

Return of Organization Exempt From Income Tax

Form 990

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization name (The United Way of Lee County, Inc.), EIN (59-1005169), address (7273 Concourse Drive, Fort Myers, FL 33908), and other identifying information.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Activities & Governance (mission, members, employees), Revenue (total 45,642,872), Expenses (total 41,642,333), and Net Assets or Fund Balances (total 14,426,835).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (Jeannine Joy, President and CEO), preparer signature (Amelia Cooper), and firm information (CliftonLarsonAllen LLP).

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 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.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c regarding IRS filings and tax compliance.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (65), 1b (64), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joy, Jeannine President/CEO	60.00			X			224,669.	0.	31,438.	
(2) Pelle, Hannah COO	55.00					X	128,961.	0.	16,908.	
(3) Hidalgo, Michelle CFO	55.00			X			119,217.	0.	14,113.	
(4) Agollari, Julian Board Member	1.00	X					0.	0.	0.	
(5) Anderson, Kevin Board Member	1.00	X					0.	0.	0.	
(6) Bell, Patricia J. Board Member	1.00	X					0.	0.	0.	
(7) Bernier, Christopher Board Member	1.00	X					0.	0.	0.	
(8) Beville, Robert Board Chair	1.00	X		X			0.	0.	0.	
(9) Branning, R. Noelle Board Chair	1.00	X		X			0.	0.	0.	
(10) Brooks, Gary Board Member	1.00	X					0.	0.	0.	
(11) Bryant, Gary L. Board Member	1.00	X					0.	0.	0.	
(12) Carfore, Cindy S. Board Member	1.00	X					0.	0.	0.	
(13) Carroll, Mary Beth Board Member	1.00	X					0.	0.	0.	
(14) Chlumsky, Nick Board Member	1.00	X					0.	0.	0.	
(15) Cisneros Molloy, Cora Board Member	1.00	X					0.	0.	0.	
(16) Clinger, John Board Member	1.00	X					0.	0.	0.	
(17) Collins, Michael Board Member	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Desjarlais, Roger J. Immediate Past Chair	1.00	X		X				0.	0.	0.
(19) Elliott, Jerry Board Member	1.00	X						0.	0.	0.
(20) English, Katherine R. Board Member	1.00	X						0.	0.	0.
(21) Fry, David L. Board Member	1.00	X						0.	0.	0.
(22) Goss, Chauncey P. Board Member	1.00	X						0.	0.	0.
(23) Griffin, Gary H. Board Member	1.00	X						0.	0.	0.
(24) Hansen, Chris Board Member	1.00	X						0.	0.	0.
(25) Hartman, Barbara Jean Board Member	1.00	X						0.	0.	0.
(26) Hawkins, Cynthia M. Treasurer	1.00	X		X				0.	0.	0.
1b Subtotal								472,847.	0.	62,459.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								472,847.	0.	62,459.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

