EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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. and ending JUN 30

Open to Public Inspection

A I	or the	2021 calendar year, or tax year beginning $$ JUL 1 , $$ 2021 $$ and ending	JUN 30, 2022	
B	Check if applicable:	C Name of organization	D Employer identif	ication number
	Address	IINITHED WAY OF CH. TOUNG COUNTY INC.		
F	change Name change	UNITED WAY OF ST. JOHNS COUNTY, INC. Doing business as	59-60189	86
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/	P. O. BOX 1007	904-829-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,440,584.
	Amende return	ST. AUGUSTINE, FL 32085	H(a) Is this a group r	eturn
	Applica- tion	F Name and address of principal officer: DELINDA FOGEL	for subordinate	s? Yes X No
	pending	P.O. BOX 1007, ST. AUGUSTINE, FL 32085	H(b) Are all subordinates i	ncluded? Yes No
			527 If "No," attach a	a list. See instructions
		:▶ WWW.UNITEDWAY-SJC.COM	H(c) Group exemption	
			rear of formation: 1967	M State of legal domicile: FL
Pa	_	Summary	DIII	
ø	1 B	riefly describe the organization's mission or most significant activities: SEE SCHE	DOPE O	
and				
Governance	2 0	heck this box if the organization discontinued its operations or disposed of m	1	1
9	3 N	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)	3	
∞ ∞	1	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		13
ţį		otal number of volunteers (estimate if necessary)		254
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		
¥		et unrelated business taxable income from Form 990-T, Part I, line 11		
			Prior Year	Current Year
4	8 0	ontributions and grants (Part VIII, line 1h)	1,546,780.	
nue	9 P	rogram service revenue (Part VIII, line 2g)	102,911.	
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	5,986.	
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,489.	
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,685,166.	
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	1,075,088.	
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	401,774.	
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	b T	otal fundraising expenses (Part IX, column (D), line 25) 174,408.	100 220	015 700
ш	'' C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	198,339.	215,789.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,675,201. 9,965.	1,586,276. -212,170.
		evenue less expenses. Subtract line 18 from line 12		
ts o	20 T	otal assets (Part X, line 16)	Beginning of Current Year 2,192,215.	End of Year 1,960,394.
ASSE Rais	20 T 21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	689,422.	693,403.
Net Assets or	22 N	et assets or fund balances. Subtract line 21 from line 20	1,502,793.	1,266,991.
Pá		Signature Block		
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	e	DELINDA FOGEL, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check [PTIN
Paid		OUISE H ANDERSON CPA LOUISE H ANDERSON C		
		Firm's name CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶	72-1396621
Use	Only	Firm's address 7411 FULLERTON STREET, SUITE 300		M 256 6002
_		JACKSONVILLE, FL 32256	Phone no. 9 C	4.356.6023
May	the IRS	discuss this return with the preparer shown above? See instructions		X Yes No

Department of the Treasury Internal Revenue Service

Form	990 (2021) UNITED WAY OF ST. JOHNS COUNTY, INC. 59-6018986 Page	e 2
Pa	Statement of Program Service Accomplishments	
		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	
_		No
	If "Yes," describe these new services on Schedule O.	
3		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.	<u>•</u>)
	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.	
41:	(Code:) (Expenses \$ 78,086 • _ including grants of \$ 46,450 • _) (Revenue \$ 634	
4b	(Code:) (Expenses \$/8,086.eincluding grants of \$46,450.e) (Revenue \$\$ 634.e	<u>•</u>)
	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 \$\$	•)
	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 grapts of \$ 55.075.) (Revenue \$ 634.)	

