

Return of Organization Exempt From Income Tax

2024

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2024** calendar year, or tax year beginning **07/01/2024** and ending **06/30/2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF BREVARD COUNTY, INC.				D Employer identification number 59-0836384	
	Doing business as UNITED WAY SPACE COAST				E Telephone number	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		(321) 631-2740	
	1100 ROCKLEDGE BLVD.		300		G Gross receipts \$	
	City or town, state or province, country, and ZIP or foreign postal code ROCKLEDGE, FL 32955				9,832,371.	
F Name and address of principal officer: M.E. KELLY				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1100 ROCKLEDGE BLVD., STE 300, ROCKLEDGE, FL 32955				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				If "No," attach a list. See instructions.		
J Website: WWW.UWBREVARD.ORG				H(c) Group exemption number		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				L Year of formation: 1957 M State of legal domicile: FL		

Part I Summary

1 Briefly describe the organization's mission or most significant activities: UNITED WAY'S MISSION IS TO CHANGE LIVES AND STRENGTHEN OUR COMMUNITY. WE BELIEVE THAT WHEN YOU GIVE A PERSON A HAND UP YOU CAN DRIVE POSITIVE AND LASTING CHANGE.

Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 35
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 36
	6 Total number of volunteers (estimate if necessary)	6 35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b NONE

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,629,289.	6,951,708.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,603.	574,827.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,948.	38,469.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,828,840.	7,565,004.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,020,218.	2,907,135.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,940,191.	1,141,155.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25)	569,876.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,237,822.	1,814,942.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,198,231.	5,863,232.
19 Revenue less expenses. Subtract line 18 from line 12	1,630,609.	1,701,772.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,379,481.	End of Year 10,006,027.
	21 Total liabilities (Part X, line 26)	3,283,335.	2,924,054.
	22 Net assets or fund balances. Subtract line 21 from line 20.	6,096,146.	7,081,973.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2026
	M.E. KELLY	Date
	INTERIM PRESIDENT	
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ERIK A HALLUSKA CPA	ERIK A HALLUSKA CPA	05/15/2026		P01954172
	Firm's name	Firm's EIN	Phone no.	22-2027092	
Firm's address			407-849-1569		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 4,307,746. including grants of \$ 2,422,380.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 533,047. including grants of \$ 484,755.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,840,793.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 36		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (36), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JSA 321-631-2740