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

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

See Part VII, Section A Continuation sheets

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Mullinax, Landon Board Member	1.00	X						0.	0.	0.
(48) Mundy, Barbara Board Member	1.00	X						0.	0.	0.
(49) Nelson, Stan Board Member	1.00	X						0.	0.	0.
(50) Nygaard, Scott Board Member	1.00	X						0.	0.	0.
(51) O'Berski, Dan Board Member	1.00	X						0.	0.	0.
(52) O'Donnell, Patricia Board Member	1.00	X						0.	0.	0.
(53) Oliver, David Board Member	1.00	X						0.	0.	0.
(54) Parrish, Harlan C. Board Member	1.00	X						0.	0.	0.
(55) Phillips, April Board Member	1.00	X						0.	0.	0.
(56) Pollock, John M, Board Member	1.00	X						0.	0.	0.
(57) Pontius, Steve Board Member	1.00	X						0.	0.	0.
(58) Rodriguez, Victoria Assistant Treasurer	1.00	X		X				0.	0.	0.
(59) Rogers, Carolyn Board Member	1.00	X						0.	0.	0.
(60) Ryan, Karen L. Board Member	1.00	X						0.	0.	0.
(61) Shearman, Robert C. Board Member	1.00	X						0.	0.	0.
(62) Simmering, Bryan Board Member	1.00	X						0.	0.	0.
(63) Snell, Mary Vlasak Secretary	1.00	X		X				0.	0.	0.
(64) St. Amand, Dotty J. Board Member	1.00	X						0.	0.	0.
(65) Todd, Ted Board Member	1.00	X						0.	0.	0.
(66) Uhler, Tom Board Member	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,433,015.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	34,697,281.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 23,592,245.				
	h Total. Add lines 1a-1f		45,133,796.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		76,939.			76,939.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,864,130.			
	b Less: cost or other basis and sales expenses	7b	1,588,163.				
	c Gain or (loss)	7c	275,967.				
	d Net gain or (loss)		275,967.			275,967.	
8 a Gross income from fundraising events (not including \$ 3,500. of contributions reported on line 1c). See Part IV, line 18	8a		25,410.				
			7,038.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			18,372.			18,372.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Miscellaneous	Business Code	900099	137,798.		137,798.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			137,798.			
12 Total revenue. See instructions			45,642,872.	0.	0.	509,076.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,076,285.	25,076,285.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,419,168.	9,419,168.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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.	368,625.	42,052.	35,550.
10 Payroll taxes	336,501.	270,894.	40,465.	25,142.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,374.		29,374.	
d Lobbying				
e 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 O.)	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				
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				
19 Conferences, conventions, and meetings	12,146.	8,548.	2,712.	886.
20 Interest				
21 Payments to affiliates	139,241.	139,241.		
22 Depreciation, depletion, and amortization	139,376.	97,418.	33,486.	8,472.
23 Insurance	69,567.	21,130.	43,099.	5,338.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Program supplies	149,193.	149,193.		
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.
e All other expenses	88,926.	8,648.	3,724.	76,554.
25 Total functional expenses. Add lines 1 through 24e	41,642,333.	40,125,324.	836,828.	680,181.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,642,872.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,642,333.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,000,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,099,831.
5	Net unrealized gains (losses) on investments	5	19,157.
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	-692,692.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,426,835.

Part XII Financial Statements and Reporting

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

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

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	14139697.	16581800.	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 instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	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 not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	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)		
j	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, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

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.

Employer identification number

59-1005169

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>3,423,216.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>4,637,382.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,030,888.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,987,945.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>4,494,446.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,870,907.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,992,975.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>8,957,353.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization The United Way of Lee County, Inc.	Employer identification number 59-1005169
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,421,643.	3,016,147.	2,757,223.	2,535,007.	2,151,684.
b Contributions					
c Net investment earnings, gains, and losses	389,249.	-429,599.	476,940.	350,975.	511,360.
d Grants or scholarships					
e Other expenditures for facilities and programs	452,271.	137,978.	202,814.	114,804.	114,259.
f Administrative expenses	14,914.	26,927.	15,202.	13,955.	13,778.
g End of year balance	2,343,707.	2,421,643.	3,016,147.	2,757,223.	2,535,007.

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		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 Form 990, Part X, line 10c, column (B))				2,071,286.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) Beneficial Interest In Assets Held by Others	125,911.
(2) Right of Use Assets	1,617,256.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,743,167.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Donor designations payable	91,267.
(3) Lease liabilities	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.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	44,976,375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,157.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,038.
e	Add lines 2a through 2d	2e	26,195.
3	Subtract line 2e from line 1	3	44,950,180.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	692,692.
c	Add lines 4a and 4b	4c	692,692.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	45,642,872.

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

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

1	Total expenses and losses per audited financial statements	1	41,649,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,038.
e	Add lines 2a through 2d	2e	7,038.
3	Subtract line 2e from line 1	3	41,642,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,642,333.

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:

Part XIII Supplemental Information (continued)

Fundraising expenses 7,038.

Part XI, Line 4b - Other Adjustments:

Uncollectible pledges 692,692.