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

Form **990** (2021)

Part IV Checklist of Required Schedules

	990 (2021) UNITED WAY OF ST. JOHNS COUNTY, INC. 59-6018 TIV Checklist of Required Schedules	986	P	age 3	PUB
I al	Onecknist of nequired schedules		Yes	No	$\stackrel{\sim}{\sqsubseteq}$
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				\mathbf{C}
	If "Yes," complete Schedule A	1	Х		=
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х		SN
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for				PE
_	public office? If "Yes," complete Schedule C, Part I	3		_X_	Ш
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х	()
_	during the tax year? If "Yes," complete Schedule C, Part II	4			\equiv
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х	\overline{O}
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III				ž
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х	\mathbf{C}
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				0
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х	Ų
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>				\prec
	Schedule D, Part III	8		Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	Х		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		Х	
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c			
u		11d		Х	
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D. Parts XI and XII	12a	Х		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├ ` `			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		Х	
20a	and the second s	20a		X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х		

Form 990 (2021) UNITED WAY OF ST.

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			(
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	:
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			7
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u> [
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			:
	Schedule K. If "No," go to line 25a	24a		<u>X</u> (
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			(
	any tax-exempt bonds?	24c		— i
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x -
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	990 ((0004)
132004	l 12-09-21	⊢orm	JJU (ZUZ I)

orm	990 (2021) UNITED WAY OF ST. JOHNS COUNTY, INC.	59-6018	986	P:	age 5	7
Par					uge	<u>U</u>
				Yes	No	<u>_</u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4.0				7
	filed for the calendar year ending with or within the year covered by this return	2a 13				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х		\overline{c}
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	·	_		37	τ
			3a		Х	П
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b			(
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				Х	
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		Λ	\subseteq
D	If "Yes," enter the name of the foreign country	acusto (FDAD)				Z
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	5a		Х	
Ja h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	ion?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- 21	٦
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30			_
ou	any contributions that were not tax deductible as charitable contributions?	_	6a		Х	
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		- Ju			
~	were not tax deductible?	_	6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the pavor?	7a	х		
b	and the second s		7b	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?		7с		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?		8	\Box		
9	Sponsoring organizations maintaining donor advised funds.					
а			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:	1				
		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441-				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	10-			
		12b	12a			
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	140				
			13a			
а	Note: See the instructions for additional information the organization must report on Schedule O.		iJa			
h	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				
	Did the second section was to second a few indeed to section and section the decision of the second section as the second section of the second section as the second section of the second section se	100	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera					
	excess parachute payment(s) during the year?		15	L ∣	X	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	ny				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Ves " complete Form 6069					

2021.05070 UNITED WAY OF ST. JOHNS C 90-03661

	990 (2021) UNITED WAY OF ST. JOHNS COUNTY, INC. 59-6018		Р	age 6
aı	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	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
C	tion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
•	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
		2		Х
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			- 21
		_		Х
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
	Did the organization have members or stockholders?	6		X
а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
	(This decision is requested information associate policies not required by the internal netwinde dede.)		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
,		10b		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
_				
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
C	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
	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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	,,			
	DELINDA FOGEL - 904-829-9721			

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	orga	niza	tion	con	nper	nsat	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ነ than e	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both or/trus	h an	compensation	compensation	amount of
	week		Cer ai	lu a u	recic	Tritus	ice)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	n be		1099-NEC)		and related
	below	idual	tution	la la	Key employee	est co	je j	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) MELISSA NELSON	40.00									
CEO/PRESIDENT, SECREARY		Х		Х				112,190.	0.	0.
(2) KELLY GREEN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) CYNTHIA WILLIAMS	1.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(4) MARK BAILEY	1.00	J								
BOARD MEMBER	1	Х				_		0.	0.	0.
(5) BOBBY CRUM	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) JAY OWEN	1.00								•	•
BOARD MEMBER	1 00	Х	_			┝	_	0.	0.	0.
(7) STEVE HILL	1.00								•	•
BOARD MEMBER	1 00	Х				_	_	0.	0.	0.
(8) BRITTANY FRASER KEITH	1.00	٠,,								0
BOARD MEMBER	1 00	Х				-		0.	0.	0.
(9) SUSAN PONDER-STANSEL	1.00	.,							0	0
BOARD MEMBER (10) JOY ANDREWS	1.00	Х				┢		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(11) LORI BRANDEL	1.00	^						· ·	0.	0.
CT CHAIRMAN	1.00	Х		х				0.	0.	0.
(12) DR.GILBERT EVANS	1.00	25		25				•	.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(13) JOE PICKENS	1.00								•	•
BOARD MEMBER		х						0.	0.	0.
(14) DICK WILLIAMS	1.00	1							•	•
CAMPAIGN CHAIRMAN		Х		х				0.	0.	0.
(15) GINA MANGUS	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(16) JOHN REGAN	1.00									
TREASURER		Х		Х	L	L	L	0.	0.	0.
(17) MATT REYNOLDS	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2021)

