

EXTENDED TO MAY 15, 2023

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form sections B through M: B Check if applicable, C Name of organization (UNITED WAY OF ST. JOHNS COUNTY, INC.), D Employer identification number (59-6018986), E Telephone number (904-829-9721), G Gross receipts (\$1,440,584), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (WWW.UNITEDWAY-SJC.COM), K Form of organization (Corporation), L Year of formation (1967), M State of legal domicile (FL)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission (SEE SCHEDULE O), 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (DELINDA FOGEL, TREASURER) and Preparer (LOUISE H ANDERSON CPA), including dates and PTIN.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO POSITIVELY IMPACT LIVES IN ST. JOHNS AND PUTNAM COUNTIES. THE VISION IS TO INSPIRE AND LEAD A COMMUNITY UNITED IN PROVIDING TRANSFORMATIVE HEALTH, EDUCATION AND FINANCIAL STABILITY FOR ALL GENERATIONS BY COLLABORATING WITH DONORS, PARTNERS AND VOLUNTEERS.

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

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

4a (Code:) (Expenses \$ 865,972. including grants of \$ 806,248.) (Revenue \$ 7,032.) COMMUNITY INVESTMENT: UNITED WAY OF ST. JOHNS COUNTY STRATEGICALLY INVESTS IN QUALITY PROGRAMS, BUILDING PARTNERSHIPS, ADVOCATING FOR BETTER POLICIES, ENGAGING OUR COMMUNITY, AND LEVERAGING RESOURCES. ONE AREA OF INVESTMENT IS THROUGH COMMUNITY IMPACT GRANTS PROVIDED TO PARTNER ORGANIZATIONS IN THE COMMUNITY WHO FOCUS ON EDUCATION, HEALTH, AND FINANCIAL STABILITY. THE PROCESS USUALLY ENGAGES NUMEROUS COMMUNITY VOLUNTEERS TO VISIT AND REVIEW PROGRAMS. THE PANDEMIC REQUIRED ADJUSTMENTS, BUT VOLUNTEERS REMAINED PART OF THE REVIEW AND APPROVAL PROCESS. GRANTS TO 27 PROGRAMS WERE APPROVED DURING THE YEAR.

4b (Code:) (Expenses \$ 78,086. including grants of \$ 46,450.) (Revenue \$ 634.) EMERGENCY ASSISTANCE: INDIVIDUAL EMERGENCY ASSISTANCE IS PROVIDED TO AREA RESIDENTS FACING FINANCIAL INSTABILITY DUE TO AN UNEXPECTED LIFE EVENT SUCH AS THE INABILITY TO WORK DUE TO MEDICAL EMERGENCY, CARING FOR A FAMILY MEMBER, LACK OF TRANSPORTATION OR OTHER CATASTROPHIC ISSUE. ASSISTANCE ALLOWS THESE WORKING INDIVIDUALS TO REGAIN STABILITY. UW-SJC ALSO PROVIDED A GRANT TO THE NORTHEAST FLORIDA 2-1-1, AN ALL-ENCOMPASSING HELP LINE TO CONNECT THOSE IN NEED WITH SERVICES IN THE COMMUNITY.

4c (Code:) (Expenses \$ 81,816. including grants of \$ 75,851.) (Revenue \$ 664.) HOLIDAY TIME ASSISTANCE: SUPPORTED BY COMMUNITY DONATIONS SINCE THE 1980'S, THE EMPTY STOCKING FUND ASSISTS VULNERABLE CHILDREN AND SENIORS WITH FUNDS FOR FOOD, CLOTHING, OR TOYS FOR THE HOLIDAY SEASON. MANAGEMENT TRANSITIONED TO UNITED WAY OF ST. JOHNS COUNTY IN 2018. UW-SJC CONTINUED COLLABORATING WITH 7 OTHER GROUPS IN THE COMMUNITY TO PROVIDE SUPPORT TO FAMILIES AND SENIORS. BY PARTNERING WITH LOCAL GROUPS, THOSE NEEDING ADDITIONAL SERVICES WERE IDENTIFIED AND MATCHED WITH MORE COMPREHENSIVE ASSISTANCE. 702 FAMILIES AND SENIORS WERE SERVED THIS YEAR. IN ADDITION, UW-SJC COORDINATED THE DISTRIBUTION OF OVER 1,000 HOLIDAY MEALS IN THE COMMUNITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 78,194. including grants of \$ 55,075.) (Revenue \$ 634.)

