MORRISON, BROWN, ARGIZ & FARRA, LLC 301 EAST LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301

> UNITED WAY OF BROWARD COUNTY INC 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316

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CLIENT'S COPY

Return of Organization Exempt From				om Ir	ncome Tax	OMB No. 1545-0047
Forr		¹⁵⁾ 2019				
		uary 2020) of the Treasury	Do not enter social security numbers on this form as it	t may be	e made public.	Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
<u>A</u> F	or th	e 2019 calend	ar year, or tax year beginning JUL 1, 2019 and endi	ling J	UN 30, 2020	
В С ај	heck if pplicab	ole: C Name of	forganization		D Employer identifi	cation number
	Addre		ED WAY OF BROWARD COUNTY INC			
	Name Chang	ge Doing b	usiness as		59-06244	02
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone numbe	
	Final		SOUTH ANDREWS AVENUE		954-462-	
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	24,518,053.
	Amen return	I FORI	LAUDERDALE, FL 33316		H(a) Is this a group re	
	Applie tion pendi		nd address of principal officer: THOMAS J WATSON	_	for subordinates	
		1300	S ANDREWS AVENUE, FORT LAUDERDALE, F		H(b) Are all subordinates in	
		empt status:		527		list. (see instructions)
			UNITEDWAYBROWARD.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year of	of formation: 1976	A State of legal domicile: FL
Ра	rt I	Summary				
ė	1	Briefly describ	e the organization's mission or most significant activities: SCHEDUI	LEO	•	
anc						
Governance	2		x if the organization discontinued its operations or disposed or disposed of the organization discontinued its operations.		1	
jov.	3		ting members of the governing body (Part VI, line 1a)			19
8	4					19
ies	5					82
Activities &	6		of volunteers (estimate if necessary)		_	4511
Act			d business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated	business taxable income from Form 990-T, line 39	·····		
		O and the diama			Prior Year 22,061,239.	Current Year 22,914,227.
ne	8		and grants (Part VIII, line 1h)		14,601.	64,914.
Revenue	9	0	ce revenue (Part VIII, line 2g)		199,642.	143,098.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		193,163.	-37,614.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,468,645.	23,084,625.
	12 13		<u>- add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> nilar amounts paid (Part IX, column (A), lines 1-3)		14,751,435.	14,458,239.
	13 14				0.	0.
			r compensation, employee benefits (Part IX, column (A), line 4)		4,910,843.	5,325,707.
ses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense			ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,923,249</u> .			
Exp			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,570,526.	1,573,575.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,232,804.	21,357,521.
	19		expenses. Subtract line 18 from line 12		1,235,841.	1,727,104.
or		1.01011001035			ginning of Current Year	End of Year
ets (anci	20	Total assets (F	Part X, line 16)		14,483,877.	15,309,785.
t Assets of Balanc	21	-	(Part X, line 26)		8,001,703.	7,177,611.
Net, Fund	22		fund balances. Subtract line 21 from line 20		6,482,174.	8,132,174.
	rt II			<u> </u>	, , <u> </u>	· · · · · · · · · · · · · · · · · · ·
Unde	er pena		I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my	/ knowledge and belief. it is
			Declaration of preparer (other than officer) is based on all information of which p			

Sign	Signature of officer			Date				
Here	THOMAS J WATSON, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date					
Paid	LAZARO GUTIERREZ, CPA			self-employed P01294889				
Preparer	Firm's name MORRISON , BROWN ,	ARGIZ & FARRA, LLC		Firm's EIN 🕨 01-0720052				
Use Only	Firm's address 301 EAST LAS OLA	S BLVD, 4TH FLOOR						
	FORT LAUDERDALE,	FL 33301		Phone no. (954) 760 9000				
May the If	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2019)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) UNITED WAY OF BROWARD COUNTY INC 59-0624402 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: <u>TO FOCUS AND UNITE OUR ENTIRE COMMUNITY TO CREATE SIGNIFICANT LASTING</u>
	CHANGE IN THE COMMUNITY IMPACT AREAS OF EDUCATION, FINANCIAL STABILITY
	AND HEALTH - THE BUILDING BLOCKS FOR A BETTER LIFE - WHICH POSITIVELY
	IMPACT PEOPLE'S LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,512,691. including grants of \$ 6,570,543.) (Revenue \$)
	ALLOCATION TO AGENCIES PROVIDING HEALTH AND HUMAN SERVICES IN BROWARD
	COUNTY IN ONE OF THE THREE IMPACT AREAS OF EDUCATION, FINANCIAL
	STABILITY AND HEALTH.
4b	(Code:) (Expenses \$ 2,894,119. including grants of \$ 1,914,514.) (Revenue \$)
	SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS THAT PROMOTE HEALTHY
	AND DRUG FREE LIVING IN BROWARD COUNTY.
	(Code:) (Expenses \$ 1,554,348. including grants of \$ 623,403.) (Revenue \$)
4c	(Code:)(Expenses \$ 1,554,348. including grants of \$ 623,403.) (Revenue \$) SUPPORTIVE SERVICES FOR VETERAN FAMILIES
	SUPPORTIVE SERVICES FOR VETERAN FAMILIES
4d	Other program services (Describe on Schedule O.)
-tu	Children Children
4e	Total program service expenses ► 18,400,388.
-10	Form 990 (2019)
932002	2 01-20-20
	2

21561213 795691 245299-001

Form	990	(2019)
	330	20131

Part IV Checklist of Required Schedules

UNITED WAY OF BROWARD COUNTY INC

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X				Yes	No
2 Is the organization require infect to inder colorization of appendix on board of the public office? If "Yes," complete Schedule C, Part I 3 X 3 Did the organization require infect to inder colorization regges in lobbying activities on ball of or incegoration of anglets. Schedule C, Part I 3 X 4 Schedule C, Part I 3 X 5 Is the organization ascents Did (bid). Site (c) is of Did (bid) organization that receives membership dues, assessments, or ismitiar amounts as defined in Reveaue Procedure Bid? If "Ass," complete Schedule C, Part II 6 X 6 Did the organization intrainer of anomunts in such trunds or accounts? If "Yes," complete Schedule D, Part II 8 X 7 Did the organization intrainer of anomunts in such trunds or accounts? If "Yes," complete Schedule D, Part II 8 X 8 Did the organization intrainer of trunds or accounts? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization intraine and trunds or accounts? If Yes," complete Schedule D, Part II 8 X 10 Did the organization intraine and trunds or accounts in the trunds or accounts or trunds account intability, server as a subtord in realized organization intraine and trunds or accounts or trunds account intability, server as a subtord in realized organization intraine and trunds account intability anethy trunds account intability,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in clinet or indirect political campaign activities on behalf of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part I 3 X 4 Section 501(b) organization. Did the organization imgage in ktobying activities, or have a section 501(b) dectoin in effect during the tax year' II "Yes," complete Schedule C, Part II 4 X 5 Did the organization asternal and official campaign activities, or have a section 501(b) dectoin in effect during the tax year' II "Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain and year official campaign activities, or have a section 501(b) dectoin in effect during activities, or have a section 501(b) dectoin in effect during activities, or have a section 501(b) dectoin in effect during activities, or have a section 501(b) dectoin in effect during activities activitis activitis activities activitis activities activities activities		If "Yes," complete Schedule A			
public office? If ''Yes' complete Schedule Q. Part I 3 X 4 Section 50((c)(3) organization D. Off the organization engage in lobying activities, or have a saction 50((f)) election in effect 4 X 5 Is the organization a section 50((c)(i), or 50((c)(i), or 50((c)(i), or 50((i)), or 50((i))) 5 X 5 6 Did the organization of the (A), 501((c)(i), or 50((i)) complete Schedule C, Part II 6 X 7 Did the organization reactive of thold a conservation easement in including easements to preserve open space. 7 X 8 Did the organization reactive of thold a conservation easement, including easements to preserve open space. 7 X 9 Did the organization metal, thick inflave asset, or historis tativa ease, or historis tativa easement, credit repair, or debt engalization repair an anount in Part X, line 21, for escore or cutedial account liability, serve as a cutedial nor anount in task easements and or the following questions is 'Yes,' then complete Schedule D, Part V, V, VI, VII, VI, VI, VI, VI, VI, VI,	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization elocity of general processing of the organization is section 501(c)(4), 501(c)(6), or 50	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 is the organization a section S(10(4), 50(10(3)) or		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89.197 if Yes, "complete Schedule C, Part II 5 X D Dd the organization maintain any doorn advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the preserve open space, the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II 6 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 14, New Yes, "complete Schedule D, Part W 10 X 10 Did the organization, directly or through a reliated organization, hold assets in donor-restricted endowments or in quasi endowment? If Yes, "complete Schedule D, Part X 11a X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets report in Part X, line 147 / Yes, "complete Schedule D, Part X 11a X	4				
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // if "ises," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," omplete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," complete Schedule I. Parts I and II 21 X	10		19	x	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	20-				
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II			200		<u> </u>
			21	x	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~ 1	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	00		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 168	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2019)				BROWARD			
Part V Statements	Regarding C	Other II	rs f	ilings and Ta	ix Complia	nce	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	Х	
		7a 7b	X	
	Did the organization notify the donor of the value of the goods or services provided?	10	- 23	
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b]	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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UNITED WAY OF BROWARD COUNTY INC