- 3.711	WAY OF ST								59-6018	986	Page	<u>8</u> —
art VII Section A. Officers, Directors, To (A) Name and title	(B) Average hours per	(do box,	not cl	Posi heck i	ition	than o	one n an	(D) Reportable compensation	(continued) (E) Reportable compensation		(F) stimated nount of	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated Laplace		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	other pensation om the anization d related anizations	ı
8) BEV SLOUGH ARD MEMBER	1.00	x						0.	0.		0).
												_
												_
												_
												_
								110 100				
b Subtotal c Total from continuation sheets to Part							▶	112,190.	0.) .
d Total (add lines 1b and 1c) Total number of individuals (including but	ut not limited to th) wh	o re	112,190. ceived more than \$100,	0 • 000 of reportable		0	<u>.</u>
compensation from the organization	<u> </u>										Yes N	<u>1</u>
Did the organization list any former office line 1a? If "Yes," complete Schedule J for	or such individual									3	Σ	ζ
For any individual listed on line 1a, is the and related organizations greater than \$										4	2	ζ
Did any person listed on line 1a receive rendered to the organization? If "Yes." of	or accrue comper	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services	5	2	ζ
ection B. Independent Contractors Complete this table for your five highest										ation fro	om	_
the organization. Report compensation (A)										(0		
Name and busin	ess address	NC	NE	3				Description of s	ervices		nsation	
												_
Total number of independent contractor	s (including but no	ot lim	nited	d to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the org					0					Fe:::::	990 (202	

Form	990	90 (2021) UNI 7	red way (OF ST.	JOHNS	COUNTY,	INC.	59-6018	986 Page 9	PUB
Pa						•				<u>B</u>
		Check if Schedule O co	ontains a respon	se or note to	any line in	this Part VIII				_ 🖵
						(A) ⁻otal revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded	()
					'	otal revenue		business revenue	from tax under	=
									sections 512 - 514	INSPE
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns								U
Gra			1b	116 6	522					
ts, An		c Fundraising events		116,6	044.					ဂြ
iai iai			1d							コ
ons, Sim		e Government grants (contrib								NOL
utic Je		f All other contributions, gifts, gi similar amounts not included a	bove 1f	1 244 7	727					
Q Ţ		g Noncash contributions included in lin	nes 1a-1f 1g \$	1,244,7 41,3	329.					C
Son		h Total. Add lines 1a-1f				361,349.				COP
<u> </u>		Trotali / Ga iii co Ta Tr		Business						ָּטַ
Ф	2	? а								~
Z <		b								•
Sel		с								_
am		d								_
Program Service Revenue		e								_
<u>-</u>		f All other program service re								
		g Total. Add lines 2a-2f			•					
	3	, , , , , , , , , , , , , , , , , , ,	,	•		1 021			1 021	
		other similar amounts)			·· ▶ ├─	4,934.			4,934.	-
	4		•	•						-
	5	Royalties	(i) Real	(ii) Pers	sonal					
	6	a Gross rents	6a 25,061	` '	Johan					
).						
			6c 25,061							
		d Net rental income or (loss)			▶	25,061.			25,061.	
	7	a Gross amount from sales of	(i) Securitie	s (ii) Ot	her					
		assets other than inventory	7a							
		b Less: cost or other basis								
nue		• • • • • • • • • • • • • • • • • • • •	7b							
		c Gain or (loss)								
Other Reve		d Net gain or (loss)			▶					
the l	8	${f a}$ a Gross income from fundraising including \$ 116,								
0		contributions reported on li								
		Part IV, line 18	I	8a 40,2	276.					
		b Less: direct expenses		8b 66,4						
		c Net income or (loss) from fu		•		-26,202.			-26,202.	
		a Gross income from gaming	· .							
		Part IV, line 19	I	9a						
		b Less: direct expenses		9b						
		c Net income or (loss) from ga	·		▶					
	10	a Gross sales of inventory, les								
		and allowances	I	10a						
		b Less: cost of goods sold		10b						1
-		c Net income or (loss) from sa	aics of inventory	Business	s Code					
sno	11	a ADMINISTRATIVE	E FEES	9000		8,214.	8,214.			1
nec	••	ь OTHER INCOME		9000		750.	750.			
ella		C								
Miscellaneous Revenue		d All other revenue								-
_		e Total. Add lines 11a-11d .				8,964.				
	12	2 Total revenue. See instruction	ıs		<u>.</u> ▶ 1,	374,106.	8,964.	0.	3,793.	-