Part XII, Line 2d - Other Adjustments:

Fundraising expenses 7,038.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Swing into Spring (event type)	(event type)	None (total number)	
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.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	604.		604.
	7	Food and beverages	6,315.		6,315.
	8	Entertainment			
	9	Other direct expenses	119.		119.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,038.
11	Net income summary. Subtract line 10 from line 3, column (d)			18,372.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Abuse Counseling and Treatment (ACT) - 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	51-0182649	501(c)(3)	22,500.	2,226.	FMV	Furniture	Allocation for General Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **123.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 Myers, FL 33906	26-1964620	501(c)(3)	57,000.	0.	n/a	n/a	Allocation for General Support
Bonita Springs Assistance Office 25300 Bernwood Drive #6 Bonita Springs, FL 34135	59-2337909	501(c)(3)	108,900.	2,080.	FMV	Furniture	Allocation for General Support
Bonita Springs (FL) Lions Eye Clinic - 10322 Pennsylvania Ave. - Bonita Springs, FL 34135	45-0560906	501(c)(3)	80,500.	7,412.	FMV	Furniture	Allocation for General Support
Boy Scouts of America, Southwest Florida Council - 1801 Boy Scout Drive - Fort Myers, FL 33907	59-1150488	501(c)(3)	165,200.	0.	n/a	n/a	Allocation for General Support
Boys & Girls Clubs of Lee County 9371 Cypress Lake Drive, Unit 5 Fort Myers, FL 33919	59-2013870	501(c)(3)	365,017.	0.	n/a	n/a	Allocation for General Support
Cafe of Life 10540 Childers Street Bonita Springs, FL 34135	65-0832961	501(c)(3)	32,000.	0.	n/a	n/a	Allocation for General Support
Camelot 4150 Ford Street Ext. Suite 1-C Fort Myers, FL 33916	31-1659302	501(c)(3)	0.	27,957.	FMV	Furniture	Allocation for General Support
Cancer Alliance of Naples 3384 Woods Edge Circle, Suite 102 Bonita Springs, FL 34134	22-3879709	501(c)(3)	11,000.	0.	n/a	n/a	Allocation for General Support
Cape Coral Animal Shelter 325 SW 2nd Avenue Cape Coral, FL 33991	81-3632884	501(c)(3)	26,182.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASL-Community Assisted & Supported Living - 2911 Fruiteville Rd - Sarasota, FL 34237	65-0869993	501(c)(3)	175,000.	0.	n/a	n/a	Allocation for General Support
Catholic Charities of Lee, Hendry & G1 - 4235 Michigan Ave Link - Fort Myers, FL 33916	59-2473176	501(c)(3)	352,560.	0.	n/a	n/a	Allocation for General Support
Center for Progress & Excellence 1500 Colonial Blvd. Suite 233 Fort Myers, FL 33905	47-4810710	501(c)(3)	84,867.	0.	n/a	n/a	Allocation for General Support
Centerstone of Florida 44 Vantage Way, St. 400 Nashville, TN 37228	20-0072992	501(c)(3)	595,240.	0.	n/a	n/a	Allocation for General Support
Child Care of Southwest Florida 6831 Palisades Park Ct. Suite 6 Fort Myers, FL 33912	59-6198583	501(c)(3)	175,995.	92,258.	FMV	Furniture & Housewares	Allocation for General Support
Children's Advocacy Center of Southwest Florida - 3830 Evans Avenue - Fort Myers, FL 33901	65-0007620	501(c)(3)	363,600.	0.	n/a	n/a	Allocation for General Support
Children's Home Society of Florida - Southwest Division - 13650 Fiddlesticks Blvd. Ste. 202-296 - Fort Myers, FL 33912	59-0192430	501(c)(3)	151,386.	0.	n/a	n/a	Allocation for General Support
Children's Network of SWFL 2232 Altamont Ave. Fort Myers, FL 33901	20-4968228	501(c)(3)	186,010.	83,858.	FMV	Furniture	Allocation for General Support