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

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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. X

		1 1	4.0	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		10		
	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		<u>X</u>
	Did the organization delegate control over management duties customarily performed by or under the				.
	of officers, directors, trustees, or key employees to a management company or other person?				X
	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			X
6	Did the organization have members or stockholders?		6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				.
	more members of the governing body?		<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
	persons other than the governing body?		7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5			
а	The governing body?		<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			1	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the form	? 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	in Schedule O how this was done		12c	Х	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization			Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
ect	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $igstar{FL}$				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	· · ·			
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	, and finar	cial	
	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
	THOMAS J WATSON - 954-462-4850 1300 SOUTH ANDREWS AVENUE, FORT LAUDERDALE, FL 333	16			
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			_	n 990	16.

Form 990 (2019	D) UNITED WAY OF BROWARD COUNTY INC	59-0624402	Page 1
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
En	nployees, and Independent Contractors		
Che	eck if Schedule O contains a response or note to any line in this Part VII		
Section A. Of	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	his table for all persons required to be listed. Report compensation for the calendar year endi	ng with or within the organization's	s tax year.
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations).	regardless of amount of compens	ation.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

 (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi	ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			-
(1) ANDY CAGNETTA	1.00									
DIRECTOR		X						0.	0.	0.
(2) BEN WESLEY	1.00									
DIRECTOR		х						0.	0.	0.
(3) BOB SWINDELL	1.00									
DIRECTOR		х						0.	0.	0.
(4) CHARLES B. MORTON, JR.	1.00									
DIRECTOR		х						0.	0.	0.
(5) COLIN BROWN	1.00									
DIRECTOR		х						0.	0.	0.
(6) D. KEITH COBB	1.00									
DIRECTOR		х						0.	0.	0.
(7) DAN REYNOLDS	1.00									
DIRECTOR		х						0.	0.	0.
(8) DR. TRACY LYNN BURTON	1.00									
DIRECTOR		X						0.	0.	0.
(9) GARY ROSEN	1.00									
CHAIR		X						0.	0.	0.
(10) GEORGE HANBURY II, PH.D.	1.00									
DIRECTOR		х						0.	0.	0.
(11) GREGORY HAILE	1.00									
DIRECTOR		х						0.	0.	0.
(12) HECTOR PONTE	1.00									
DIRECTOR		X						0.	0.	0.
(13) KEN HETLAGE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KEVIN PURVIS, CPCU	1.00									
DIRECTOR		Х						0.	0.	0.
(15) LISA LUTOFF-PERLO	1.00									
VICE CHAIR		Х						0.	0.	0.
(16) LORI CHEVY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) MATT KATZ	1.00									
DIRECTOR		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

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Form 990 (2019) UNITED WAY OF BROWARD COUNTY INC 59-0624											Page 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box	not ch , unles cer and	neck r is per	itior more rson i	than d is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	Est amo	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	ensation m the nization related nizations
(18) ROBERT RUNCIE	1.00										0
DIRECTOR (19) STEPHEN MOSS	1.00	Х						0.	0.		0.
DIRECTOR	1.00	x						0.	0.		0.
(20) ASHLEY BECK	1.00										
DIRECTOR		х						0.	0.		0.
(21) KATHLEEN CANNON	40.00										
PRESIDENT AND CEO	40.00			X				286,025.	0.	14	,665.
(22) MARIA HERNANDEZ	40.00			v				172 042	0.	1 1 2	245
CHIEF PROGRAM OFFICER (23) TOM WATSON	40.00			Х				173,942.	0.		,345.
CHIEF FINANCIAL OFFICER				х				116,474.	0.	6	,858.
(24) VICTOR BIGGS	40.00										<u>,</u>
CHIEF DEVELOPMENT OFFICER				Х				107,192.	0.	2	,286.
1b Subtotal						1		683,633.	0.	36	,154.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)								683,633.	0.	36	,154.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		4
compensation nom the organization											Yes No
3 Did the organization list any former officer,	-		-	•			•	• •			v
line 1a? If "Yes," complete Schedule J for si										3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4	x
5 Did any person listed on line 1a receive or a	,		•								
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch r	, Ders	son .		~		5	X
Section B. Independent Contractors											
 Complete this table for your five highest con the organization. Report compensation for f 	•								, ,	ation fror	n
(A)				-		01 111		(B)		(C)	
Name and business	address	NC	ONE				_	Description of s	services	Compen	sation
							_				
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than		
\$100,000 of compensation from the organization											00

Form **990** (2019)