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARON PARTRIDGE PRESIDENT	40.00 NONE	X		X				172,917.	NONE	31,151.
(2) EMILY ORNDORFF CHIEF OPERATING OFFICER	40.00 NONE			X				166,823.	NONE	16,511.
(3) JACKIE BARKER BOARD CHAIR	0.80 NONE	X		X				NONE	NONE	NONE
(4) TIMOTHY ANTONITION BOARD CHAIR-ELECT (THRU 6/25)	0.80 NONE	X		X				NONE	NONE	NONE
(5) TRAVIS PROCTOR 2024 CAMPAIGN CHAIR	0.80 NONE	X		X				NONE	NONE	NONE
(6) DAVID SMITH VICE CHAIR/COMMUNITY IMPACT	0.80 NONE	X		X				NONE	NONE	NONE
(7) LINDSAY AVILES TREASURER	0.80 NONE	X		X				NONE	NONE	NONE
(8) BART GAETJENS PAST BOARD CHAIR	0.80 NONE	X		X				NONE	NONE	NONE
(9) RON CAPASSO MEMBER AT LARGE	0.50 NONE	X						NONE	NONE	NONE
(10) MICHELE MURRELL MEMBER AT LARGE	0.50 NONE	X						NONE	NONE	NONE
(11) LYNDA WEATHERMAN MEMBER AT LARGE	0.50 NONE	X						NONE	NONE	NONE
(12) RON FORTSON MEMBER AT LARGE	0.50 NONE	X						NONE	NONE	NONE
(13) LINDA STOUT MEMBER AT LARGE	0.50 NONE	X						NONE	NONE	NONE
(14) RANDY COLEMAN DIRECTOR	0.50 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHRISTY GALZERANO DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(16) PAM DAVIS DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(17) MICHELE GOODWIN DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(18) MARA BELLABY DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(19) DR. RANDY FLETCHER DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(20) JULIE HARRISON DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(21) DENNIS BROUGHTON DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(22) DAVID HILL DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(23) MARY E. KELLY DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(24) JANIE MCDERMOTT DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(25) DR. MARK J. RENDELL DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
1b Sub-total							339,740.	NONE	47,662.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							339,740.	NONE	47,662.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LORNA KENNA DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(27) MARK MIKOLAJCZYK DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(28) ROOP SEKHON DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(29) SCOTT LARESE DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(30) ROB LONG DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(31) DR. JOHN NICKLOW DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(32) JERRY MAMROL DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(33) ROBERT PERERS DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(34) MISTY MAROT DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(35) THERRIN PROTZE DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
(36) KIRSTEN WILKERS DIRECTOR	0 . 50 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	4,448,450.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	531,502.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,971,756.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,049,011.				
	h	Total. Add lines 1a-1f			6,951,708.			
	Program Service Revenue	2a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f			NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		245,500.			245,500.	
	4	Income from investment of tax-exempt bond proceeds . . .		NONE				
	5	Royalties		NONE				
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						2,582,918.		
	b	Less: cost or other basis and sales expenses	7b	2,253,591.				
	c	Gain or (loss)	7c	329,327.				
	d	Net gain or (loss)			329,327.		329,327.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		27,590.				
			b	Less: direct expenses	8b	13,776.		
			c	Net income or (loss) from fundraising events			13,814.	
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
			b	Less: direct expenses	9b	NONE		
			c	Net income or (loss) from gaming activities			NONE	
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
			b	Less: cost of goods sold	10b	NONE		
			c	Net income or (loss) from sales of inventory			NONE	
Miscellaneous Revenue	11a	ADMINISTRATIVE SERVICE FEE	Business Code	561000	24,647.	24,647.		
	b	OTHER INCOME		900099	8.	8.		
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d				24,655.		
12	Total revenue. See instructions				7,565,004.	24,655.	NONE	588,641.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,907,135.	2,907,135.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	405,055.	212,164.	74,798.	118,093.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	591,628.	286,295.	114,773.	190,560.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,039.		517.	7,522.
9 Other employee benefits	71,661.	40,259.	11,663.	19,739.
10 Payroll taxes	64,772.	32,572.	11,015.	21,185.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	43,159.		43,159.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	26,308.		26,308.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	268,858.	90,671.	100,157.	78,030.
12 Advertising and promotion	64,250.	29,612.	8,825.	25,813.
13 Office expenses	14,629.	7,828.	2,509.	4,292.
14 Information technology	52,456.	25,446.	10,304.	16,706.
15 Royalties	NONE			
16 Occupancy	116,229.	76,521.	13,813.	25,895.
17 Travel	10,416.	3,384.	1,207.	5,825.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	101,390.	51,442.	16,104.	33,844.
22 Depreciation, depletion, and amortization	6,434.	3,233.	1,082.	2,119.
23 Insurance	21,826.	10,943.	3,709.	7,174.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IN-KIND EXPENSES	1,048,671.	1,048,671.		
b STAFF & VOLUNTEER DEVEL.	21,750.	11,532.	2,345.	7,873.
c EQUIP. LEASES & MAINTENANCE	3,597.	1,036.	1,882.	679.
d CONTRIB./VOLUNTEER RECOG.	2,940.	523.	175.	2,242.
e All other expenses	12,029.	1,526.	8,218.	2,285.
25 Total functional expenses. Add lines 1 through 24e	5,863,232.	4,840,793.	452,563.	569,876.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,455,821.	1	1,287,749.
	2 Savings and temporary cash investments	375,352.	2	433,545.
	3 Pledges and grants receivable, net	1,595,808.	3	1,390,809.
	4 Accounts receivable, net	234,610.	4	89,631.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	6,888.	8	10,072.
	9 Prepaid expenses and deferred charges	16,554.	9	23,698.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 89,880.		
	b Less: accumulated depreciation	10b 69,022.		
		27,292.	10c	20,858.
	11 Investments - publicly traded securities	5,347,316.	11	6,502,299.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	319,840.	15	247,366.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,379,481.	16	10,006,027.	
Liabilities	17 Accounts payable and accrued expenses	161,263.	17	220,309.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,122,072.	25	2,703,745.
	26 Total liabilities. Add lines 17 through 25	3,283,335.	26	2,924,054.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	5,666,771.	27	6,760,538.
	28 Net assets with donor restrictions	429,375.	28	321,435.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,096,146.	32	7,081,973.
33 Total liabilities and net assets/fund balances	9,379,481.	33	10,006,027.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,565,004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,863,232.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,701,772.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,096,146.
5	Net unrealized gains (losses) on investments	5	-100,990.
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	-614,955.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,081,973.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization UNITED WAY OF BREVARD COUNTY, INC.	Employer identification number 59-0836384
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (77.87%); 15 Public support percentage from 2023 Schedule A, Part II, line 14 (75.45%); 16a 33 1/3% support test - 2024 (checked); 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	LESS 2% OF LINE 11(F)	EXCESS CONTRIBUTION AMOUNT
L3HARRIS	6,333,470.	932,887.	5,400,583.
PUBLIX SUPER MARKETS CHARITIES	4,356,314.	932,887.	3,423,427.
SPACE COAST CREDIT UNION	1,206,420.	932,887.	273,533.
TOTALS	11,896,204.		9,097,543.