4e Total program service expenses 1,104,068.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (17), 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.
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 DELINDA FOGEL - 904-829-9721 PO BOX 1007, ST. AUGUSTINE, FL 32085

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA NELSON CEO/PRESIDENT, SECREARY	40.00	X		X				112,190.	0.	0.
(2) KELLY GREEN CHAIRMAN	1.00	X		X				0.	0.	0.
(3) CYNTHIA WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(4) MARK BAILEY BOARD MEMBER	1.00	X						0.	0.	0.
(5) BOBBY CRUM BOARD MEMBER	1.00	X						0.	0.	0.
(6) JAY OWEN BOARD MEMBER	1.00	X						0.	0.	0.
(7) STEVE HILL BOARD MEMBER	1.00	X						0.	0.	0.
(8) BRITTANY FRASER KEITH BOARD MEMBER	1.00	X						0.	0.	0.
(9) SUSAN PONDER-STANSEL BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOY ANDREWS BOARD MEMBER	1.00	X						0.	0.	0.
(11) LORI BRANDEL CT CHAIRMAN	1.00	X		X				0.	0.	0.
(12) DR.GILBERT EVANS BOARD MEMBER	1.00	X						0.	0.	0.
(13) JOE PICKENS BOARD MEMBER	1.00	X						0.	0.	0.
(14) DICK WILLIAMS CAMPAIGN CHAIRMAN	1.00	X		X				0.	0.	0.
(15) GINA MANGUS BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOHN REGAN TREASURER	1.00	X		X				0.	0.	0.
(17) MATT REYNOLDS BOARD MEMBER	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	116,622.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,244,727.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 41,329.			
	h	Total. Add lines 1a-1f		1,361,349.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,934.		4,934.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	25,061.			
			(ii) Personal				
			6b	Less: rental expenses	0.		
	6c	Rental income or (loss)	25,061.				
	d	Net rental income or (loss)		25,061.		25,061.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7b	Less: cost or other basis and sales expenses			
	7c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 116,622. of contributions reported on line 1c). See Part IV, line 18	8a	40,276.			
8b			Less: direct expenses	66,478.			
c			Net income or (loss) from fundraising events		-26,202.		-26,202.
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	ADMINISTRATIVE FEES	900099	8,214.	8,214.		
	b	OTHER INCOME	900099	750.	750.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		8,964.			
12	Total revenue. See instructions		1,374,106.	8,964.	0.	3,793.	

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	893,422.	893,422.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	90,202.	90,202.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,293.	31,588.	31,588.	42,117.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	228,547.	30,474.	127,017.	71,056.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,484.	2,507.	6,406.	4,571.
9 Other employee benefits	13,094.	2,434.	6,221.	4,439.
10 Payroll taxes	26,445.	4,916.	12,564.	8,965.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	18,211.	5,122.	13,089.	
12 Advertising and promotion	7,901.	2,222.	5,679.	
13 Office expenses	19,697.	5,127.	13,098.	1,472.
14 Information technology				
15 Royalties				
16 Occupancy	41,683.	9,214.	23,547.	8,922.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,090.	9,869.	25,221.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,861.	2,855.	7,296.	5,710.
23 Insurance	18,538.	3,337.	8,527.	6,674.
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 MEMBERSHIP & DUES	33,449.	6,020.	15,387.	12,042.
b IN-KIND EXPENSE	23,445.	4,220.	10,785.	8,440.
c MISCELLANEOUS EXPENSES	1,914.	539.	1,375.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,586,276.	1,104,068.	307,800.	174,408.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	380,561.	1	201,575.
	2 Savings and temporary cash investments	1,064,622.	2	1,065,652.
	3 Pledges and grants receivable, net	309,334.	3	286,160.
	4 Accounts receivable, net	14,000.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,141.	9	13,895.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 300,019.		
	b Less: accumulated depreciation	10b 141,204.		
	11 Investments - publicly traded securities	256,646.	11	234,147.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	150.	15	150.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,192,215.	16	1,960,394.	
Liabilities	17 Accounts payable and accrued expenses	47,604.	17	45,328.
	18 Grants payable	625,000.	18	630,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	9,027.	21	9,002.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,791.	25	9,073.
	26 Total liabilities. Add lines 17 through 25	689,422.	26	693,403.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,265,819.	27	1,008,680.
	28 Net assets with donor restrictions	236,974.	28	258,311.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,502,793.	32	1,266,991.
33 Total liabilities and net assets/fund balances	2,192,215.	33	1,960,394.	