932008 01-20-20

Build of the form the order of the control	Pa	rt VI		Statement of Rev	/enue						
Total revenue Pedetation or evenue Diminister of a semption of a sempti				Check if Schedule O c	ontains a	response	or note to any line	e in this Part VIII			
Bording works Interface Interface <thinterface< th=""></thinterface<>									Related or exempt	Unrelated	Revenue excluded
Bording works Interface Interface <thinterface< th=""></thinterface<>	S S	1 a	a	Federated campaigns		1a					
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geogram POGRAM RENTAL INCOME 900099 64,914. 64,914. 64,914. a	an	ł	h '	Total. Add lines 1a-1f				22,914,227.			
Operation Description Description Description 0		_			-			C4 014	64.014		
g Total. Add lines 2a21 64,914. g Investment income (including dividends, interest, and other similar amounts)	ice	2 8					900099	64,914.	64,914.		
g Total. Add lines 2a21 64,914. g Investment income (including dividends, interest, and other similar amounts)	erv ue	k	-								
g Total. Add lines 2a21 64,914. g Investment income (including dividends, interest, and other similar amounts)	m S ven	C	. '								
g Total. Add lines 2a21 64,914. g Investment income (including dividends, interest, and other similar amounts)	gra Re		-								
g Total. Add lines 2a:21	Pro	f	-	All other program service r	evenue						
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other similar amounts) 159,084. 159,084. 4 Income from investment of tax-exempt bond proceeds 159,084. 5 Royatites 159,084. 6 a Gross rents 6a 159,084. b Less: rental expenses 6b 159,084. c Rental income or (loss) 6c 159,084. 7 a Gross amount from sales of asses other than inventory 159,084. 159,084. 7 a Gross amount from sales of asses other than inventory 100 Personal 100 Personal 6 a Gross income from fundrating events (not including \$		3									
4 Income from investment of tax-exempt bond proceeds > 5 Royattes > 6 a Gross rents 6a 0 Retrait income or (loss) 6c 7 Gross anout from sales of 6c 7 Gross anout from sales of 957,030. 8 Gross in or (loss) 7 9 952,030. 7 9 973,016. 7 7 973,016. 7 7 973,016. 7 9 973,016. 7 9 973,016. 7 10 Net gain or (loss) 12 11 8a 422,738. 12 Net income or (loss) from fundraising events -37,614. 12 Net income or (loss) from gaming activities. 10a 12 Net income or (loss) from gaming activities. 10a 10a			(other similar amounts)	-		►	159,084.			159,084.
6 a Gross rents 6 a (i) Real (ii) Personal b Less: rental expenses 6 b		4									
6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7 a Gross anount from sales of assets other than inventory 7a b Less: cost or there hasis and sales expenses 7b 9000000000000000000000000000000000000		5	I	Royalties							
b Less: rental expenses 66 c Rental income or (loss) 6c d Net rental income or (loss) 6c 7 a forse amount from sales of assets other than inventory 57, 030. b Less: cost or other basis 7 d Net rental income or (loss) 7 c Gain or (loss) 7 c Gain or (loss) 7 d Net gain or (loss) 7 d State stat					(i) Real	(ii) Personal				
c Rental income or (loss) Gc Image: constraint of the set of the s		6 a									
d Net rental income or (loss) 		k									
7 a Gross amount from sales of assets other than inventory											
assets other than inventory b Ta 957,030. b Less: cost or other basis and sales expenses and sales expenses Tb 973,016. c Gain or (loss) Tc -15,986. -15,986. d Net gain or (loss) Image: specific spec				, , , , , , , , , , , , , , , , , , ,							
B Less: cost or other basis and sales expenses P73, 016. c Gain or (loss) To -15,986. d Net gain or (loss) -15,986. -15,986. d Gross income from fundraising events (not including \$321,959. of contributions reported on line 1c). See Part IV, line 18 Ba 422,798. b Less: direct expenses Ba 460,412. -37,614. 9 Gross income from gaming activities. See Part IV, line 19 9a -37,614. -37,614. 9 Gross sales of inventory, less returns and allowances 9b 0b 0b 0c 10 Gross sales of inventory, less returns and allowances 10a 0b 0c 0c 11 a		1 6									
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b Less: direct expenses											
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c All other revenue e Total revenue. See instructions 12 Total revenue. See instructions											
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UNITED WAY OF BROWARD COUNTY INC

932009 01-20-20

Form 990 (2019)

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Form 990 (2019)

UNITED WAY OF BROWARD COUNTY INC Part IX Statement of Functional Expenses

59-0624402 Page 10

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			ηριέτε column (Α).	
Dou	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	схрензез
•	and domestic governments. See Part IV, line 21	14,458,239.	14,458,239.		
2	Grants and other assistance to domestic	11,150,2550	11,130,2350		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	5				
	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,	683,633.	112 021	94,045.	175,754.
•	trustees, and key employees	005,055.	413,834.	94,045.	1/3,/34.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			F24 420	
7	Other salaries and wages	3,815,152.	2,302,746.	534,439.	977,967.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		0.01 6.41	0.0 000	140.000
9	Other employee benefits	510,788.	281,641.	86,879.	142,268.
10	Payroll taxes	316,134.	192,662.	41,326.	82,146.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	41,423.	25,074.	16,349.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	35,519.		35,519.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	171,823.	102,874.	23,880.	45,069.
12	Advertising and promotion	167,278.	45,924.	4,458.	116,896.
13	Office expenses	241,073.	68,349.	16,783.	155,941.
14	Information technology				
15	Royalties				
16	Occupancy	158,994.	85,360.	33,470.	40,164.
17	Travel	62,483.	37,905.	8,464.	16,114.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	111,698.	72,669.	13,419.	25,610.
20	Interest				
21	Payments to affiliates	241,595.	144,957.	36,239.	60,399.
22	Depreciation, depletion, and amortization	158,946.	71,526.	39,736.	47,684.
23	Insurance	76,541.	46,450.	11,284.	18,807.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL & MAIN	50,989.	36,158.	5,955.	8,876.
b	OTHER	46,370.	9,288.	30,134.	6,948.
с	POSTAGE & SHIPPING	8,843.	4,732.	1,505.	2,606.
d			-	-	-
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,357,521.	18,400,388.	1,033,884.	1,923,249.
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 Check here for the following SOP 98-2 (ASC 958-720)				
					Eorm 990 (2010)

932010 01-20-20

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UNITED WAY OF BROWARD COUNTY INC Part X | Balance Sheet

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,947,711.	1	3,292,266.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			6,505,377.	3	5,010,510.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described		r		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
◄	9	Prepaid expenses and deferred charges	109,729.	9	113,907.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,715,809.	1 240 000		1 000 605
	b	Less: accumulated depreciation	1,349,907.	10c	1,278,695.		
	11	Investments - publicly traded securities	3,473,314.	11	4,584,792.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets	1 007 020	14	1 000 015		
	15	Other assets. See Part IV, line 11		1,097,839.	15	1,029,615.	
	16	Total assets. Add lines 1 through 15 (must equa	14,483,877.	16	15,309,785.		
	17	Accounts payable and accrued expenses	2,058,698.	17	1,202,366.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		l l		21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Lial	23	controlled entity or family member of any of thes				22 23	
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		ſ		23 24	
	24 25	Other liabilities (including federal income tax, pa		ſ		24	
	25	parties, and other liabilities not included on lines					
			,		5,943,005.	25	5.975.245.
	26	Tatal lishiliting Add lines 17 through OF			8,001,703.	26	5,975,245. 7,177,611.
-		Organizations that follow FASB ASC 958, che					.,,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,644,174.	27	3,832,886.
Bala	28	Net assets with donor restrictions	2,838,000.	28	4,299,288.		
lpu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.	,	· · · · ·			
o.	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in		ſ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		r	6,482,174.	32	8,132,174.
<u>~</u>	33	Total liabilities and net assets/fund balances	14,483,877.	33	15,309,785.		

