General
Sarasota, FL 34234	59-3281492	501(c)(3)	26,500.	0	n/a	n/a	Support
	05 0202252		20,000.	•			545510
Eva's Foundation (Closet)							
16331 Old U.S. 41							Allocation for General
Fort Myers, FL 33912	81-4202200	501(c)(3)	5,000.	834.	FMV	Furniture	Support
F.I.S.H. of Sanibel-Captiva							
2430 Periwinkle Way							Allocation for General
Sanibel, FL 33957	20-8892375	501(c)(3)	67,500.	181,726.	FMV	Housewares	Support
Family Heath Centers							
1926 Victoria Ave							Allocation for General
Fort Myers, FL 33902	59-1741273	501(c)(3)	203,767.	0.	n/a	n/a	Support
Family Initiative							
734 SW 4th Street				_			Allocation for General
Cape Coral, FL 33991	46-1528487	501(c)(3)	654,600.	0.	n/a	n/a	Support
EGGH Foundation / DGED / Gahalana							
FGCU Foundation/PSEP/Scholars Program - 10501 FGCU Blvd S - Fort							Allocation for General
-	65-0403969	E01/~\/2\	20.000		- /-		
Myers, FL 33965	65-0403969	501(0)(3)	29,800.	0.	n/a	n/a	Support
Florida Treatment for Change							
2180 Maravilla Ln. Unit 1							Allocation for General
Fort Myers, FL 33901	83-3521116	501(c)(3)	16,000.	58,079.	FMV	Furniture	Support
	00 002222		20,000.	00,012.			
Friendship Centers							
5272 Summerlin Commons Way							Allocation for General
Fort Myers, FL 33907	59-1522614	501(c)(3)	30,000.	0.	n/a	n/a	Support
,			, ,	-			
Gigi's Playhouse							
1901 Brantley Road, #11							Allocation for General
Fort Myers, FL 33907	82-1124956	501(c)(3)	10,000.	0.	n/a	n/a	Support

(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of	(f) Method of	(g) Description of	(b) Durposs of growt
	casii grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance
					Allocation for General
501(c)(3)	29 000	0	n/a	n /a	Support
301(0)(3)	23,000.	<u> </u>	11/ 4	11/ 4	pupport
					Allocation for General
501(c)(3)	256,368.	1,250.	FMV	Housewares	Support
	, -	, -			
					Allocation for General
501(c)(3)	35,535.	0.	n/a	n/a	Support
					Allocation for General
501(c)(3)	45,000.	13,768.	FMV	Pet Food	Support
					Allocation for General
501(c)(3)	0.	332,365.	FMV	Housewares	Support
				L	
504 () (0)	100 045				Allocation for General
501(c)(3)	190,345.	9,709.	FMV	Housewares	Support
					Allocation for General
E01/->/2>		05 521	T107	B	
501(6)(3)	1 0.	25,731.	FMV	Furniture	Support
					Allocation for General
501(a)(3)	102 526	_	n/a	m /a	Support
501(6)(3)	103,336.	0.	ш, а	µ1/ a	pupporc
					Allocation for General
501(c)(3)	13 000	n	n/a	n/a	Support
	501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)	501(c)(3) 256,368. 501(c)(3) 35,535. 501(c)(3) 45,000. 501(c)(3) 0. 501(c)(3) 190,345. 501(c)(3) 0.	501(c)(3) 256,368. 1,250. 501(c)(3) 35,535. 0. 501(c)(3) 45,000. 13,768. 501(c)(3) 0. 332,365. 501(c)(3) 190,345. 9,709. 501(c)(3) 0. 25,731.	501(c)(3) 256,368. 1,250. FMV 501(c)(3) 35,535. 0. n/a 501(c)(3) 45,000. 13,768. FMV 501(c)(3) 0. 332,365. FMV 501(c)(3) 190,345. 9,709. FMV 501(c)(3) 0. 25,731. FMV	501(c)(3) 256,368. 1,250.FMV Housewares 501(c)(3) 35,535. 0.n/a n/a 501(c)(3) 45,000. 13,768.FMV Pet Food 501(c)(3) 0. 332,365.FMV Housewares 501(c)(3) 190,345. 9,709.FMV Housewares 501(c)(3) 0. 25,731.FMV Furniture 501(c)(3) 0. n/a n/a