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2020	2021	2022	2023	2024	TOTAL
OTHER INCOME	38,892.	53,411.	28,134.	31,499.	24,655.	176,591.
FUNDRAISING INCOME	10,339.	5,380.	63,236.	27,950.	13,814.	120,719.
TOTALS	49,231.	58,791.	91,370.	59,449.	38,469.	297,310.

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED WAY OF BREVARD COUNTY, INC.

59-0836384

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization <p style="text-align: center;">UNITED WAY OF BREVARD COUNTY, INC.</p>	Employer identification number <p style="text-align: center;">59-0836384</p>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/>	\$ 521,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 522,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 186,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 407,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 183,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 191,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">UNITED WAY OF BREVARD COUNTY, INC.</p>	Employer identification number <p style="text-align: center;">59-0836384</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 672,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF BREVARD COUNTY, INC.

Employer identification number

59-0836384

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align:center;">UNITED WAY OF BREVARD COUNTY, INC.</p>	Employer identification number <p style="text-align:center;">59-0836384</p>
--	--

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization: UNITED WAY OF BREVARD COUNTY, INC. Employer identification number: 59-0836384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Held at the End of the Tax Year), and several questions about monitoring and reporting.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,387,685.	1,265,333.	966,764.	782,624.	632,474.
b Contributions	672,352.	4,018.	264,901.	216,242.	278,532.
c Net investment earnings, gains, and losses	135,185.	124,077.	38,410.	-32,102.	-128,382.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	7,782.	5,743.	4,742.		
g End of year balance	2,187,440.	1,387,685.	1,265,333.	966,764.	782,624.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.0000 %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,471.	22,613.	20,858.
e Other		46,409.	46,409.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				20,858.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BOARD-APPROVED AGENCY PAYABLE	2,000,000.
(3) OPERATING LEASE LIABILITY	241,665.
(4) DONOR DESIGNATIONS PAYABLE	238,843.
(5) PASS-THROUGH DESIGNATIONS	223,237.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	2,703,745.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,822,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-100,990.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-614,955.	
e	Add lines 2a through 2d	2e	-715,945.	
3	Subtract line 2e from line 1		3	7,538,696.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,308.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	26,308.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,565,004.

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

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

1	Total expenses and losses per audited financial statements		1	5,836,924.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	5,836,924.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,308.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	26,308.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,863,232.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

UWBC HAS A SPENDING POLICY THAT GOVERNS THE RATE AT WHICH FUNDS ARE TRANSFERRED FROM THE ENDOWMENT TO THE OPERATING FUND. THE ORDINARY INCOME FROM INTEREST AND DIVIDENDS AS WELL AS GAINS IN INVESTMENTS FROM THE ENDOWMENT FUND MAY BE DISTRIBUTED AS DEEMED PRUDENT TO CARRY OUT PROGRAMS FOR PERSONS THEN PRESENT IN OR LIVING IN BREVARD COUNTY, FLORIDA. TRANSFERS WERE MADE IN ACCORDANCE WITH THE AFOREMENTIONED SPENDING POLICY. THE BOARD OF DIRECTORS HAS RESPONSIBILITY TO MANAGE THE UTILIZATION OF THE ENDOWMENT FUNDS.

SCHEDULE D, PART X, LINE 2:

UWSC IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM FLORIDA INCOME TAX UNDER CHAPTER 220 OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

U.S. GAAP PRESCRIBES REQUIREMENTS FOR THE RECOGNITION OF INCOME TAXES IN FINANCIAL STATEMENTS, AND THE AMOUNTS RECOGNIZED ARE AFFECTED BY INCOME TAX POSITIONS TAKEN BY THE UWSC IN ITS TAX RETURNS. UWSC'S STATUS AS AN EXEMPT ORGANIZATION IS DEFINED AS AN INCOME TAX POSITION UNDER THESE REQUIREMENTS. WHILE MANAGEMENT BELIEVES IT HAS COMPLIED WITH THE INTERNAL REVENUE CODE, THE SUSTAINABILITY OF SOME INCOME TAX POSITIONS TAKEN BY UWSC IN ITS TAX RETURNS MAY BE UNCERTAIN.

THERE ARE MINIMUM THRESHOLDS OF LIKELIHOOD THAT UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information (continued)

ARE REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS.
MANAGEMENT DOES NOT BELIEVE THAT UWSC HAS ANY MATERIAL UNCERTAIN TAX
POSITIONS AT JUNE 30, 2025 AND 2024.