Christian Medical Ministries 13450 Parker Commons Blvd #103 Fort Myers, FL 33912	47-2641606	501(c)(3)	89,191.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 Fort Myers, FL 33913	84-5111847	501(c)(3)	220,000.	0.	n/a	n/a	Allocation for General Support
Community Cooperative 3429 Dr. Martin Luther King Jr. Blv Fort Myers, FL 33916	59-2602772	501(c)(3)	456,420.	0.	n/a	n/a	Allocation for General Support
Community Partnership Schools 7273 Concourse Drive Fort Myers, FL 33908	59-1005169	501(c)(3)	0.	3,571,804.	FMV	Furniture & Housewares	Allocation for General Support
Deaf & Hard of Hearing Center 1860 Boy Scout Drive B208 Fort Myers, FL 33907	58-2398372	501(c)(3)	76,986.	0.	n/a	n/a	Allocation for General Support
Department of Children and Families - 2295 Victoria Ave. - Fort Myers, FL 33901	59-3458463	501(c)(3)	0.	77,742.	FMV	Housewares	Allocation for General Support
Dr. Piper Center for Social Services - 2607 Dr. Ella Piper Way - Fort Myers, FL 33916	65-0788551	501(c)(3)	160,976.	473.	FMV	Furniture	Allocation for General Support
Dress for Success 12995 S. Cleveland Ave. Suite 153 Fort Myers, FL 33907	27-2177347	501(c)(3)	98,000.	4,486.	FMV	Furniture & Housewares	Allocation for General Support
Early Learning Coalition of Southwest Florida - 2675 Winkler Ave., St. 300 - Fort Myers, FL 33901	65-1144775	501(c)(3)	68,750.	0.	n/a	n/a	Allocation for General Support
Earn To Learn 9160 Forum Corporate Parkway, #321 Fort Myers, FL 33905	45-2514055	501(c)(3)	28,252.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 - Sarasota, FL 34234	59-3281492	501(c)(3)	26,500.	0.	n/a	n/a	Allocation for General Support
Eva's Foundation (Closet) 16331 Old U.S. 41 Fort Myers, FL 33912	81-4202200	501(c)(3)	5,000.	834.	FMV	Furniture	Allocation for General Support
F.I.S.H. of Sanibel-Captiva 2430 Periwinkle Way Sanibel, FL 33957	20-8892375	501(c)(3)	67,500.	181,726.	FMV	Housewares	Allocation for General Support
Family Heath Centers 1926 Victoria Ave Fort Myers, FL 33902	59-1741273	501(c)(3)	203,767.	0.	n/a	n/a	Allocation for General Support
Family Initiative 734 SW 4th Street Cape Coral, FL 33991	46-1528487	501(c)(3)	654,600.	0.	n/a	n/a	Allocation for General Support
FGCU Foundation/PSEP/Scholars Program - 10501 FGCU Blvd S - Fort Myers, FL 33965	65-0403969	501(c)(3)	29,800.	0.	n/a	n/a	Allocation for General Support
Florida Treatment for Change 2180 Maravilla Ln. Unit 1 Fort Myers, FL 33901	83-3521116	501(c)(3)	16,000.	58,079.	FMV	Furniture	Allocation for General Support
Friendship Centers 5272 Summerlin Commons Way Fort Myers, FL 33907	59-1522614	501(c)(3)	30,000.	0.	n/a	n/a	Allocation for General Support
Gigi's Playhouse 1901 Brantley Road, #11 Fort Myers, FL 33907	82-1124956	501(c)(3)	10,000.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Gulfcoast Florida 4780 Cattlemen Road Sarasota, FL 34233	59-0760212	501(c)(3)	29,000.	0.	n/a	n/a	Allocation for General Support
Goodwill Industries of Southwest Florida - 5100 Tice St. - Fort Myers, FL 33905	59-6196141	501(c)(3)	256,368.	1,250.	FMV	Housewares	Allocation for General Support
Guardian ad Litem Foundation 2075 W First St #300 Fort Myers, FL 33901	59-3044475	501(c)(3)	35,535.	0.	n/a	n/a	Allocation for General Support
Gulf Coast Humane Society 2010 Arcadia St. Fort Myers, FL 33916	59-0806978	501(c)(3)	45,000.	13,768.	FMV	Pet Food	Allocation for General Support
Habitat 4 Humanity 12751 New Brittany Blvd. Suite 100 Fort Myers, FL 33907	59-2236174	501(c)(3)	0.	332,365.	FMV	Housewares	Allocation for General Support