Form	990 (2021) UNITED WAY C	OF ST. JOHNS	COUNTY, INC.	59-60	18986 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	lete all columns. All other		nplete column (A).	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	893,422.	893,422.		Fundraising expenses U
2	Grants and other assistance to domestic	,	,		0
	individuals. See Part IV, line 22	90,202.	90,202.		<u> </u>
3	Grants and other assistance to foreign				Ō
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				HON
4	Benefits paid to or for members				\Box
5	Compensation of current officers, directors,				<u> </u>
	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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	228,547.	30,474.	127,017.	71,056.
, 8	Pension plan accruals and contributions (include	220,3410	30, 11.	±21,0±1•	, 1,000
0	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.	4,571. 4,439. 8,965.
11	Fees for services (nonemployees):				0,000
a	Management				
b	Legal				
	Accounting				_
	Lobbying				
	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	15 061	0.055	7 006	F 510
22	Depreciation, depletion, and amortization	15,861.	2,855.	7,296.	5,710.
23	Insurance Other expenses Itemize expenses not severed	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.)		5 000	45.005	10.010
а	MEMBERSHIP & DUES	33,449.	6,020.	15,387.	12,042.
b	IN-KIND EXPENSE	23,445.	4,220.	10,785.	8,440.
С	MISCELLANEOUS EXPENSES	1,914.	539.	1,375.	
d					
	All other expenses	1 500 070	1 104 000	207 000	174 400
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 if following SOP 98-2 (ASC 958-720)				
	II TOHOWING SOP 90-2 (ASC 930-720)				Form 990 (2021)

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Pa	LA	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	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					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	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.	150,761.	10c	158,815.
	11	Investments - publicly traded securities			256,646.	11	234,147.
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	e 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 e			2,192,215.	16	1,960,394.
	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			0 000	20	0 000
	21	Escrow or custodial account liability. Complet			9,027.	21	9,002.
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X	7,791.		9,073.
		of Schedule D			689,422.		693,403.
	26	Total liabilities. Add lines 17 through 25			009,422.	26	093,403.
S		Organizations that follow FASB ASC 958, c	neck nere				
nce	0.7	and complete lines 27, 28, 32, and 33.			1,265,819.	07	1,008,680.
ala	27				236,974.	27	258,311.
d B	28	Net assets with donor restrictions			230,374.	28	230,311.
Ē		Organizations that do not follow FASB ASC	956, Che	eck nere			
þ	20	and complete lines 29 through 33.	40			29	
əts	29 30	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				30	
\ss(31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,502,793.	32	1,266,991.
Ž	33	Total liabilities and net assets/fund balances			2,192,215.	33	1,960,394.
	33	TOTAL HADIILIES AND HEL ASSELS/TUND DAIMNES			2,122,213.	JJ	5 QQQ (0004)