IN THE EVENT INTEREST AND PENALTIES WERE DUE RELATING TO AN UNSUSTAINABLE
TAX POSITION, THEY WOULD BE TREATED AS A COMPONENT OF INCOME TAX EXPENSE.
NO INTEREST OR PENALTIES WERE DUE FOR THE YEARS ENDED JUNE 30, 2025 AND
2024.

SCHEDULE D, PART XI, LINE 2D:

DONOR DESIGNATIONS RECEIVED - (\$614,955)

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AWARDS LUNCHEON (event type)	KICK OFF EVENT (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	8,100.	19,490.	27,590.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	8,100.	19,490.	27,590.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,000.	8,633.	13,633.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	103.	40.	143.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				13,814.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 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
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b 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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

UNITED WAY OF BREVARD COUNTY, INC.

Employer identification number

59-0836384

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGING MATTERS IN BREVARD, INC 3600 WEST KING ST COCOA, FL 32926	59-1110325	501(C)(3)	223,300.				DESG/ALLOCATIONS
(2) EARLY LEARNING COALITION OF BREVARD 2671 W. EAU GALLIE BLVD MELBOURNE, FL 32935	59-3651961	501(C)(3)	206,700.				DESG/ALLOCATIONS
(3) 2-1-1 BREVARD, INC. PO BOX 561627 ROCKLEDGE, FL 32956	59-1897447	501(C)(3)	173,400.				DESG/ALLOCATIONS
(4) CENTRAL BREVARD SHARING CENTER 113 AURORA STREET COCOA, FL 32922	59-1839108	501(C)(3)	160,600.				DESG/ALLOCATIONS
(5) THE CHILDREN'S HUNGER PROJECT 26 FOREST AVENUE COCOA, FL 32922	36-4686823	501(C)(3)	144,447.				DESG/ALLOCATIONS
(6) BOYS & GIRLS CLUBS OF CENTRAL FL 101 EAST COLONIAL DRIVE ORLANDO, FL 32801	59-0951887	501(C)(3)	140,000.				DESG/ALLOCATIONS
(7) COMPREHENSIVE HEALTH CARE 1495 N HARBOR CITY BLVD MELBOURNE, FL 32935	59-3062093	501(C)(3)	134,054.				DESG/ALLOCATIONS
(8) PROJECT RESPONSE 378 N BABCOCK ST MELBOURNE, FL 32935	59-3036563	501(C)(3)	107,945.				DESG/ALLOCATIONS
(9) BREVARD ACHIEVEMENT CENTER 1845 COGSWELL STREET ROCKLEDGE, FL 32955	59-1203280	501(C)(3)	104,000.				DESG/ALLOCATIONS
(10) NORTH BREVARD CHARITIES SHARING CENTER 4475 S. HOPKINS AVE TITUSVILLE, FL 32780	59-3079635	501(C)(3)	100,000.				DESG/ALLOCATIONS
(11) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315	501(C)(3)	93,100.				DESG/ALLOCATIONS
(12) WOMEN'S CENTER OF BREVARD 1425 AURORA ROAD MELBOURNE, FL 32935	59-1628264	501(C)(3)	90,700.				DESG/ALLOCATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 43

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF BREVARD COUNTY, INC.

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

59-0836384

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL VETERANS HOMELESS SUPPORT 1436 WEST KING STREET COCOA, FL 32922	35-2330290	501(C)(3)	75,967.				DESG/ALLOCATIONS
(2) SALVATION ARMY SOUTH BREVARD 1080 SOUTH HICKORY ST MELBOURNE, FL 32901	58-0660607	501(C)(3)	71,000.				DESG/ALLOCATIONS
(3) CLUB ESTEEM 3316 SOUTH MONROE ST MELBOURNE, FL 32901	59-3317831	501(C)(3)	70,000.				DESG/ALLOCATIONS
(4) BREVARD ALZHEIMER'S FOUNDATION 4676 N. WICKHAM ROAD MELBOURNE, FL 32935	59-3369526	501(C)(3)	70,000.				DESG/ALLOCATIONS
(5) SCHF - LIFETIME COUNSELING CENTER 505 BREVARD AVE STE 106 COCOA, FL 32922	59-2432318	501(C)(3)	68,800.				DESG/ALLOCATIONS
(6) THE SALVATION ARMY NORTH CENTRAL BREVARD CO 919 WEST PEACHTREE STREET COCOA, FL 32922	58-0660607	501(C)(3)	67,500.				DESG/ALLOCATIONS
(7) CROSSWINDS YOUTH SERVICES, INC. 1407 DIXON BOULEVARD COCOA, FL 32922	23-7376943	501(C)(3)	62,000.				DESG/ALLOCATIONS
(8) AMERICAN RED CROSS SPACE COAST CHAPTER 8245 DEVERAUX DR MELBOURNE, FL 32940	53-0196605	501(C)(3)	60,000.				DESG/ALLOCATIONS
(9) BREVARD COUNTY LEGAL AID, INC. 1037 PATHFINDER WAY ROCKLEDGE, FL 32955	59-1301750	501(C)(3)	56,900.				DESG/ALLOCATIONS
(10) BIG BROTHERS BIG SISTERS CENTRAL FL 618 EAST SOUTH ST STE 500 ORLANDO, FL 32801	59-6555007	501(C)(3)	55,000.				DESG/ALLOCATIONS
(11) SERENE HARBOR, INC PO BOX 100039 PALM BAY, FL 32910-0039	59-3115093	501(C)(3)	53,500.				DESG/ALLOCATIONS
(12) BRIDGES BTC, INC. 1694 CEDAR STREET ROCKLEDGE, FL 32955	59-0905505	501(C)(3)	52,000.				DESG/ALLOCATIONS