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Start of Southwest Florida							
1921 Jefferson Ave.							Allocation for General
Fort Myers, FL 33901	65-0378720	501(c)(3)	160,928.	10,500.	FMV	Furniture	Support
Hearts and Homes for Veterans							
2230 Alicia Street						Furniture &	Allocation for General
Fort Myers, FL 33917	46-2570640	501(c)(3)	64,297.	70,713.	FMV	Housewares	Support
Hermanos Unidos							
2908 11th St SW,							Allocation for General
Lehigh Acres, FL 33976	47-5315209	501(c)(3)	45,000.	0.	n/a	n/a	Support
HH Veterans							
2440 Thompson St.							Allocation for General
Fort Myers, FL 33901	59-6000702	501(c)(3)	0.	39,176.	FMV	Housewares	Support
11							
HOPE Clubhouse							
3602 Broadway,	20 0425442	F04 () (2)	156 156		,	,	Allocation for General
Fort Myers, FL 33901	30-0437443	501(c)(3)	156,176.	0.	n/a	n/a	Support
Hope HealthCare Services							
9470 Healthpark Circle							Allocation for General
Fort Myers, FL 33908	59-2128697	501(c)(3)	310,612.	0.	n/a	n/a	Support
			, , , , , , , , ,				
I WILL Mentorship Foundation							
3903 MLK Blvd Suite B							Allocation for General
Fort Myers, FL 33916	47-3761436	501(c)(3)	141,400.	0.	n/a	n/a	Support
IMPACT For Developmental Education							
1650 Medical Lane #4							Allocation for General
Fort Myers, FL 33907	59-1935415	501(c)(3)	223,994.	0.	n/a	n/a	Support
Interfaith Charities of South Lee							
17592 Rockefeller Circle							Allocation for General
Fort Myers, FL 33967	65-0362473	501(c)(3)	202,217.	0.	n/a	n/a	Support

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ewish Federation							
9701 Commerce Center Ct.							Allocation for General
Fort Myers, FL 33908	59-2668992	E01/a)/2)	43,833.	500,690.	EW17	Furniture	Support
FOIC Myers, FE 33300	33-2000332	301(0)(3)	43,033.	300,030.	FHV	rumcure	Support
Junior Achivement of SWFL							
13241 University Drive St. 102							Allocation for General
Fort Myers, FL 33907	65-0503084	501(c)(3)	64,278.	0.	n/a	n/a	Support
LARC							
2570 Hanson Street							Allocation for General
	E0 0069011	F01/-1/21	210 170	0	n/a	_ /_	
Fort Myers, FL 33901	59-0968911	501(0)(3)	310,178.	0.	n/a	n/a	Support
Lee County Housing Authority							
14170 Warner Cir							Allocation for General
Fort Myers, FL 33903	65-0295038	501(c)(3)	94,022.	0.	n/a	n/a	Support
Lee County Housing Development							
3677 Central Ave. Suite F							Allocation for General
Fort Myers, FL 33901	65-0295038	501(c)(3)	0.	13,764.	FMV	Housewares	Support
Lee County Human and Veteran							
Services - 2440 Thompson St - Fort							Allocation for General
Myers, FL 33901	59-6000702	501(c)(3)	29,000.	0.	n/a	n/a	Support
Lee County Legal Aid Society							
2400 First St, Ste 214							Allocation for General
Fort Myers, FL 33901	59-1163686	501(c)(3)	423,798.	0.	n/a	n/a	Support
Lee County School District							
P.O. Box 1608						Furniture &	Allocation for General
Fort Myers, FL 33902	59-2637849	501(c)(3)	0.	651,870.	FMV	Housewares	Support
• · · · · · · · · · · · · · · ·			· ·	,	-		
Lee County School District/Social							
Norming Project - 2855 Colonial							Allocation for General
Blvd - Fort Myers, FL 33966	59-2637849	501(c)(3)	25,000.	0.	n/a	n/a	Support