Form **990** (2019)

Form	990	(2019	۱
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Form	990 (2019) UNITED WAY OF BROWARD COUNTY INC	59-	0624402	Pag	_{ge} 12
Pa	rt 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	23,084		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,357		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,727		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,482		
5	Net unrealized gains (losses) on investments	5	-77	1,1	04.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,132	2,1	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	l
			Form	aan /	(0010)

Form **990** (2019)

932012 01-20-20

SCH	EDU	LΕ	Α
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service				► Go to www.irs.gov	Open to Public Inspection							
Nam	e of	the organizati							Employer	identification number		
		3		ED WAY OF	BROWARD COUN	ΓΥ ΤΝΟ	~			9-0624402		
Pa	rt I	Reason	for Public (Charity Status	All organizations must co	molete th	s nart) Se	e instruction		5 0024402		
									J			
	organ				For lines 1 through 12, cl							
1					on of churches described			1)(A)(I).				
2					Attach Schedule E (Form							
3		•	•		anization described in se			•				
4			-	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state										
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8					(1)(A)(vi). (Complete Par	t II.)						
9												
					ulture (see instructions).							
		university:		grant contogo or agrio			name, eny	, and otato of	the conege			
10			on that norma	Illy receives: (1) more	than 33 1/3% of its supp	ort from (contributio	ns members	hin fees an	d gross receipts from		
10					ct to certain exceptions,							
					(less section 511 tax) fro	in busines	sses acqui	red by the org	Janization a	arter June 30, 1975.		
				mplete Part III.)				00(-)(4)				
11		-	-	-	ively to test for public sat	•						
12		-	-	-	ively for the benefit of, to	-			•			
				-	ed in section 509(a)(1) o					Check the box in		
		-	-	• •	f supporting organizatior				-			
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving		
		the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting		
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	on(s), by hav	ving		
		control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,		
			-). You must complete I							
d		- ··	0	.,.	porting organization oper				rted organiz	zation(s)		
			-		zation generally must sat				•	. ,		
					nplete Part IV, Sections							
е		- ·	,	,	written determination from							
e			0		nally integrated supporti			турет, туре	п, туре п			
	Ent				nany integrated supportin	ig organiz	allon.					
		er the number	• •	•								
<u> </u>		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	fmonetary	(vi) Amount of other		
		organization		(,	(described on lines 1-10		ing document?	support (see i		support (see instructions)		
					above (see instructions))	Yes	No			··· 、 /		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Total

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF BROWARD COUNTY INC Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

59-0624402 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		16794664.	16499215.	18120369.	22061239.	22914227.	96389714.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	16794664.	16100215	19120360	22061230	22014227	06380711
	J	10/94004.	10499213.	10120309.	22001239.	22914227.	90309714.
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)						
6	Public support. Subtract line 5 from line 4.						96389714.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		16794664.	16499215.	18120369.	22061239.	22914227.	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	145,237.	88,800.	143,798.	160,933.	159,084.	697,852.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						97087566.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is fo	-			-		. —
Sec	organization, check this box and sto ction C. Computation of Publi	p here ic Support Per					
	•			aluman (f)		44	99.28 %
	Public support percentage for 2019 (Public support percentage from 2018		•	.,,		14	<u>99.28 %</u> 99.21 %
	33 1/3% support test - 2019. If the						
104	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o		•		l line 15 is 33 1/3%		
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						. —
					Sch	edule A (Form 990) or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF BROWARD COUNTY INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public	Support						
Calendar year (or fiscal ye	ear beginning in) 🕨 📘	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contr	ibutions, and						
membership fees r	eceived. (Do not						
include any "unusu	ual grants.")						
2 Gross receipts from merchandise sold of formed, or facilities any activity that is organization's tax-of	or services per- s furnished in related to the						
3 Gross receipts from are not an unrelate							
iness under sectior	n 513						
4 Tax revenues levier ization's benefit an or expended on its	d either paid to						
5 The value of servic	es or facilities						
furnished by a gov	ernmental unit to						
the organization wi	ithout charge						
6 Total. Add lines 1	through 5						
7a Amounts included 3 received from dis							
b Amounts included on line from other than disqualific exceed the greater of \$5, amount on line 13 for the	ed persons that 000 or 1% of the						
c Add lines 7a and 7	b						
8 Public support. (Su							
Section B. Total S	<u> </u>				-		1
Calendar year (or fiscal ye	· · · · ·	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line							
10a Gross income from dividends, paymen securities loans, re and income from s	ts received on nts, royalties,						
b Unrelated business ta	axable income						
(less section 511 taxe	es) from businesses						
acquired after June 3	0, 1975						
c Add lines 10a and	10b						
11 Net income from u activities not includ whether or not the regularly carried or	ded in line 10b, business is						
12 Other income. Do r or loss from the sa assets (Explain in F	le of capital						
13 Total support. (Add lin	<i>'</i>						
14 First five years. If	the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sectior	n 501(c)(3) organiz	ation,
check this box and	stop here						
Section C. Compu	tation of Public	: Support Per	centage				
15 Public support per	centage for 2019 (lir	ne 8, column (f), di	ivided by line 13,	column (f))		15	%
	centage from 2018					16	%
Section D. Compu	tation of Invest	tment Income	Percentage				
17 Investment income	e percentage for 20	19 (line 10c, colun	nn (f), divided by I	ine 13, column (f))		17	%
18 Investment income	e percentage from 2	018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support t	ests - 2019. If the o	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%	6, check this box and	d stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	
b 33 1/3% support t	ests - 2018. If the o	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more	than 33 1/3%, chec	k this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation	 If the organization 	<u>ı did not check a l</u>	box on line 14, 19	a, or 19b, check t			
932023 09-25-19					Sch	edule A (Form 99	0 or 990-EZ) 2019
			15				

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF BROWARD COUNTY INC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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932024 09-25-19

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

Yes No

21561213 795691 245299-001

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF BROWARD COUNTY INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions	L	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U		3b		
020005	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form 99		0-E7	2010
302025	Just 20110		~∽∼∟∠)	2013

17

21561213 795691 245299-001

Sche	dule A (Form 990 or 990-EZ) 2019 UNITED WAY OF BROWARD C			59-0624402 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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	1 a		
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		
е	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF BROWARD COUNTY INC

Par	TV Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 201	9 UNITED WAY	OF BROW	ARD COUNTY	INC	59-0624402	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D	rmation. Provide the 1, 2, 3b, 3c, 4b, 4c, 5a, , lines 2 and 3; Part IV,	e explanations re 6, 9a, 9b, 9c, 1 Section E, lines	equired by Part II, lir 1a, 11b, and 11c; P 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17 art IV, Section B, line 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sectior	E, lines 2, 5, ar	d 6. Also complete	this part for any add	litional information.	
932028 09-25-1	9		2	20	Sche	edule A (Form 990 or 990-	EZ) 2019

21561213 795691 245299-001

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

<u>2019</u>

Internal neveriue Service		
Name of the organization	on	Employer identification number
	UNITED WAY OF BROWARD COUNTY INC	59-0624402
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ial Rule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(a any one contri	ration described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the D-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or cruelty to children or animals. Complete Parts I, II, and III.	

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

59-0624402

UNITED WAY OF BROWARD COUNTY INC

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	PUBLIX SUPER MARKETS CHARITIES, INC. 777 SW 12TH AVE DEERFIELD, FL 33442	\$ <u>1,552,173.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	THE JIM MORAN FOUNDATION 100 JIM MORAN BLVD DEERFIELD, FL 33442	\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Page 3

Employer identification number

59-0624402

UNITED WAY OF BROWARD COUNTY INC

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
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

Page	4

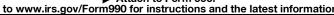
ame of orga	nization		Employer identification numbe		
NITED	WAY OF BROWARD COUNTY	INC	59-0624402		
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gif			
	Transferee's name, address, ar		Relationship of transferor to transferee		
-					
a) No. from	(h) Dumness of sift				
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, ar	nd ZIP + 4	Relationship of transferor to transferee		
a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			<u> </u>		
	(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
-					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 F		Relationship of transferor to transferee		
-					
3454 11-06-19			Schedule B (Form 990, 990-EZ, or 990-PF) (20		

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Department of the Treasury

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.