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF BREVARD COUNTY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

59-0836384

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMIKIDS SPACE COAST THE MELBOURNE CENTER FO 1000 INSPIRATION LANE MELBOURNE, FL 32934	59-2869412	501(C)(3)	50,000.				DESG/ALLOCATIONS
(2) NEIGHBOR UP BREVARD 1151 MASTERSON STREET MELBOURNE, FL 32935	59-3483505	501(C)(3)	45,600.				DESG/ALLOCATIONS
(3) CHILDREN'S HOME SOCIETY OF FL 1403 DIXON BOULEVARD COCOA, FL 32922	59-0192430	501(C)(3)	40,300.				DESG/ALLOCATIONS
(4) CATHOLIC CHARITIES OF CENTRAL FL 1819 NORTH SEMORAN BLVD ORLANDO, FL 32807	59-1214353	501(C)(3)	37,000.				DESG/ALLOCATIONS
(5) STEPS 1033 NORTH PINE HILLS RD ORLANDO, FL 32808	59-1214354	501(C)(3)	32,900.				DESG/ALLOCATIONS
(6) GRANDPARENTS RAISING GRANDCHILDREN 123 BARTON BLVD STE 102 ROCKLEDGE, FL 32955	59-3712039	501(C)(3)	30,000.				DESG/ALLOCATIONS
(7) SPACE COAST DISCOVERY 3790 DAIRY ROAD MELBOURNE, FL 32904	59-2858471	501(C)(3)	30,000.				DESG/ALLOCATIONS
(8) THE CHILDRENS CENTER 5650 S. WASHINGTON AVE TITUSVILLE, FL 32780	59-3074052	501(C)(3)	27,000.				DESG/ALLOCATIONS
(9) HOUSING FOR HOMELESS & VETERANS SERVICES 1409 DIGNITY CIRCLE COCOA, FL 32922	59-2981409	501(C)(3)	26,000.				DESG/ALLOCATIONS
(10) SAFE PLACE TREATMENT SERVICES CORP 274 N BABCOCK ST MELBOURNE, FL 32935	85-1785661	501(C)(3)	16,912.				DESG/ALLOCATIONS
(11) MY COMMUNITY CARES INC PO BOX 3023 COCOA, FL 32922	46-3723291	501(C)(3)	15,000.				DESG/ALLOCATIONS
(12) JUNIOR ACHIEVEMENT OF THE SPACE COAST 1275 S PATRICK DR SATELLITE BEACH, FL 32937	59-2461562	501(C)(3)	14,400.				DESG/ALLOCATIONS

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 _____

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF BREVARD COUNTY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

59-0836384

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LINKS OF HOPE, INC. 3735 N. INDIAN RIVER DR COCOA, FL 32926	01-0553077	501(C)(3)	12,000.				DESG/ALLOCATIONS
(2) ROLLING READERS SPACE COAST, INC. 101 PIRATE LANE MELBOURNE, FL 32901	59-3755192	501(C)(3)	12,000.				DESG/ALLOCATIONS
(3) GIRL SCOUTS OF CITRUS COUNCIL, INC. 341 NORTH MILLS AVENUE ORLANDO, FL 32803	59-0696293	501(C)(3)	11,000.				DESG/ALLOCATIONS
(4) FAMILY PROMISE OF BREVARD INC 114 FIRST STREET COCOA, FL 32922	33-1170962	501(C)(3)	10,000.				DESG/ALLOCATIONS
(5) NEW LIFE MISSION PO BOX 362203 MELBOURNE, FL 32936	26-1686406	501(C)(3)	10,000.				DESG/ALLOCATIONS
(6) COMPUTERS ADVANCING EDUCATION INC 3000 JOLLY STREET TITUSVILLE, FL 32780	75-3130752	501(C)(3)	9,500.				DESG/ALLOCATIONS
(7) BRADLEY'S BOOK CLEARANCE 429 FOURTH AVE PITTSBURGH, PA 15219		OTHER	8,620.				DESG/ALLOCATIONS
(8) NATIONAL TECHNICAL ASSOC-SPACE COAST CHAPTE 1686 MARYWOOD ROAD MELBOURNE, FL 32934	52-1699722	501(C)(3)	8,000.				DESG/ALLOCATIONS
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