Part II Continuation of Grants and Other		nestic Organizations		overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lee County Sheriff's Office PAL							
3280 Marion Street							Allocation for General
Fort Myers, FL 33916	65-0118480	501(c)(3)	0.	12,383.	EM/	Furniture	Support
Tota Mars, 12 aasta	03 0110100	301(0)(3)	· ·	12,303.			Dupporo
Lehigh Community Services							
201 Plaza Dr							Allocation for General
Lehigh Acres, FL 33936	59-1773738	501(c)(3)	105,600.	0.	n/a	n/a	Support
			,				
Lighthouse of SWFL							
35 W. Mariana Ave. N.							Allocation for General
Fort Myers, FL 33903	59-1665257	501(c)(3)	180,857.	2,750.	FMV	Furniture	Support
Literacy Council of the Gulf Coast							
26820 Old 41 Road							Allocation for General
Bonita Springs, FL 34135	65-0153890	501(c)(3)	190,500.	0.	n/a	n/a	Support
Lutheran Services							
3615 Central Avenue #4							Allocation for General
Fort Myers, FL 33901	59-2198911	501(c)(3)	25,000.	0.	n/a	n/a	Support
Magnanan Glinia							
McGregor Clinic 3487 Broadway							Allocation for General
Fort Myers, FL 33901	65-0922489	E01/a)/2)	54,026.	9,053.	EM7	Furniture	
roit myers, FL 33901	03-0922409	501(0)(3)	54,026.	9,055.	FMV	Furnicure	Support
Meals of Hope							
2221 Corporation Boulevard							Allocation for General
Naples, FL 34109	27-0268307	501(c)(3)	15,000.	0	n/a	n/a	Support
10, 12 01203	2, 323333.		20,000.			1	
Midwest Food Bank							
5601 Division Dr.							Allocation for General
Fort Myers, FL 33905	41-2120170	501(c)(3)	418,000.	3,193.	FMV	Housewares	Support
Multi Agency Warehouse Volunteer		, ,	,	-,			
Florida Foundation - 1545 Raymond							
Diehl Road Suite 250 -							Allocation for General
Tallahassee, FL 33208	01-0973168	501(c)(3)	0.	78,239.	FMV	Housewares	Support

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Multiple Sclerosis Center of							
Southwest Florida - 8200 Health							
Center Blvd. Suite 104 Estero, FL							Allocation for General
34135 - Estero, FL 34135	31-1763776	501(c)(3)	135,125.	3,520.	FMV	Housewares	Support
NAMI Lee County							
8191 College Parkway							Allocation for General
Fort Myers, FL 33919	65-0122844	501(c)(3)	84,000.	0.	n/a	n/a	Support
New Horizons of SWFL							
P.O. Box 111833							Allocation for General
Naples, FL 34108	11-3678086	501(c)(3)	134,093.	0.	n/a	n/a	Support
			,				
Our Mother's Home of Southwest							
Florida - 7438 Carrier RD - Fort							Allocation for General
Myers, FL 33967	65-0510103	501(c)(3)	162,848.	0.	n/a	n/a	Support
•			,				
PACE Center for Girls of Lee							
County - 3800 Evans Avenue - Fort							Allocation for General
Myers, FL 33901	59-2414492	501(c)(3)	147,600.	0.	n/a	n/a	Support
Partners for Breast Cancer Care							
9470 Healthpark Circle							Allocation for General
Fort Myers, FL 33908	65-0290568	501(a)(3)	38,000.	_	n/a	n/a	Support
Torc Myers, FE 33300	03 0230300	301(0)(3)	30,000.	· ·	11/ 4	11/α	Биррогс
Phoenix House							
410 NE 25th Ave.							Allocation for General
Cape Coral, FL 33909	87-3029852	501(c)(3)	0.	9,168.	FMV	Furniture	Support
,		, , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Pine Manor Resilency Hub							
5547 10th Ave							Allocation for General
Fort Myers, FL 33906	65-0133208	501(c)(3)	45,795.	0.	n/a	n/a	Support
,			, ,	-			
Premier Mobile Health Services							
10676 Colonial, Suite 20							Allocation for General
Fort Myers, FL 33906	82-5372657	501(c)(3)	234,212.	0.	n/a	n/a	Support