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	1,374,106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,586,276.
3	Revenue less expenses. Subtract line 2 from line 1	3	-212,170.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,502,793.
5	Net unrealized gains (losses) on investments	5	-23,632.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,266,991.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

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: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 89.34%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 88.74%; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 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 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b containing questions about supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

PUBLIC INSPECTION COPY

Name of the organization UNITED WAY OF ST. JOHNS COUNTY, INC. Employer identification number 59-6018986

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and a table for revenue and assets included.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	137,000.	137,000.	137,000.	137,000.	137,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	137,000.	137,000.	137,000.	137,000.	137,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		18,000.		18,000.
b Buildings		219,344.	92,412.	126,932.
c Leasehold improvements				
d Equipment		62,675.	48,792.	13,883.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				158,815.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	1,823.
(3) UNEARNED REVENUE	7,250.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,073.

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	1,229,199.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-23,632.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	66,478.	
e	Add lines 2a through 2d	2e		42,846.
3	Subtract line 2e from line 1		3	1,186,353.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	187,753.	
c	Add lines 4a and 4b	4c		187,753.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,374,106.

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	1,465,001.
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	66,478.	
e	Add lines 2a through 2d	2e		66,478.
3	Subtract line 2e from line 1		3	1,398,523.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	187,753.	
c	Add lines 4a and 4b	4c		187,753.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,586,276.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE ORGANIZATION HAS AN AGREEMENT WITH ST. JOHNS AND PUTNAM COUNTY LONG-TERM RECOVERY ORGANIZATION, IN WHICH THE ORGANIZATION ACTS AS THE FISCAL AGENT AND DISBURSES FUNDS AS INSTRUCTED UNDER THE AGREEMENT.

PART X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. UNRELATED BUSINESS INCOME RESULTS FROM RENT, ADMINISTRATION OF SELF-INSURANCE ACTIVITIES, AND COMMISSIONS.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

Part XIII Supplemental Information (continued)

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UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2022, THE ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES - INCLUDED ON LINE 990, PART VIII 66,478.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 187,753.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES - INCLUDED ON LINE 990, PART VIII 66,478.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 187,753.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GIVERS GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	156,898.		156,898.
	2	Less: Contributions	116,622.		116,622.
	3	Gross income (line 1 minus line 2)	40,276.		40,276.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	25,714.		25,714.
	7	Food and beverages	23,561.		23,561.
	8	Entertainment	9,150.		9,150.
	9	Other direct expenses	8,053.		8,053.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-26,202.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **UNITED WAY OF ST. JOHNS COUNTY, INC.** Employer identification number **59-6018986**