1. AGENCY ALLOCATIONS: MEMBER AGENCIES THAT RECEIVE AN ALLOCATION SUBMIT AN ANNUAL PROGRAM NARRATIVE AND BUDGET. EACH AGENCY UNDERGOES A SITE VISIT BY UNITED WAY OF BREVARD STAFF AND VOLUNTEERS TO REVIEW THE FUNDED PROGRAM(S). AGENCIES ALSO SUBMIT A MID-YEAR REPORT AND AN END-OF-YEAR REPORT THAT DETAILS THE USE OF THE GRANT FUNDS FOR THE YEAR.
2. DONOR DESIGNATIONS: UNITED WAY OF BREVARD REQUIRES AN AGENCY TO BE CLASSIFIED AS A 501(C)(3) EXEMPT ORGANIZATION TO RECEIVE DESIGNATED FUNDS FROM DONORS. UNITED WAY OF BREVARD REQUIRES EACH DESIGNATED AGENCY TO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

RETURN A FORM ANNUALLY THAT PROVES THEIR 501(C)(3) STATUS AND CERTIFY THAT THE AGENCY WILL COMPLY WITH ALL OF THE REQUIREMENTS OF THE PATRIOT ACT.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF BREVARD COUNTY, INC.

Employer identification number

59-0836384

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARON PARTRIDGE PRESIDENT	(i)	161,417.	11,500.	NONE	16,154.	14,997.	204,068.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 EMILY ORNDORFF CHIEF OPERATING OFFICER	(i)	155,323.	11,500.	NONE	15,532.	979.	183,334.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART 1, LINE 7:

BONUS COMPENSATION PAID WAS NON FIXED AND AWARDED AT THE DISCRETION OF THE BOARD CHAIR AND THE BOARD OF DIRECTORS. NO PREDETERMINED FORMULA WAS USED TO CALCULATE BONUS AMOUNTS, AND ALL BONUS COMPENSATION WAS APPROVED THROUGH THE ORGANIZATION'S ESTABLISHED GOVERNANCE AND OVERSIGHT PROCESSES.

**SCHEDULE L
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public
Inspection**

Name of the organization UNITED WAY OF BREVARD COUNTY, INC.	Employer identification number 59-0836384
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JACKIE BARKER	BOARD CHAIR & OWNER / FOU	50,990.	PROVISION OF MKTG./COMM. SERV.		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV, LINE 1 - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

1. NAME OF INTERESTED PERSON - JACKIE BARKER
2. RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION - BOARD CHAIR
3. NAME OF ENTITY INVOLVED IN TRANSACTION - SKY ADVERTISING
4. RELATIONSHIP BETWEEN INTERESTED PERSON AND ENTITY - OWNER / FOUNDER / PRESIDENT & CEO
5. AMOUNT OF TRANSACTION - \$50,990
6. DESCRIPTION OF TRANSACTION - THE ORGANIZATION ENGAGED SKY ADVERTISING, A COMPANY OWNED AND LED BY A MEMBER OF THE ORGANIZATION'S GOVERNING BODY, FOR MARKETING AND COMMUNICATIONS SERVICES. THE TRANSACTION WAS CONDUCTED AT ARM'S LENGTH AND IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, WITH THE INTERESTED PERSON RECUSED FROM DISCUSSION AND APPROVAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

UNITED WAY OF BREVARD COUNTY, INC.

Employer identification number

59-0836384

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		161,440.	EST. PURCHASE PRICE
5 Clothing and household goods	X		274,668.	THRIFT STORE PRICES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	54	605,903.	EST. PURCHASE PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>HYGIENE ITEMS</u>)	X	6	7,000.	THRIFT STORE PRICES
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

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

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

Schedule M (Form 990) 2024

JSA

4E1298 1.000

3025YM 765H

9132006

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

PART I, COLUMN B:

THE NUMBERS IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF BREVARD COUNTY, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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Inspection**

Employer identification number

59-0836384

FORM 990, PART VI, LINE 4 - CHANGES TO ITS GOVERNING DOCUMENTS

DURING THE YEAR, THE ORGANIZATION AMENDED ITS BYLAWS TO MAKE SEVERAL GOVERNANCE RELATED CHANGES. THE AUTHORIZED SIZE OF THE BOARD OF DIRECTORS WAS REDUCED FROM A RANGE OF 36-54 MEMBERS TO A RANGE OF 25-45 MEMBERS. THE QUORUM REQUIREMENT WAS REVISED TO REQUIRE THE PRESENCE OF THIRTEEN DIRECTORS.