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Dentists Care							
2051 McGregor Blvd							Allocation for General
Fort Myers, FL 33901	65-0822909	501(c)(3)	119,625.	0	FMV	n/a	Support
	00 0022303		125,020.	•		1 1	545515
Providence Family							
200 East Big Beaver Road							Allocation for General
Troy, FL 48083	80-0933776	501(c)(3)	23,958.	0.	n/a	n/a	Support
Quality Life Center							
3210 Dr. Martin Luther King Jr. Blv						Furniture &	Allocation for General
Fort Myers, FL 33916	65-0321309	501(c)(3)	431,822.	189,140.	FMV	Housewares	Support
200							
RCMA							111
402 West Main Street	E0 1221066	E01/->/2>	10 500		_ / _		Allocation for General
Immokalee, FL 34142	59-1221966	DUI(C)(3)	19,500.	0.	n/a	n/a	Support
Reach Global							
6798 Plantation Pines Rd.							Allocation for General
Fort Myers, FL 33966	41-0721671	501(c)(3)	0.	68,138.	FMV	Furniture	Support
				,			
Rebuilding Together							
3914 N. 301 Hwy Suite 700							Allocation for General
Tampa, FL 33619	59-3664580	501(c)(3)	0.	136,325.	FMV	Housewares	Support
SalusCare							
3763 Evans Avenue							Allocation for General
Fort Myers, FL 33901	59-1287693	501(c)(3)	338,359.	0.	n/a	n/a	Support
Salvation Army of Lee, Hendry &							
Glades - 10291 McGregor Boulevard							Allocation for General
- Fort Myers, FL 33919	58-0660607	501(c)(3)	305,845.	_	n/a	n/a	Support
TOTE Myers, FH 33313	30 0000007	501(5)(5)	303,045.	0.	11/ 4	μι, α	Pappor
Samaritan Health & Wellness Center							
643 Cape Coral Pkwy E Unit B							Allocation for General
Cape Coral, FL 33904	46-0922358	501(c)(3)	260,000.	0.	n/a	n/a	Support

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saving Souls							
13118 Feather Sound Dr. Apt. 209							Allocation for General
Fort Myers, FL 33919	84-3791303	501(c)(3)	0.	33,825.	FMV	Furniture	Support
School Resource Center							
7273 Concourse Drive						Clothing &	Allocation for General
Fort Myers, FL 33908	59-1005169	501(c)(3)	0.	1,425,069.	FMV	Housewares	Support
Senior Friendship Centers of Lee							
County - 5272 Summerlin Commons							Allocation for General
Way - Fort Myers, FL 33907	59-1522614	501(c)(3)	49,694.	0.	n/a	n/a	Support
Sister Corps							
1032 E. 7th Street							Allocation for General
Houston, TX 77009	83-4688566	501(c)(3)	0.	7,352.	FMV	Housewares	Support
Special Equestrians							
5121 Staley Road							Allocation for General
Fort Myers, FL 33905	65-0250071	501(c)(3)	64,513.	0.	n/a	n/a	Support
Southwest Florida Free Pain Clinic							
13450 Parker Commons Blvd #103	45 0641606	E01 () (2)		•	,		Allocation for General
Fort Myers, FL 33912	47-2641606	501(6)(3)	20,000.	0.	n/a	n/a	Support
St Matthew's House							
2001 Airport Road South							Allocation for General
Naples, FL 34112	65-1110501	501(c)(3)	14,500.	0.	n/a	n/a	Support
St Vincent de Paul Housing							
384 15th St North							Allocation for General
St Petersburg, FL 33705	59-2380770	501(c)(3)	380,762.	0.	n/a	n/a	Support
Sunrise Community of SW Florida							
42 S. Francisco Street							Allocation for General
Clewiston, FL 33440	59-1796622	501(c)(3)	10,000.	0.	n/a	n/a	Support