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
ALPHA OMEGA MIRACLE HOME 1797 OLD MOULTRIE ROAD, SUITE 107 ST.AUGUSTINE, FL 32084	65-0318958	501(C)(3)	20,000.	0.			IMPROVE LIVES
AMERICAN CANCER SOCIETY JACKSONVILLE - PO BOX 17127 - TAMPA, FL 33682	13-1788491	501(C)(3)	30,110.	0.			IMPROVE LIVES
AMERICAN HEART ASSOC JAX 7751 BAYMEADOWS RD E. STE 106 JACKSONVILLE, FL 32256	13-5613797	501(C)(3)	27,872.	0.			IMPROVE LIVES
AMERICAN RED CROSS 2730 US 1 S, SUITE L ST.AUGUSTINE, FL 32086	59-0624355	501(C)(3)	25,000.	0.			IMPROVE LIVES
BAYVIEW - ST. JOHNS COUNTY WELFARE FEDERATION - 161 MARINE STREET - ST.AUGUSTINE, FL 32084	59-0737904	501(C)(3)	16,875.	0.			IMPROVE LIVES
BETTY GRIFFIN HOUSE- SAFETY SHELTER FOR ST. JOHNS COUNTY - PO BOX 3319 - ST.AUGUSTINE, FL 32085	59-3028497	501(C)(3)	50,000.	0.			IMPROVE LIVES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 40.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES BUREAU PO BOX 543 ST.AUGUSTINE, FL 32085	59-1660798	501(C)(3)	65,000.	0.			IMPROVE LIVES
CHILDREN'S HOME SOCIETY 482 S KELLER ROAD ORLANDO, FL 32810	59-3055343	501(C)(3)	30,000.	0.			IMPROVE LIVES
COMMUNITY HOSPICE AND PALLIATIVE CARE - 4266 SUNBEAM RD - JACKSONVILLE, FL 32257	59-3583920	501(C)(3)	6,908.	0.			IMPROVE LIVES
COUNCIL ON AGING - ST.JOHNS COUNTY 180 MARINE STREET ST.AUGUSTINE, FL 32084	59-1525829	501(C)(3)	50,000.	0.			IMPROVE LIVES
CTR FOR SUSTAINABLE AG EXCELLENCE & CNSVN - 4920 ASTORIA CT - PALATKA, FL 32177	46-4226072	501(C)(3)	10,000.	0.			IMPROVE LIVES
EARLY LEARNING COALITION 200 REID STREET PALATKA, FL 32177	59-3238148	501(C)(3)	35,000.	0.			CHARACTER DEVELOPMENT
EMERGENCY SERVICES AND HOMELESS COALITION OF ST. JOHNS COUNTY, INC. - 62 CHAPIN ST - ST.AUGUSTINE, FL 32084	59-3547712	501(C)(3)	30,000.	0.			IMPROVE LIVES
EPIC COMMUNITY SERVICES 1850 STATE ROAD 207 ST.AUGUSTINE, FL 32084	59-1502582	501(C)(3)	35,064.	0.			IMPROVE LIVES
FEED THE NEED OF PUTNAM COUNTY INC PO BOX 1321 PALATKA, FL 32177	82-3992276	501(C)(3)	6,000.	0.			IMPROVE LIVES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF GATEWAY COUNCIL 1000 SHEARER AVE JACKSONVILLE, FL 32205-6055	59-0637857	501(C)(3)	5,200.	0.			CHARACTER DEVELOPMENT
GOOD SAMARITAN HEALTH CLINIC 1835 US 1 SOUTH PMB 325 ST.AUGUSTINE, FL 32084	52-2125419	501(C)(3)	40,000.	0.			IMPROVE LIVES
HABITAT FOR HUMANITY 7 HOPKINS STREET ST.AUGUSTINE, FL 32086	59-3129794	501(C)(3)	25,000.	0.			IMPROVE LIVES
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501(C)(3)	5,560.	0.			CHARACTER DEVELOPMENT
LEARN TO READ OF ST. JOHNS COUNTY PO BOX 860355 ST.AUGUSTINE, FL 32086	59-2994710	501(C)(3)	16,000.	0.			CHARACTER DEVELOPMENT
LEE CONLEE HOUSE PO BOX 2558 PALATKA, FL 32178-2558	59-3169443	501(C)(3)	36,950.	0.			IMPROVE LIVES
MERCURY ONE GENERAL FUND PO BOX 14089 IRVING, TX 75014-0489	45-3929881	501(C)(3)	7,329.	0.			IMPROVE LIVES
PUTNAM HABITAT FOR HUMANITY 2506 CRILL AVENUE PALATKA, FL 32177	59-3008349	501(C)(3)	23,500.	0.			IMPROVE LIVES
RODEHEAVERS BOYS RANCH 380 BOYS RANCH ROAD PALATKA, FL 32178	59-0830750	501(C)(3)	19,222.	0.			IMPROVE LIVES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH PUTNAM CHRISTIAN SERVICE CENTER INC - PO BOX 744 - CRESCENT CITY, FL 32112-0744	59-3638033	501(C)(3)	10,000.	0.			IMPROVE LIVES
ST GERARD CAMPUS PO BOX 5382 ST. AUGUSTINE, FL 32085	59-2483955	501(C)(3)	8,000.	0.			IMPROVE LIVES
ST JOHNS COUNTY WELFARE FED 161B MARINE STREET ST.AUGUSTINE, FL 32084	59-0737904	501(C)(3)	8,125.	0.			IMPROVE LIVES
ST JOHNS HOUSING PARTNERSHIP 525 WEST KING STREET ST.AUGUSTINE, FL 32084	59-3422856	501(C)(3)	25,000.	0.			IMPROVE LIVES
ST. AUGUSTINE YOUTH SERVICES 201 SIMONE WAY ST.AUGUSTINE, FL 32082	59-2925271	501(C)(3)	25,000.	0.			IMPROVE LIVES
ST. FRANCIS HOUSE PO BOX 12491 GAINESVILLE, FL 32604	59-1978981	501(C)(3)	25,066.	0.			IMPROVE LIVES
THE ARC OF ST JOHNS 2101 ARC DRIVE ST. AUGUSTINE, FL 32085	23-7201838	501(C)(3)	8,000.	0.			IMPROVE LIVES
THE PLAYERS CHAMPIONSHIP BOYS AND GIRLS CLUB - 555 W 25TH ST - JACKSONVILLE, FL 32206	59-6167630	501(C)(3)	26,000.	0.			CHARACTER DEVELOPMENT
UNITED WAY OF NORTHEAST FLORIDA PO BOX 41428 JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	20,688.	0.			CHARACTER DEVELOPMENT