Interna	Revenue Service Go to www.irs.gov/For	m990 for instructions and the latest information		Inspection
Nam	e of the organization UNITED WAY OF BRC	WARD COUNTY INC		r identification number $9-0624402$
Pa			ccounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV	, line 6.		
		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors		nds	
	are the organization's property, subject to the organization	n's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can be used	only	
	for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose confe	rring	
D.	impermissible private benefit?		<u></u>	Yes No
Pa			V, line 7.	
1	Purpose(s) of conservation easements held by the organiz			
	Preservation of land for public use (for example, rec			
	Protection of natural habitat	Preservation of a cer	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qu	ialified conservation contribution in the form of a c		
-	day of the tax year.			at the End of the Tax Year
a L			2a	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic	atructure included in (a)	2b 2c	
c d	Number of conservation easements included in (c) acquire		20	
u	listed in the National Register	-	2d	
3	Number of conservation easements modified, transferred,			
•	year >			y the tax
4	Number of states where property subject to conservation	easement is located		
5	Does the organization have a written policy regarding the			
	violations, and enforcement of the conservation easement			Yes No
6	Staff and volunteer hours devoted to monitoring, inspectir			s during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservation e	asements dur	ing the year
	▶\$			
8	Does each conservation easement reported on line 2(d) at	pove satisfy the requirements of section 170(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conserv	vation easements in its revenue and expense state	ment and	
	balance sheet, and include, if applicable, the text of the fo	ootnote to the organization's financial statements the	nat describes	the
De	organization's accounting for conservation easements.	of Art Historical Tracewas or Other		
Pa	t III Organizations Maintaining Collections		Similar As:	sets.
4	Complete if the organization answered "Yes" on Fo			
1a	If the organization elected, as permitted under FASB ASC			
	of art, historical treasures, or other similar assets held for service, provide in Part XIII the text of the footnote to its fi	· · · ·	ance of public	
b	If the organization elected, as permitted under FASB ASC		ca sheet work	s of
D	art, historical treasures, or other similar assets held for pu			
	provide the following amounts relating to these items:			1100,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
2	If the organization received or held works of art, historical			
-	the following amounts required to be reported under FASI		Plotido	
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$	
	Assets included in Form 990, Part X			

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
932051	10-02-19

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		WAY OF BROW					24402		age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her Similar	Asset	s (continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	ke significant u	ise of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	-	•	-					
	to be sold to raise funds rather than to be ma			•			Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par		5			, ,			
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributions	s or other assets i	not included				
	on Form 990, Part X?						Yes	X	No
h	If "Yes," explain the arrangement in Part XIII					····· ∟] 110
			owing table.				Amount		
с	Beginning balance				1c		7 thount		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.					····· ∟]
Par						<u></u>			<u></u>
		(a) Current year	(b) Prior year	(c) Two years bad		ears hack	(e) Four	veare	
1a	Beginning of year balance	1,097,839.	1,132,108.	1,127,08		67,356.		186,	
		_,,	_,,	_,,			-,	,	509.
b	Contributions	2,970.	37,348.	78,49	5 1	34,395.		-46,	
	Net investment earnings, gains, and losses	2,570;	37,310.	,0,15		<u>, , , , , , , , , , , , , , , , , , , </u>		10,	
	Grants or scholarships								
е	Other expenditures for facilities	55,537.	55,379.	56,25		71 669		75	722
	and programs	15,657.				74,669.		, _{, ,}	722.
	Administrative expenses	,	16,238.	17,21		27 092	1	067,	256
g	End of year balance	1,029,615.	1,097,839.	1,132,10	··· · · · · · · · · · · · · · · · · ·	27,082.	±,	007,	550.
2	Provide the estimated percentage of the curr	ent year end balance	0, ()) held as:					
a	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held an	id administered to	or the organiza	ition	Б		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
_	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		T T						
	Description of property	(a) Cost or ot	• • •		c) Accumulate	d	(d) Book	value	Э
		basis (investm	,	()	depreciation				
	Land			8,500.					00.
	Buildings		2,79	<u>8,790.</u> 1	1,719,13	56.	1,079	,65	54.
	Leasehold improvements								
d	Equipment		1,85	<u>8,519.</u> 1	1,717,97	/8.	140	, 54	<u>11.</u>
	Other					\square			
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1(0c.)			1,278	,69	95.
					:	Schedule	D (Form	990)	2019

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	<u> </u>		
	an Faire 000 Dart IV line	11d Cas Farm 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	TTd. See Form 990, Part X, line 15.	(b) Book value
	SETS HELD BY ((b) BOOK value
	SETS RELD BY (1 0 2 0 6 1 5
(2) FOUNDATION OF BROWARD			1,029,615.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.			1,029,615.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	<i></i>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) APPROVED ALLOCATIONS PAYA			5,286,186.
(3) DONOR DESIGNATIONS PAYABL			287,240.
(4) PAYCHECK PROTECTION PROGRA	AM		
(5) REFUNDABLE ADVANCE			401,819.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 25.)		5,975,245.
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements th	at reports the

UNITED WAY OF BROWARD COUNTY INC Schedule D (Form 990) 2019

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

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

932053 10-02-19

	edule D (Form 990) 2019 UNITED WAY OF BROWARD COUNTY INC			0624402	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Ret	urn.		
	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	21,339,	902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	7,104.			
b	Donated services and use of facilities				
с	Recoveries of prior year grants 2c				
d					
е	Add lines 2a through 2d		2e	<u>-77,</u> 21,417,	104.
3	Subtract line 2e from line 1		3	21,417,	006.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.) 4b 1,66	7,619.			
			4c	1,667,	619.
С	Add lines 4a and 4b		4C	= / • • · /	0 1 2 0
с 5			4C 5	23,084,	625.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses		5	23,084,	625.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)		5	23,084,	625.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses per Re	5	23,084,	625.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ses per Re	5 eturi	<u>23,084</u> , n.	625.
Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ses per Re	5 eturi	<u>23,084</u> , n.	625.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ses per Re	5 eturi	<u>23,084</u> , n.	625.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Prior year adjustments 2b	ses per Re	5 eturi	<u>23,084</u> , n.	625.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Prior year adjustments	ses per Re	5 eturi	<u>23,084</u> , n.	625.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	ses per Re	5 eturi	<u>23,084</u> , n. <u>19,689</u> ,	<u>902.</u> 0.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	ses per Re	5 eturi	<u>23,084</u> , n.	<u>902.</u> 0.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	ses per Re	5 eturn 1 2e	<u>23,084</u> , n. <u>19,689</u> ,	<u>902.</u> 0.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	ses per Re	5 eturn 1 2e	<u>23,084</u> , n. <u>19,689</u> ,	<u>902.</u> 0.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	ses per Re	5 eturn 1 2e	<u>23,084</u> , n. <u>19,689</u> , <u>19,689</u> ,	<u>625.</u> 902. 0. 902.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	5es per Re	5 eturn 1 2e	<u>23,084</u> , n. <u>19,689</u> , <u>19,689</u> , 1,667,	<u>625.</u> 902. 0. 902.
Pa 1 2 b c d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	5es per Re	5 eturn 1 2e 3	<u>23,084</u> , n. <u>19,689</u> , <u>19,689</u> ,	<u>625.</u> 902. 0. 902.