Harry Chapin Food Bank of Southwest Florida - 3760 Fowler St. - Fort Myers, FL 34288	59-2332120	501(c)(3)	190,345.	9,709.	FMV	Furniture & Housewares	Allocation for General Support
Healing Stitches 1621 N. Tamiami Trl. Unit 4 N. Fort Myers, FL 33903	47-2565110	501(c)(3)	0.	25,731.	FMV	Furniture	Allocation for General Support
Health Planning Council 8961 Daniels Center Drive Fort Myers, FL 33912	59-2269305	501(c)(3)	183,536.	0.	n/a	n/a	Allocation for General Support
Healthy Families 1140 Pratt Blvd. LaBelle, FL 33935	59-3502843	501(c)(3)	13,000.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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. Fort Myers, FL 33901	65-0378720	501(c)(3)	160,928.	10,500.	FMV	Furniture	Allocation for General Support
Hearts and Homes for Veterans 2230 Alicia Street Fort Myers, FL 33917	46-2570640	501(c)(3)	64,297.	70,713.	FMV	Furniture & Housewares	Allocation for General Support
Hermanos Unidos 2908 11th St SW, Lehigh Acres, FL 33976	47-5315209	501(c)(3)	45,000.	0.	n/a	n/a	Allocation for General Support
HH Veterans 2440 Thompson St. Fort Myers, FL 33901	59-6000702	501(c)(3)	0.	39,176.	FMV	Housewares	Allocation for General Support
HOPE Clubhouse 3602 Broadway, Fort Myers, FL 33901	30-0437443	501(c)(3)	156,176.	0.	n/a	n/a	Allocation for General Support
Hope HealthCare Services 9470 Healthpark Circle Fort Myers, FL 33908	59-2128697	501(c)(3)	310,612.	0.	n/a	n/a	Allocation for General Support
I WILL Mentorship Foundation 3903 MLK Blvd Suite B Fort Myers, FL 33916	47-3761436	501(c)(3)	141,400.	0.	n/a	n/a	Allocation for General Support
IMPACT For Developmental Education 1650 Medical Lane #4 Fort Myers, FL 33907	59-1935415	501(c)(3)	223,994.	0.	n/a	n/a	Allocation for General Support
Interfaith Charities of South Lee 17592 Rockefeller Circle Fort Myers, FL 33967	65-0362473	501(c)(3)	202,217.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Federation 9701 Commerce Center Ct. Fort Myers, FL 33908	59-2668992	501(c)(3)	43,833.	500,690.	FMV	Furniture	Allocation for General Support
Junior Achivement of SWFL 13241 University Drive St. 102 Fort Myers, FL 33907	65-0503084	501(c)(3)	64,278.	0.	n/a	n/a	Allocation for General Support
LARC 2570 Hanson Street Fort Myers, FL 33901	59-0968911	501(c)(3)	310,178.	0.	n/a	n/a	Allocation for General Support
Lee County Housing Authority 14170 Warner Cir Fort Myers, FL 33903	65-0295038	501(c)(3)	94,022.	0.	n/a	n/a	Allocation for General Support
Lee County Housing Development 3677 Central Ave. Suite F Fort Myers, FL 33901	65-0295038	501(c)(3)	0.	13,764.	FMV	Housewares	Allocation for General Support
Lee County Human and Veteran Services - 2440 Thompson St - Fort Myers, FL 33901	59-6000702	501(c)(3)	29,000.	0.	n/a	n/a	Allocation for General Support
Lee County Legal Aid Society 2400 First St, Ste 214 Fort Myers, FL 33901	59-1163686	501(c)(3)	423,798.	0.	n/a	n/a	Allocation for General Support
Lee County School District P.O. Box 1608 Fort Myers, FL 33902	59-2637849	501(c)(3)	0.	651,870.	FMV	Furniture & Housewares	Allocation for General Support
Lee County School District/Social Norming Project - 2855 Colonial Blvd - Fort Myers, FL 33966	59-2637849	501(c)(3)	25,000.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 Fort Myers, FL 33916	65-0118480	501(c)(3)	0.	12,383.	FMV	Furniture	Allocation for General Support
Lehigh Community Services 201 Plaza Dr Lehigh Acres, FL 33936	59-1773738	501(c)(3)	105,600.	0.	n/a	n/a	Allocation for General Support