PUBLIC INSPECTION COPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SUNCOAST (TAMPA) 5201 W KENNEDY BLVD #600 TAMPA, FL 33609	59-3725701	501(C)(3)	12,854.	0.			IMPROVE LIVES
UNITED WAY OF MARION COUNTY, INC 1401 NE 2ND ST. OCALA, FL 34470	59-0946642	501(C)(3)	5,489.	0.			IMPROVE LIVES
UNITED WAY OF VOLUSIA FLAGLER COUNTY, INC - 3747 W INT'L SPEEDWAY BLVD - DAYTONA BEACH, FL 32124-1011	59-1099774	501(C)(3)	7,926.	0.			IMPROVE LIVES
YMCA OF FLORIDA'S FIRST COAST 500 POPE ROAD ST. AUGUSTINE, FL 32080	59-0638514	501(C)(3)	15,000.	0.			CHARACTER DEVELOPMENT
YOUTH CRISIS CENTER 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216	59-2176287	501(C)(3)	25,000.	0.			CHARACTER DEVELOPMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMPTY STOCKINGS PROGRAM	2186	71,707.	0.		
INDIVIDUAL ASSISTANCE PROGRAM	96	15,743.	0.		
RING POWER EMPLOYEE ASSISTANCE PROGRAM	21	2,752.	0.		