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 UNITED WAY OF BROWARD COUNTY INTENDS TO USE THE ENDOWMENT FUNDS FOR A

VARIETY OF PURPOSES TO FULFILL THE ORGANIZATION'S MISSION.

DONOR DESIGNATIONS

TOTAL DONOR DESIGNATIONS IN THE AMOUNT OF \$1,632,100 WERE REDUCED FROM

INCOME IN THE AUDITED FINANCIAL STATEMENTS. HOWEVER, SUCH DESIGNATIONS ARE

NOT DEDUCTED FROM INCOME ON THE FORM 990.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

U.S. INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME 932054 10-02-19 28 TAX IS REQUIRED.

THE ORGANIZATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ORGANIZATION FILES INCOME TAX RETURNS. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT MANAGEMENT FEES REPORTED UNDER REVENUE SECTION	35,519.
DONOR DESIGNATIONS	1,632,100.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,667,619.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	

INVESTMENT MANAGEMENT FEES REPORTED UNDER REVENUE SECTION	35,519.
DONOR DESIGNATIONS	1,632,100.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,667,619.

Schedule D (Form 990) 2019

25 510

932055 10-02-19

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2019
Department of the Treasury		Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		WAY OF BROWARD COU	NTY	INC	2		Employer ide	ntification number 402
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
	complete this part							
		ed funds through any of the followin						
=	email solicitations			•	overnment grants nment grants			
c Phone solici		g Special						
d 🗌 In-person so	licitations			0				
2 a Did the organization	n have a written o	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	_
		art VII) or entity in connection with p			•			
b If "Yes," list the 10 compensated at le	e .	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fur	idraiser is to be	9
								1
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	aiser ustody	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. \$	Sche	dule G (Form §	990 or 990-EZ) 2019

932081 09-11-19

Schedule G	(Form 990 or 990-EZ) 2019	UNITED	WAY	OF	BROWARD	COUNTY	INC	59-0624402	Page 2
Dort II	Eundraiaina Evanta	<u> </u>			1 11 1	" E 00			

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-F7 lines 1 and 6b. List events with gross receipts gre . ۹۹ می

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MAYORS GALA	MAGNOLIA	2	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	396,758.	230,725.	117,274.	744,757.
	2	Less: Contributions	100,000.	150,000.	71,959.	321,959.
	3	Gross income (line 1 minus line 2)	296,758.	80,725.	45,315.	422,798.
	4	Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	289,586.	53,372.	117,454.	460,412.
	10	Direct expense summary. Add lines 4 through		• • • •	►	460,412.
	11					-37,614.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ad				Yes No
D		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
					0-1	
208	2 09	-11-19			Schedule & (Fol	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 UNITED WAY OF BROWARD COUNTY INC 59-	0624402	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v);	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0300	83 09-11-19 Schedule G (For	m 990 or 900	-F7) 2010
5520	32		, _0 13
_			

Schedule G	(Form 990 or 990-EZ)	UNITED	WAY	OF	BROWARD	COUNTY	INC
Part IV	Supplemental I	nformation (com	tinued)				

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)	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.							
Department of the Treasury Internal Revenue Service	► Attach to Form 990.						Open to Public Inspection	
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identified								
UNITED WAY OF BROWARD COUNTY INC						59-0624402		
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 assi							Yes X 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								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
URBAN LEAGUE OF BROWARD COUNTY, INC 730 N ANDREWS AVE - PEMBROKE PINES, FL 33025	59-1564384	501 (C)(3)	190,000.	0.			GENERAL SUPPORT	
EARLY LEARNING COALITION 6301 NW 5TH WAY STE 3400 FORT LAUDERDALE, FL 33309	65-1060848	501 (C)(3)	130,000.	0.			GENERAL SUPPORT	
CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC 1401 S FEDERAL HWY - FORT LAUDERDALE, FL 33316	65-1026739	501 (C)(3)	185,046.	0.			GENERAL SUPPORT	
LEGAL AID SERVICE OF BROWARD COUNTY, INC 1130 COCONUT CREEK BLVD - COCONUT CREEK, FL 33066	65-0161493	501 (C)(3)	231,889.	0.			GENERAL SUPPORT	
HISPANIC UNITY OF FLORIDA, INC. 4740 N STATE ROAD 7 FORT LAUDERDALE, FL 33308	59-2230272	501 (C)(3)	245,000.	0.			GENERAL SUPPORT	
GILDA'S CLUB 119 ROSE DRIVE FORT LAUDERDALE, FL 33316	65-0528626	501 (C)(3)	89,070.	0.			GENERAL SUPPORT	
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 								

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

UNITED WAY OF BROWARD COUNTY INC

		ARD COUNTY					9-0624402 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOW DUDN MURAMPE COMPANY							
SLOW BURN THEATRE COMPANY 201 SW 5TH AVENUE							
FORT LAUDERDALE, FL 33312	27-0802234	501 (C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY BASED CONNECTIONS							
1033 NW 6TH ST #201							
FORT LAUDERDALE, FL 33311	27-0513560	501 (C)(3)	165,688.	0.			GENERAL SUPPORT
LUZ DEL MUNDO - LIGHT OF THE WORLD							
CLINIC, INC 650 N ANDREWS AVE - PLANTATION, FL 33317	65-0266070	501 (C)(3)	173,574.	0.			GENERAL SUPPORT
LANIATION, FL 55517	05-0200070	501 (C)(3)	1/3,5/4.	0.			GENERAL SUPPORT
MERICAN RED CROSS, BROWARD COUNTY							
CHAPTER - 600 NE 3RD AVENUE - FORT							
LAUDERDALE, FL 33304	53-0196605	501 (C)(3)	125,000.	0.			GENERAL SUPPORT
			,				
FIREWALL CENTERS, INC.							
840 SW 81ST AVE							
POMPANO BEACH, FL 33069	06-1704451	501 (C)(3)	70,000.	0.			GENERAL SUPPORT
HENDERSON BEHAVIORAL HEALTH, INC.							
501 NE 8TH ST.							
ORT LAUDERDALE, FL 33315	59-0711167	501 (C)(3)	148,500.	0.			GENERAL SUPPORT
DOWARD DECTONAL UPALTU DI ANNINO							
BROWARD REGIONAL HEALTH PLANNING							
COUNCIL, INC - 200 OAKWOOD BLVD 100 - HOLLYWOOD, FL 33020	59-2274772	501 (C)(3)	40,000.	0.			GENERAL SUPPORT
100 - HOLLIWOOD, FL 55020	55-2274772	501 (C/(5/	40,000.	0.			GENERAL SUFFORI
ROWARD PARTNERSHIP FOR THE							
NOMELESS, INC 920 NW 7TH AVE -							
FORT LAUDERDALE, FL 33311	65-0777033	501 (C)(3)	124,000.	0.			GENERAL SUPPORT
,		,,					
JACK & HILL CHILDREN'S CENTER							
701 NW 33RD AVE							
ORT LAUDERDALE, FL 33309	59-0637870	501 (C)(3)	195,145.	0.			GENERAL SUPPORT