Lighthouse of SWFL 35 W. Mariana Ave. N. Fort Myers, FL 33903	59-1665257	501(c)(3)	180,857.	2,750.	FMV	Furniture	Allocation for General Support
Literacy Council of the Gulf Coast 26820 Old 41 Road Bonita Springs, FL 34135	65-0153890	501(c)(3)	190,500.	0.	n/a	n/a	Allocation for General Support
Lutheran Services 3615 Central Avenue #4 Fort Myers, FL 33901	59-2198911	501(c)(3)	25,000.	0.	n/a	n/a	Allocation for General Support
McGregor Clinic 3487 Broadway Fort Myers, FL 33901	65-0922489	501(c)(3)	54,026.	9,053.	FMV	Furniture	Allocation for General Support
Meals of Hope 2221 Corporation Boulevard Naples, FL 34109	27-0268307	501(c)(3)	15,000.	0.	n/a	n/a	Allocation for General Support
Midwest Food Bank 5601 Division Dr. Fort Myers, FL 33905	41-2120170	501(c)(3)	418,000.	3,193.	FMV	Housewares	Allocation for General Support
Multi Agency Warehouse Volunteer Florida Foundation - 1545 Raymond Diehl Road Suite 250 - Tallahassee, FL 33208	01-0973168	501(c)(3)	0.	78,239.	FMV	Housewares	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 34135 - Estero, FL 34135	31-1763776	501(c)(3)	135,125.	3,520.	FMV	Housewares	Allocation for General Support
NAMI Lee County 8191 College Parkway Fort Myers, FL 33919	65-0122844	501(c)(3)	84,000.	0.	n/a	n/a	Allocation for General Support
New Horizons of SWFL P.O. Box 111833 Naples, FL 34108	11-3678086	501(c)(3)	134,093.	0.	n/a	n/a	Allocation for General Support
Our Mother's Home of Southwest Florida - 7438 Carrier RD - Fort Myers, FL 33967	65-0510103	501(c)(3)	162,848.	0.	n/a	n/a	Allocation for General Support
PACE Center for Girls of Lee County - 3800 Evans Avenue - Fort Myers, FL 33901	59-2414492	501(c)(3)	147,600.	0.	n/a	n/a	Allocation for General Support
Partners for Breast Cancer Care 9470 Healthpark Circle Fort Myers, FL 33908	65-0290568	501(c)(3)	38,000.	0.	n/a	n/a	Allocation for General Support
Phoenix House 410 NE 25th Ave. Cape Coral, FL 33909	87-3029852	501(c)(3)	0.	9,168.	FMV	Furniture	Allocation for General Support
Pine Manor Resiliency Hub 5547 10th Ave Fort Myers, FL 33906	65-0133208	501(c)(3)	45,795.	0.	n/a	n/a	Allocation for General Support
Premier Mobile Health Services 10676 Colonial, Suite 20 Fort Myers, FL 33906	82-5372657	501(c)(3)	234,212.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 Fort Myers, FL 33901	65-0822909	501(c)(3)	119,625.	0.	FMV	n/a	Allocation for General Support
Providence Family 200 East Big Beaver Road Troy, FL 48083	80-0933776	501(c)(3)	23,958.	0.	n/a	n/a	Allocation for General Support
Quality Life Center 3210 Dr. Martin Luther King Jr. Blv Fort Myers, FL 33916	65-0321309	501(c)(3)	431,822.	189,140.	FMV	Furniture & Housewares	Allocation for General Support
RCMA 402 West Main Street Immokalee, FL 34142	59-1221966	501(c)(3)	19,500.	0.	n/a	n/a	Allocation for General Support
Reach Global 6798 Plantation Pines Rd. Fort Myers, FL 33966	41-0721671	501(c)(3)	0.	68,138.	FMV	Furniture	Allocation for General Support
Rebuilding Together 3914 N. 301 Hwy Suite 700 Tampa, FL 33619	59-3664580	501(c)(3)	0.	136,325.	FMV	Housewares	Allocation for General Support
SalusCare 3763 Evans Avenue Fort Myers, FL 33901	59-1287693	501(c)(3)	338,359.	0.	n/a	n/a	Allocation for General Support
Salvation Army of Lee, Hendry & Glades - 10291 McGregor Boulevard - Fort Myers, FL 33919	58-0660607	501(c)(3)	305,845.	0.	n/a	n/a	Allocation for General Support
Samaritan Health & Wellness Center 643 Cape Coral Pkwy E Unit B Cape Coral, FL 33904	46-0922358	501(c)(3)	260,000.	0.	n/a	n/a	Allocation for General Support