THE BYLAWS WERE ALSO AMENDED TO ELIMINATE ORGANIZATIONAL MEMBERS WHO WERE DONORS OF ANY AMOUNT AND WHO PREVIOUSLY HAD VOTING RIGHTS IN THE ELECTION OF THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF MEMBERS.

IN ADDITION, THE PROCESS FOR AMENDING THE BYLAWS WAS MODIFIED TO REQUIRE APPROVAL BY TWO THIRDS OF THE DIRECTORS PRESENT AT A MEETING, PROVIDED THAT WRITTEN NOTICE OF THE PROPOSED AMENDMENT IS GIVEN TO EACH DIRECTOR AT LEAST TEN DAYS PRIOR TO THE MEETING.

THE BYLAWS FURTHER CLARIFY THAT DIRECTORS MAY PARTICIPATE IN BOARD MEETINGS VIRTUALLY, PROVIDED THEY ARE ABLE TO REASONABLY COMMUNICATE WITH OTHER DIRECTORS AND PARTICIPATE IN THE PROCEEDINGS.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

EVERY CONTRIBUTOR OF CASH DONATIONS, OR CASH EQUIVALENT, THEREBY BECOMES A MEMBER OF THE CORPORATION AND IS ENTITLED TO VOTE AT ALL MEETING OF THE MEMBERS DURING THE ANNUAL YEAR OF THE CORPORATION FOLLOWING THE CONTRIBUTION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2024

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Name of the organization

Employer identification number

UNITED WAY OF BREVARD COUNTY, INC.

59-0836384

MEMBERS ARE ALLOWED TO VOTE AT THE ANNUAL MEETING. THE ANNUAL MEETING OF THE UNITED WAY OF BREVARD, INC. IS HELD FOR THE TRANSACTION OF BUSINESS AND THE ELECTION OF MEMBERS TO ITS BOARD OF DIRECTORS. IT IS HELD AT SUCH TIME AS MAY BE FIXED BY THE EXECUTIVE COMMITTEE, UPON THE CALL OF THE CHAIR OF THE BOARD, OR IN HIS/HER ABSENCE, BY THE CHAIR-ELECT OF THE SELECTED VICE CHAIR.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE PRIMARY GOVERNANCE DECISION RESERVED TO MEMBERS IS TO ELECT BOARD MEMBERS AT THE ANNUAL MEETING. ONCE SEATED, THE BOARD ELECTS ITS OWN OFFICERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COMPLETED DRAFT OF THE IRS FORM 990 IS EMAILED TO THE BOARD MEMBERS BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH YEAR THE ETHICS POLICY (WHICH CONTAINS THE CONFLICT OF INTEREST POLICY) IS REVIEWED WITH THE BOARD OF DIRECTORS AND THE ENTIRE STAFF BY THE ETHICS OFFICER. EACH YEAR THE BOARD OF DIRECTORS AND THE ENTIRE STAFF ARE REQUIRED TO REVIEW THE POLICY, DISCLOSE ANY CONFLICTS OF INTEREST AND SIGN A STATEMENT THAT THEY HAVE REVIEWED THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION'S PRESIDENT RECEIVES A PERFORMANCE REVIEW EACH MAY BY THE EXECUTIVE COMMITTEE. BASED UPON THE PERFORMANCE REVIEW, THE EXECUTIVE COMMITTEE DETERMINES ANY INCREASES OR BENEFITS TO BE AWARDED. THE BOARD CHAIR THEN FORWARDS A SIGNED MEMO TO THE HR CONTRACTOR INFORMING THE APPROVED ANNUAL SALARY AND BENEFITS SO THAT ANY CHANGES CAN BE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF BREVARD COUNTY, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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MADE IN THE ORGANIZATION'S PAYROLL REPORTING SYSTEMS. THE BOARD APPROVES THE ANNUAL BUDGET EACH YEAR THAT INCLUDES A BUDGET FOR SALARIES. THE PRESIDENT THEN REVIEWS EACH INDIVIDUAL EMPLOYEE'S SALARY AND SIGNS AN APPROVAL FOR ANY SALARY INCREASES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION'S PRESIDENT RECEIVES A PERFORMANCE REVIEW EACH MAY BY THE EXECUTIVE COMMITTEE. BASED UPON THE PERFORMANCE REVIEW, THE EXECUTIVE COMMITTEE DETERMINES ANY INCREASES OR BENEFITS TO BE AWARDED. THE BOARD CHAIR THEN FORWARDS A SIGNED MEMO TO THE HR CONTRACTOR INFORMING THE APPROVED ANNUAL SALARY AND BENEFITS SO THAT ANY CHANGES CAN BE MADE IN THE ORGANIZATION'S PAYROLL REPORTING SYSTEMS. THE BOARD APPROVES THE ANNUAL BUDGET EACH YEAR THAT INCLUDES A BUDGET FOR SALARIES. THE PRESIDENT THEN REVIEWS EACH INDIVIDUAL EMPLOYEE'S SALARY AND SIGNS AN APPROVAL FOR ANY SALARY INCREASES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