UNITED WAY OF BROWARD COUNTY INC

		ARD COUNTY			/=		59-0624402 Pag
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH FLORIDA INSTITUTE ON AGING,							
NC 2038 N. DIXIE HWY, SUITE							
201 - FORT LAUDERDALE, FL 33305	59-1297932	501 (C)(3)	79,953.	0.			GENERAL SUPPORT
	33 1237332	501 (0)(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
MEMORIAL FOUNDATION, INC.							
329 JOHNSON ST							
IOLLYWOOD, FL 33021	62-1202302	501 (C)(3)	125,000.	0.			GENERAL SUPPORT
POVERELLO CENTER							
2056 NORTH DIXIE HIGHWAY							
ILTON MANORS, FL 33305	65-0056218	501 (C)(3)	15,000.	0.			GENERAL SUPPORT
1			, -				
ROWARD HOUSING SOLUTIONS							
05 SE 18TH COURT,							
ORT LAUDERDALE, FL 33316	65-0407370	501 (C)(3)	72,890.	Ο.			GENERAL SUPPORT
·							
SUNSHINE SOCIAL SERVICES							
SUNSERVE) - 1835 SE 4TH AVE -							
ORT LAUDERDALE, FL 33312	01-0582371	501 (C)(3)	85,128.	0.			GENERAL SUPPORT
ROCKETT FOUNDATION							
O BOX 3774							
ALLANDALE BEACH, FL 33008	20-2689974	501 (C)(3)	100,000.	0.			GENERAL SUPPORT
OE DI MAGGIO CHILDREN'S HOSPITAL							
OUNDATION - 100 S PINE ISLAND							
OAD, SUITE 230 - FORT LAUDERDALE,							
L 33313	65-0492343	501 (C)(3)	80,000.	0.			GENERAL SUPPORT
EALTHY MOTHERS, HEALTHY BABIES							
OALITION OF BROWARD COUNTY, INC.							
6600 W COMMERCIAL BLVD -							
AUDERHILL, FL 33319	65-0161493	501 (C)(3)	70,269.	0.			GENERAL SUPPORT
IDS IN DISTRESS							
19 NE 26 ST							
VILTON MANORS, FL 33305	59-1927289	501 (C)(3)	115,564.	Ο.			GENERAL SUPPORT

Schedule I (Form 990) UNITED WAY OF BROWARD COUNTY INC

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Schedule I (Form 990) UNLTED WA	I OF BROW	IARD COUNTY .					99-0624402 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the Un	ited States (School	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLITE CENTER							
3217 NW 10TH TERRACE, SUITE 307							
FORT LAUDERDALE, FL 33309	26-4155794	501 (C)(3)	65,000.	0.			GENERAL SUPPORT
HOPE SOUTH FLORIDA, INC.							
5840 JOHNSON ST							
LAUDERDALE LAKES, FL 33319	59-0816448	501 (C)(3)	63,000.	0.			GENERAL SUPPORT
LIGHTHOUSE OF BROWARD COUNTY INC 650 N ANDREWS AVE							
FORT LAUDERDALE, FL 33311	59-1650909	501 (C)(3)	62,000.	0.			GENERAL SUPPORT
SALVATION ARMY - BROWARD COUNTY 1405 NW 10TH ST							
WILTON MANORS, FL 33311	58-0660607	501 (C)(3)	50,000.	0.			GENERAL SUPPORT
SECOND CHANCE SOCIETY, INC. 1835 SE 4TH AVE							
FORT LAUDERDALE, FL 33316	65-1118303	501 (C)(3)	50,000.	٥.			GENERAL SUPPORT
TASKFORCE FOR ENDING HOMELESSNESS, INC 1633 POINCIANA DR - WILTON							
MANORS, FL 33305	41-2110971	501 (C)(3)	40,000.	0.			GENERAL SUPPORT
LIFENET4FAMILIES 1 NW 33RD TERRACE							
FORT LAUDERDALE, FL 33311	65-1060848	501 (C)(3)	95,000.	0.			GENERAL SUPPORT
ARC BROWARD, INC. 10250 NW 53RD ST							
SUNRISE, FL 33351	59-0809623	501 (C)(3)	220,000.	٥.			GENERAL SUPPORT
PACE CENTER FOR GIRLS OF BROWARD 2225 N ANDREWS AVE							
FORT LAUDERDALE, FL 33311	59-2414492	501 (C)(3)	50,000.	٥.			GENERAL SUPPORT

Schedule I (Form 990) UNITED WAY OF BROWARD COUNTY INC

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		ARD COUNTY					99-0624402 Pag
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF SOUTH FLORIDA, INC. 900 SE 3RD AVE #300							
	59-0624464	F(1) (C) (2)	202 500	0.			GENERAL SUPPORT
FORT LAUDERDALE, FL 33316 GOODMAN JEWISH FAMILY SERVICE,	59-0624464	501 (C)(3)	202,500.	0.			GENERAL SUPPORT
INC. OF BROWARD COUNTY - 5890 S							
PINE ISLAND RD #201 - DAVIE, FL							
33328	59-0995106	501 (C)(3)	178,938.	0.			GENERAL SUPPORT
55526	33 0333100	501 (0/(5/	170,550.				
FOOD MARKETING CONSULTANTS, INC SAN BERNARDINO ICE - 2805 N							
COMMERCE PKWY - MIRAMAR, FL 33025	59-1922910	501 (C)(3)	520,000.	0.			GENERAL SUPPORT
i							
CANINE ASSISTED THERAPY							
1040 NE 45TH ST							
OAKLAND PARK, FL 33334	27-0700622	501 (C)(3)	15,000.	0.			GENERAL SUPPORT
DANIEL CANTOR SENIOR CENTER							
5000 N NOB HILL RD							
SUNRISE, FL 33351	65-0245068	501 (C)(3)	25,000.	0.			GENERAL SUPPORT
EASTERSEALS SOUTH FLORIDA							
1475 NW 14TH AVE							
MIAMI, FL 33125	59-0722783	501 (C)(3)	25,000.	0.			GENERAL SUPPORT
BROWARD HEALTHY START							
4620 NORTH STATE ROAD 7	CE 0216262	F01 (0)(2)	05 071	0			
FT LAUDERDALE, FL 33319	65-0316363	501 (C)(3)	95,871.	0.			GENERAL SUPPORT
MOUNT OLIVE DEVELOPMENT							
CORPORATION - 1530 NW 6TH ST -							
FORT LAUDERDALE, FL 33311	65-0548855	501 (C)(3)	22,500.	0.			GENERAL SUPPORT
	00 00 10000		22,500.				borrowi
FIRST CALL FOR HELP OF BROWARD,							
INC 250 NE 33RD STREET -							
OAKLAND PARK, FL 33334	65-0589294	501 (C)(3)	230,000.	0.			GENERAL SUPPORT

932102 10-26-19

Part III

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) UNITED WAY OF BROWARD COUNTY INC

 Part III can be duplicated if additional space is needed.
 (c) 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

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (f) Description of noncash assistance

 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (f) Description of noncash assistance

 (c) Amount of cash grant
 (c) Amount of non-cash assistance
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 (c) Amount of non-cash assistance
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 (c) Amount of non-cash assistance
 (c) Amount of non-cash assistance
 (c

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

59-0624402

Page 2

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	•
		Compensated Employees		20	IJ)
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			identificatio		nber
		UNITED WAY OF BROWARD COUNTY INC	59-(0624402	2	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
b	If any of the house	on line to an abacked did the exception follow a written policy recording powerst or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio					
	·	compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	.					
-		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
~	contingent on the r			50		x
		ation?				X
U		ation? or 5b, describe in Part III.		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r		••			
а	-			6a		x
		ation?				x
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2019