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 Fort Myers, FL 33907	11-2510315	501(c)(3)	0.	26,407.	FMV	Housewares	Allocation for General Support
The Center for Progress and Excellence - 1500 Colonial Blvd. Suite 233 - Fort Myers, FL 33905	47-4810710	501(c)(3)	0.	11,313.	FMV	Furniture	Allocation for General Support
The Florida Conference of the United Methodist Church - 450 Martin L. King Jr. Ave. - Lakeland, FL 33815	59-0904361	501(c)(3)	0.	14,928.	FMV	Furniture & Houseware	Allocation for General Support
The Heights Center 15570 Hagie Drive Fort Myers, FL 33908	45-5595206	501(c)(3)	66,500.	0.	n/a	n/a	Allocation for General Support
The Lee County Coalition for a Drug-Free Southwest Florida - PO Box 61688 - Fort Myers, FL 33906	59-3052892	501(c)(3)	22,159.	0.	n/a	n/a	Allocation for General Support
The Sky Family YMCA FM and Bonita 701 Center Rd Venice, FL 34285	59-1629660	501(c)(3)	279,846.	0.	n/a	n/a	Allocation for General Support
United Way of Lee County 7273 Concourse Drive Fort Myers, FL 33908	59-1005169	501(c)(3)	0.	428,475.	FMV	Furniture & Housewares	Allocation for General Support
Valerie's House 1762 Fowler Street Fort Myers, FL 33902	47-3701240	501(c)(3)	222,000.	0.	n/a	n/a	Allocation for General Support
Good360 675 N. Washington St. Suite 330 Alexandria, VA 22314	54-1282616	501(c)(3)	0.	2,012,707.	FMV	Furniture & Housewares	Allocation for General Support

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Direct Assistance	7594	851,174.	0.		
Furniture and Housewares to Hurricane Ian Survivors	21420	0.	8,567,994.	FMV	Furniture and Housewares

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

Part I, Line 2:

Extensive application and review process for amounts and programs submitted. Each is reviewed by allocations department and independent volunteer allocation team and Board approved.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Joy, Jeannine President/CEO	(i)	189,669.	35,000.	0.	16,231.	15,207.	256,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 3:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		23,592,245.	Thrift Store Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2023

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

Schedule M, Line 32b:

An investment broker is used to sell donated securities.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

The United Way of Lee County, Inc.

Employer identification number

59-1005169

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

Our United Way supports and helps coordinate the human service network in our community so that the network can provide high quality social service programs that make a difference in people's lives.

Form 990, Part III, Line 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

LHA 332211 11-14-23

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

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