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

PART I, LINE 2:

THE COMMUNITY IMPACT PROCESS IS MAINTAINED ON THE ECIMPACT SOFTWARE AND INCLUDES THE VOLUNTEERS' INPUTS, THE SCORING AND THE AMOUNTS GRANTED. RECIPIENTS MUST SIGN THE AGREEMENTS FOR COMMUNITY IMPACT FUNDING.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **UNITED WAY OF ST. JOHNS COUNTY, INC.** Employer identification number: **59-6018986**

Part I	Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods		X		5,525.	FMV
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ▶ (SILENT AUCTION)		X	22	17,884.	FMV
26	Other ▶ (SCHOOL SUPPLIES)		X	91	9,618.	FMV
27	Other ▶ (OTHER)		X	44	8,302.	CASH
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 in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF ST. JOHNS COUNTY, INC.

Employer identification number

59-6018986

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

TO POSITIVELY IMPACT LIVES IN ST. JOHNS AND PUTNAM COUNTIES. THE VISION
IS TO INSPIRE AND LEAD A COMMUNITY UNITED IN PROVIDING TRANSFORMATIVE
HEALTH, EDUCATION AND FINANCIAL STABILITY FOR ALL GENERATIONS BY
COLLABORATING WITH DONORS, PARTNERS AND VOLUNTEERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

STRATEGIC INVESTMENT GRANTS: THIS NEW ONE-TIME GRANT WAS DESIGNED FOR
REQUESTS THAT ARE COLLABORATIVE AND/OR INVOLVE ORGANIZATIONS THAT ARE
NOT CURRENTLY DESIGNATED AS UNITED WAY OF ST. JOHNS CERTIFIED-PARTNER
AGENCIES FOR COMMUNITY NEEDS THAT FALL WITHIN THREE DESIGNATED AREAS:
FOOD INSECURITY, HOUSING INSECURITY AND MENTAL HEALTH ISSUES. THE GOAL
IS TO ENCOURAGE ORGANIZATIONS TO WORK TOGETHER, BE CREATIVE AND/OR TO
BE INCLUSIVE OF NEWER PARTNERS THAT ARE DOING AMAZING WORK ON A SMALLER
SCALE. EIGHT (8) GRANTS WERE PROVIDED DURING THE YEAR.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ALL FUNDS RECEIVED FOR DISBURSEMENT RELATED TO COVID-19 WERE EXPIRED
AND THE PROGRAM IS NO LONG APPLICABLE

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

STRATEGIC INVESTMENT GRANTS: THIS NEW ONE-TIME GRANT WAS DESIGNED FOR
REQUESTS THAT ARE COLLABORATIVE AND/OR INVOLVE ORGANIZATIONS THAT ARE
NOT CURRENTLY DESIGNATED AS UNITED WAY OF ST. JOHNS CERTIFIED-PARTNER
AGENCIES FOR COMMUNITY NEEDS THAT FALL WITHIN THREE DESIGNATED AREAS:

FOOD INSECURITY, HOUSING INSECURITY AND MENTAL HEALTH ISSUES. THE GOAL

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

Schedule O (Form 990) 2021

132211 11-11-21

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Name of the organization UNITED WAY OF ST. JOHNS COUNTY, INC.	Employer identification number 59-6018986
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IS TO ENCOURAGE ORGANIZATIONS TO WORK TOGETHER, BE CREATIVE AND/OR TO BE INCLUSIVE OF NEWER PARTNERS THAT ARE DOING AMAZING WORK ON A SMALLER SCALE. EIGHT (8) GRANTS WERE PROVIDED DURING THE YEAR. EXPENSES \$ 59,174. INCLUDING GRANTS OF \$ 55,075. REVENUE \$ 480.

FINANCIAL STABILITY: REALSENSE FREE TAX PREPARATION NOT ONLY PROVIDES A FREE SERVICE TO LOWER INCOME HOUSEHOLDS AND A SAFE HAVEN FROM PREDATORY LENDING PRACTICES, IT RETURNS MUCH NEEDED DOLLARS TO THE HOUSEHOLDS AND IN TURN TO THE COMMUNITY. DESPITE MANAGING TAX MEETINGS WHILE SOCIAL DISTANCING DURING THE PANDEMIC, 566 RETURNS WERE COMPLETED THIS YEAR. THE IMPACT TO THE COMMUNITY IS OVER \$2 MILLION IN JUST 5 YEARS. EXPENSES \$ 11,158. INCLUDING GRANTS OF \$ 0. REVENUE \$ 91.