IF A REQUEST IS MADE, UNITED WAY OF BREVARD, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR REVIEW AT ITS OFFICE LOCATED AT 1100 ROCKLEDGE BLVD, SUITE 300.

FORM 990, PART XI, LINE 9:

-614,955 DONOR DESIGNATIONS RECEIVED.

Name of the organization

Employer identification number

UNITED WAY OF BREVARD COUNTY, INC.

59-0836384

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

UNITED WAY'S MISSION IS TO CHANGE LIVES AND STRENGTHEN OUR COMMUNITY. WE BELIEVE THAT WHEN YOU GIVE A PERSON A HAND UP YOU CAN DRIVE POSITIVE AND LASTING CHANGE. THAT'S WHY UNITED WAY SUPPORTS A BROAD RANGE OF SAFETY NET SERVICES FOR VULNERABLE POPULATIONS IN OUR COMMUNITY AND THEN WORKS TO ADDRESS ROOT CAUSES TO PREVENT CRISIS FROM HAPPENING BY FOCUSING ON EDUCATION, FAMILY FINANCIAL STABILTY AND HEALTH. OUR NETWORK OF MORE THAN 30 LOCAL PARTNER AGENCIES ADMINISTER MORE THAN 40 PROGRAMS, COUPLED WITH UNITED WAY'S COMMUNITY IMPACT INITIATIVES; INCLUDING SUMMER FEED & READ, SECOND GRADE READING INITIATIVE, ACT-SO STEM, FINANCIAL WELLNESS WORKSHOPS, AND MISSION UNITED - ARE AT WORK EVERY DAY HERE IN BREVARD COUNTY TO FULFILL OUR MISSION.

Name of the organization

Employer identification number

UNITED WAY OF BREVARD COUNTY, INC.

59-0836384

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

UNITED WAY OF BREVARD PARTNER AGENCIES ARE A DIVERSE GROUP OF HEALTH AND HUMAN SERVICE PROVIDERS WHO PROVIDE CRITICAL SERVICES TO OUR COMMUNITY.

LINE 4B, PROGRAM SERVICE

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) SUPPORTS LONGTERM SOLUTIONS TO HOUSING CHALLENGES OF ELIGIBLE PERSONS BY PROVIDING FUNDING FOR EMERGENCY AND TEMPORARY HOUSING NEEDS OF PERSONS WITH HIV/AIDS. FUNDING PROVIDED CRITICAL SERVICES TO IMPROVE ACCESS TO HIV TREATMENT AND HEALTHCARE AND REDUCED THE RISK OF HOMELESSNESS AMONG PEOPLE LIVING WITH HIV/AIDS. UNITED WAY OF BREVARD DISTRIBUTED THESE FUNDS TO AGENCIES SERVING THE ENTIRE COUNTY AND PERFORMED ALL REPORTING TO THE FL DEPARTMENT OF HEALTH. UNITED WAY OF BREVARD WAS ALSO RESPONSIBLE FOR THE MONITORING OF SUBCONTRACTORS PROVIDING DIRECT SERVICE.

Name of the organization

Employer identification number

UNITED WAY OF BREVARD COUNTY, INC.

59-0836384

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SPACE COAST HEALTH FOUNDATION
1100 ROCKLEDGE BLVD., SUITE 100
ROCKLEDGE, FL 32955

HEALTH IMPRVMT SRVC

111,100.

Name of the organization

Employer identification number

UNITED WAY OF BREVARD COUNTY, INC.

59-0836384

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	16,554.	23,698.
TOTALS	----- 16,554. =====	----- 23,698. =====

Name of the organization

Employer identification number

UNITED WAY OF BREVARD COUNTY, INC.

59-0836384

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS	3,536,094.	3,401,193.	FMV
EXCHANGE-TRADED PRODUCTS	1,811,222.	3,101,106.	FMV
TOTALS	5,347,316.	6,502,299.	