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Teen Challenge							
1805 Cypress Drive							Allocation for General
Fort Myers, FL 33907	11-2510315	501(c)(3)	0.	26,407.	FMV	Housewares	Support
				·			
The Center for Progress and							
Excellence - 1500 Colonial Blvd.							Allocation for General
Suite 233 - Fort Myers, FL 33905	47-4810710	501(c)(3)	0.	11,313.	FMV	Furniture	Support
The Florida Conference of the							
United Methodist Church - 450							
Martin L. King Jr. Ave			_			Furniture &	Allocation for General
Lakeland, FL 33815	59-0904361	501(c)(3)	0.	14,928.	FMV	Houseware	Support
The Heights Center							
15570 Hagie Drive							Allocation for General
Fort Myers, FL 33908	45-5595206	501(c)(3)	66,500.	0	n/a	n/a	Support
			,	-•			
The Lee County Coalition for a							
Drug-Free Southwest Florida - PO							Allocation for General
Box 61688 - Fort Myers, FL 33906	59-3052892	501(c)(3)	22,159.	0.	n/a	n/a	Support
The Sky Family YMCA FM and Bonita							
701 Center Rd							Allocation for General
Venice, FL 34285	59-1629660	501(c)(3)	279,846.	0.	n/a	n/a	Support
United Way of Lee County							
7273 Concourse Drive						Furniture &	Allocation for General
Fort Myers, FL 33908	59-1005169	501(c)(3)	0.	428,475.	FMV	Houswares	Support
- ,				, -			
Valerie's House							
1762 Fowler Street							Allocation for General
Fort Myers, FL 33902	47-3701240	501(c)(3)	222,000.	0.	n/a	n/a	Support
Good360							
675 N. Washington St. Suite 330						Furniture &	Allocation for General
Alexandria, VA 22314	54-1282616	501(c)(3)	0.	2,012,707.	F.W∆	Houswares	Support

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
irect Assistance	7594	851,174.	0.		
		,			
urniture and Housewares to Hurricane Ian					
urvivors	21420	0.	8,567,994.	FMV	Furniture and Housewares
Part IV Supplemental Information. Provide the information	roquirod in Part L lin	o 2: Part III. column	(b): and any other ac	Nditional information	
Supplemental information. Provide the information	required in Part i, iiii	e 2, Part III, Columni	(b), and any other ac	dutional information.	
art I, Line 2:					
extensive application and review	process fo	r amounts	and progra	ms	
ubmitted. Each is reviewed by	allocations	departmen	it and inde	репаенс	
olunteer allocation team and Bo	ard approve	d.			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Inspection
Employer identification number