OTHER: THE SINGLECARE (PREVIOUSLY FAMILYWIZE) PRESCRIPTION DRUG PROGRAM PROVIDED SAVINGS ON PRESCRIPTION DRUGS TO PEOPLE IN THE COMMUNITY. ASSISTANCE PROGRAMS FOR RESIDENTS IN CRISIS PROVIDE INFORMATION, SERVICES, AND BASIC NEEDS. DRIVES LIKE TOOLS FOR SCHOOLS STOCK CLASSROOMS WITH STUDENT SUPPLIES. TEAM BUILDING ACTIVITIES THROUGH VOLUNTEER PROJECTS BENEFIT NOT ONLY THE RECIPIENT BUT THE VOLUNTEERS AS WELL AS THE SPONSORING COMPANY. DONATIONS RECEIVED FOR SPECIFIC PROGRAMS ARE HONORED. EXPENSES \$ 7,862. INCLUDING GRANTS OF \$ 0. REVENUE \$ 63.

FORM 990, PART VI, SECTION A, LINE 7A:
DIRECTORS SHALL BE ELECTED BY ACTION OF THE BOARD OF DIRECTORS. THE NOMINATING AND GOVERNANCE COMMITTEE SHALL SUBMIT A LIST OF NOMINEES TO THE BOARD OF DIRECTORS FOR ELECTION. THE COMMITTEE SHALL PROVIDE THE BOARD WITH BACKGROUND AND QUALIFICATIONS DATA ON EACH NOMINEE AT LEAST TWO (2)

PUBLIC INSPECTION COPY

Name of the organization UNITED WAY OF ST. JOHNS COUNTY, INC.	Employer identification number 59-6018986
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WEEKS PRIOR TO THE DATE OF THE BOARD OF DIRECTORS MEETING SLATED FOR ELECTION OF NEW BOARD MEMBERS. THE COMMITTEE SHALL IDENTIFY AND NOMINATE INDIVIDUALS REPRESENTING THE DIVERSITY OF THE COMMUNITY. THE COMMITTEE SHALL ALSO BE RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING THE CORPORATION'S CODE OF ETHICS, WHICH SHALL INCLUDE PROCEDURES FOR THE BOARD, STAFF AND COMMUNITY MEMBERS TO SUBMIT ETHICAL COMPLAINTS AND CONDUCT INVESTIGATIONS OF COMPLAINTS IN A CONFIDENTIAL MANNER.

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

THE FINANCE COMMITTEE WILL REVIEW THE 990. THEY WILL VOTE TO APPROVE AFTER ANY DISCUSSION/CHANGES. THE TREASURER WILL THEN PRESENT THE 990 TO THE BOARD OF DIRECTORS. THEY WILL VOTE TO APPROVE AFTER ANY DISCUSSION/CHANGES.

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

% INCREASES BASED ON INFLATION AND PERFORMANCE. THE TOTAL INCREASE IS APPROVED BY THE PERSONNEL COMMITTEE AND THE FINANCE COMMITTEE BEFORE BEING APPROVED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SETS THE CEO'S SALARY AND BENEFITS.

FORM 990, PART VI, SECTION B, LINE 15:

% INCREASES BASED ON INFLATION AND PERFORMANCE. THE TOTAL INCREASE IS APPROVED BY THE PERSONNEL COMMITTEE AND THE FINANCE COMMITTEE BEFORE BEING APPROVED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SETS THE CEO'S SALARY AND BENEFITS.

PUBLIC INSPECTION COPY

Name of the organization UNITED WAY OF ST. JOHNS COUNTY, INC.	Employer identification number 59-6018986
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FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. SOME OF THE GOVERNING DOCUMENTS CAN BE FOUND ON THE ORGANIZATION'S WEBSITE.

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