932111 10-21-19

59-0624402

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	ame and Title c		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	reported as deferred on prior Form 990
(1) KATHLEEN CANNON	(i)	286,025.	0.	0.	7,807.	6,858.	300,690.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIA HERNANDEZ	(i)	173,942.	0.	0.	5,487.	6,858.	186,287.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019 UNITED WAY OF BROWARD COUNTY INC

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

19

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

UNITED WAY OF BROWARD COUNTY INC

Employer identification number 59-0624402

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ſ

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determi	•	-
		applicable		Form 990, Part VIII, line 1g	noncash contribution a	amounts	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	13	121,924.	STOCK EXCHANGE	L VAI	LUE
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 - Ot						
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 (
<u>28</u> 29	Other (Number of Forms 8283 received by the		l the tax year for a				
29	for which the organization completed Fe		•				
	for which the organization completed to	5111 0200, 1 art 10, 1		Jeinent		Vas	No
30a	During the year, did the organization red	ceive by contributio	n any property rep	orted in Part I, lines 1 throug	nh 28 that it	103	
	must hold for at least three years from t						
	exempt purposes for the entire holding						x
b	If "Yes," describe the arrangement in Pa						
31	Does the organization have a gift accep		quires the review o	of any nonstandard contribut	tions? 31	X	
	Does the organization hire or use third p		-	•			
			-	,, ,	32a		X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amou	unt in column (c) foi	a type of property	r for which column (a) is cheo	cked,		
	describe in Part II.		-				

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

Schedule M (Form 990) 2019

932141 09-27-19

Schedule M	(Form 990) 2019	UNITED WAY	OF BROWAR	ND COUNTY I	NC	59-0624402	Page 2
Part II	Supplemental	Information. Pr t I, column (b), the nu dditional information.	ovide the informatio Imber of contribution	n required by Part I, ns, the number of iter	lines 30b, 32b, and 33, ms received, or a combi	and whether the organizat ination of both. Also comp	ion lete
000140 00 07	10					Sobodulo M (Forma	000) 0040
932142 09-27-1	19					Schedule M (Form	əəuj 2019
				44			

21561213 795691 245299-001

44 2019.05010 UNITED WAY OF BROWARD COU 245299-4 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

59-0624402

UNITED WAY OF BROWARD COUNTY INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED WAY OF BROWARD COUNTY FIGHTS FOR THE HEALTH, EDUCATION AND

FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SERVICES AND SUPPORT PROVIDED TO CREATE COMMUNITY IMPACT.

EXPENSES \$ 3,439,230. INCLUDING GRANTS OF \$ 5,349,779. REVENUE \$ 48,928

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

AN INITAL DRAFT OF FORM 990 IS REVIEWED BY THE PRESIDENT, CFO AND

CONTROLLER FOR ACCURACY BEFORE THE FORM IS PRESENTED TO THE AUDIT

COMMITTEE. THE APPROVED DRAFT OF THE FORM 990 IS SUBSEQUENTLY PRESENTED TO

THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. AFTER THE AUDIT COMMITTEE'S

APPROVAL, THE FORM IS PRESENTED TO THE BOARD OF DIRECTORS. THE REVIEW AND

APPROVAL OF THE BOARD OF DIRECTORS IS COMPLETED PRIOR TO THE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE TAX EXEMPT ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE

CONFLICT OF INTEREST POLICY BY REVIEWING AND DISCUSSING THE REQUIRED

DISCLOSURE FORMS AT THE BOARD MEETING. EACH TRUSTEE, DIRECTOR, OFFICER AND

KEY EMPLOYEES IS THEN REMINDED OF THE DISCLOSURE REQUIREMENTS AND REQUIRED

TO UPDATE THE EXEMPT ORGANIZATION IF A CONFLICT ARISES.

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2019.05010 UNITED WAY OF BROWARD COU 245299-4

Name of the exercitation	Employer identification number
Name of the organization	Employer identification number
UNITED WAY OF BROWARD COUNTY INC	59-0624402
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION TO CEO, EXECUTIVE DIRECTORS, TOP MANAGEME	NT OFFICIALS,
OFFICERS AND KEY EMPLOYEES IS DETERMINED BY USING COMP	ARABLE DATA FROM
SIMILAR-SIZED UNITED WAY ORGANIZATIONS AVAILABLE THROU	CH IINTTED WAY

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL FORM 990 AND

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE VIA THE ORGANIZATION'S WEBSITE

(WWW.UNITEDWAYBROWARD.ORG)

FORM 990, PART VI, SECTION C, LINE 19:

THE TAX EXEMPT ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REVIEWING AND DISCUSSING THE REQUIRED DISCLOURE FORMS AT THE BOARD MEETING. EACH TRUSTEE, DIRECTOR, AND KEY EMPLOYEE IS THEN REMINDED OF THE DISCLOSURE REQUIREMENTS AND REQUIRED TO UPDATE THE EXEMPT ORGANIZATION IF A CONFLICT ARISES.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS.

FORM 990, PART VIII, LINE 1E

DUE TO THE CORONAVIRUS (COVID-19) PANDEMIC, WHICH HAS CAUSED

SUBSTANTIAL DISRUPTION IN INTERNATIONAL AND U.S. ECONOMICS AND MARKETS

DUE TO QUARANTINES, CANCELLATION OF EVENTS AND TRAVEL, BUSINESS AND

SCHOOL SHUTDOWNS, AND OVERALL REDUCTION IN BUSINESS AND ECONOMIC

Schedule O (Form 990 or 990-EZ) (2019)

21561213 795691 245299-001

932212 09-06-19

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2019.05010 UNITED WAY OF BROWARD COU 245299-4

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization UNITED WAY OF BROWARD COUNTY INC	Employer identification number 59-0624402
ACTIVITY, THE ORGANIZATION RECEIVED APPROXIMATELY \$862,000	FROM THE
U.S. SMALL BUSINESS ADMINISTRATION ("SBA") AS PART OF THE	PAYCHECK
PROTECTION PROGRAM ("PPP") THROUGH A LOCAL FINANCIAL INSTI	UTION. THE
PPP IS DESIGNED TO PROVIDE A DIRECT INCENTIVE FOR SMALL BU	SINESSES TO
KEEP CERTAIN WORKERS ON THE PAYROLL. UNDER THIS METHOD THE	PPP FUNDS
WERE RECORDED AS A LIABILITY IN THE STATEMENT OF FINANCIAL	POSITION
WHEN IT WAS RECEIVED IN MAY 2020. DURING THE FISCAL YEAR,	THE
ORGANIZATION RECOGNIZED \$460,055 IN REVENUE (INCLUDED IN L	INE 1E OF
PART VIII OF FORM 990) AS THE RELATED CONDITIONS WERE DEEM	ED
SUBSTANTIALLY MET BY MANAGEMENT. THE REMAINING BALANCE OF	\$401,819
REMAINS AS A LIABILITY AT JUNE 30, 2020 (PAYCHECK PROTECTI	ON PROGRAM
REFUNDABLE ADVANCE (SEE SCHEDULE D, PART X, LINE 5). IT IS	EXPECTED
THAT THE ORGANIZATION WILL APPLY FOR FULL FORGIVENESS BY T	HE END OF THE
CALENDAR YEAR 2020, IN ACCORDANCE WITH THE TERMS OF THIS P	ROGRAM.