Open to Public

OMB No. 1545-0047

The United Way of Lee County, Inc. Questions Regarding Compensation

59-1005169

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

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Joy, Jeannine	(i)	189,669.	35,000.	0.	16,231.	15,207.	256,107.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 3:
President's compensation 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 contemporous documentation of
the deliberation. The President of the Organization approves the
compensation of any other key employees and officers.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Open to Public Attach to Form 990. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	The United Way of Lee County, Inc. 59-10								
Par	tl Ty	pes 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	Method of noncash conti		_	s
1	Art - Worl	s of art							
2	Art - Histo	orical treasures							
3	Art - Frac	tional interests							
4	Books an	d publications							
5	Clothing	and household goods	X		23,592,245.	Thrift Sto	ore Va	<u> 11ue</u>	<u> </u>
6	Cars and	other vehicles							
7	Boats and	d planes							
8	Intellectu	al property							
9	Securities	s - Publicly traded							
10	Securities	s - Closely held stock							
11	Securities	s - Partnership, LLC, or							
	trust inter	rests							
12	Securities	s - Miscellaneous							
13	Qualified	conservation contribution -							
		tructures							
14		conservation contribution - Other							
15		te - Residential							
16		te - Commercial							
17	Real esta	te - Other							
18		es							
19	Food inve	entory							
20	Drugs an	d medical supplies							
21	Taxiderm								
22		artifacts							
23		specimens							
24	Archeolog	gical artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
<u>28</u>	Other								
29		of Forms 8283 received by the organi						^	
	for which	the organization completed Form 82	283, Part V, D	Donee Acknowledg	ement 29			- 0	
								Yes	No
30a	-	e year, did the organization receive b	•		•				
		d for at least 3 years from the date of					30a		Х
	exempt purposes for the entire holding period?								
	 b If "Yes," describe the arrangement in Part II. 1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 								
31		•		•	•	tions?	31	<u> </u>	
32a		organization hire or use third parties		•				~	
	contribut						32a	X	
	•	describe in Part II.	l (-\ *		. fan Juliah aak (-) !- !	al ca al			
33	If the orga	anization didn't report an amount in o	column (c) to	r a type of property	ror wnich column (a) is che	скеа,			

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

The United Way of Lee County, Inc.

Employer identification number 59-1005169

Form 990, Part III, Line 1, Description of Organization Mission:

Our United Way supports and helps coordinate the human service network

in our community so that the network can provide high quality social

service programs that make a difference in people's lives.

Form 990, Part III, Line 3, Changes in Program Services:

The United Way of Lee County, Inc. continues to assist our community

with Hurricane Ian recovery and rebuilding efforts. Many families are

still repairing their homes from the catastrophic destruction. The

United Way Gifts In Kind program saw unprecedented donations in 2023

and was in turn able to help thousands of households and nonprofits

with rebuilding. These efforts will continue over the next several

years. The 2023 Agency revenue is earmarked for Hurricane Recovery

efforts.

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

The purpose of GIK is to assist agencies in leveraging their dollars

while providing donors with an outlet for distributing surplus and

increasing their contribution and support of the local community.

United Way and its Gifts In Kind Program is leading the Hurricane Ian

Donations Committee for the Unmet Needs Long Term Recovery Group (LTRG)

in Lee County, ensuring all participants with LTRG have up to date

information and access to the Program for their clients and

organizations. 2) United Way Resiliency Hubs: United Way Resiliency

Hubs bring needed services into vulnerable communities through the

mobilization of the United Way network and key community partners.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

The United Way of Lee County, Inc.

| Employer identification number | 59-1005169 |

These centralized locations provide space for agencies to provide their critical programs, providing over 450,000 services each year throughout the network of 18 locations.

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

More than \$7.2 million was distributed in 2023 to Lee County nonprofit
agencies for programming that was directly impacted by COVID-19 such as
financial health, rehousing, domestic violence counseling, direct
medical/dental attention, etc. Through the administration of ARPA
awards, United Way was able to support area nonprofit organizations to
reach disproportionately impacted populations and focus on improved
community health and well-being.

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

Other program services for our members in need.

Expenses \$ 991,767. including grants of \$ 0. Revenue \$ 0.

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

The Executive Committee, all who are members of the governing body, may authorize the expenditure of funds in cases of emergency. Written minutes of all business transactions by the Executive Committee shall be submitted for review at the next meeting of the Board of Directors and all actions except in case of emergency shall be subject to the approval by the Board of Directors.

The Executive Committee also performs the President's Annual Review.

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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

The United Way of Lee County, Inc.

Employer identification number
59-1005169

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 for their approval before the return is filed. The Board members

review the Form 990 and vote to accept the return.

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

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

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

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

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

Conflict of Interest Policy, and Financial Statements are available on the Organization's website.

Form 990, Part XI, line 9, Changes in Net Assets:

Uncollectible pledges -692,692.