				ᄆ
Form 990 (2021) UNITED WAY OF ST. JOHNS COUNTY, INC.	59-60	18986	Page 12	2 🖵
Part XI Reconciliation of Net Assets				. [2]
Check if Schedule O contains a response or note to any line in this Part XI			🔲	<u></u>
				()
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.	- <u>(</u> 2
3 Revenue less expenses. Subtract line 2 from line 1			1,170.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		793.	
5 Net unrealized gains (losses) on investments	5	-23	632.	<u>.</u> ()
6 Donated services and use of facilities	6			. 크
7 Investment expenses	7			- 급
8 Prior period adjustments	8			-ž
9 Other changes in net assets or fund balances (explain on Schedule O)	9		0.	<u>.</u> —
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				\simeq
column (B))	10	1,266	,991.	느무
Part XII Financial Statements and Reporting				ور
Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u> </u>
			Yes No	_
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If the organization changed its method of accounting from a prior year or checked "Other," explain	n on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant	?	2a	X	_
If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or reviewed on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis	sis			
b Were the organization's financial statements audited by an independent accountant?		2b	X	_
If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a separate basis,			
consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis	sis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	_
If the organization changed either its oversight process or selection process during the tax year, e				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for				_
Act and OMB Circular A-133?	-	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				_
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	•	3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

INSPECTION COPY

Employer identification number Name of the organization UNITED WAY OF ST. JOHNS COUNTY 59-6018986 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Scho	odulo A	(Form 990) 2021 U	NITED WAY	OF ST. JO	OHNS COUNT	TNC.	59-601	8986 Page 2	Р
Pai		Support Schedule for							BL
		(Complete only if you checked	_		-			-	
		fails to qualify under the tests			-	Trained to qualify a		organization.	\overline{C}
Sec	tion /	A. Public Support							-
Calen	ndar yea	ar (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	SN
1	Gifts, g	grants, contributions, and							H
	membe	ership fees received. (Do not							PE
	include	e any "unusual grants.")	1242119.	1321451.	1647052.	1546780.	1361349.	7118751.	\ddot{O}
2	Tax rev	venues levied for the organ-							\dashv
	ization	's benefit and either paid to							\overline{O}
	-	ended on its behalf							Ž
		lue of services or facilities							\bigcirc
		ed by a governmental unit to							Ö
	_	ganization without charge	1242119.	1321451.	1647052.	1546780.	1361349.	7118751.	ŏ
		Add lines 1 through 3	1242119.	1321431.	104/052.	1546/60.	1301349.	/110/51.	~
	•	ortion of total contributions th person (other than a							
	•	mental unit or publicly							
	•	rted organization) included							
		1 that exceeds 2% of the							
		nt shown on line 11,							
	columr	n (f)						604,928.	
6	Public	support. Subtract line 5 from line 4.						6513823.	•
		3. Total Support							
Calen	ndar yea	ar (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amour	nts from line 4	1242119.	1321451.	1647052.	1546780.	1361349.	7118751.	
8	Gross	income from interest,							
	divider	nds, payments received on							
		ties loans, rents, royalties,	622	0 060	10 050	40 000	20 005	00 744	
		come from similar sources	623.	8,268.	12,050.	48,808.	29,995.	99,744.	
		come from unrelated business							
		es, whether or not the							
		ess is regularly carried on income. Do not include gain							
		from the sale of capital							
		(Explain in Part VI.)	11,381.	17,180.	27,033.	8,246.	8,964.	72,804.	
		support. Add lines 7 through 10				7,==0	7,7,7	7291299.	•
		receipts from related activities,	etc. (see instruction	ns)			12	143,187.	•
13	First 5	years. If the Form 990 is for th	ne organization's fir				01(c)(3)		•
	organiz	zation, check this box and stop	here					>	_
		C. Computation of Publi							
		support percentage for 2021 (I					14	89.34 %	
		support percentage from 2020					15	88.74 %	
		% support test - 2021. If the o	-			14 is 33 1/3% or m	ore, check this box		
	-	ere. The organization qualifies		-					
		% support test - 2020. If the o						. □	
		op here. The organization qual				10 160 0 160 0			
		acts-and-circumstances test							
		the organization meets the fact the facts-and-circumstances te			-	•	_		
		acts-and-circumstances test	-	· ·	• • •	-	7a and line 15 is 1		
		and if the organization meets the	-					. 570 01	
		zation meets the facts-and-circu				-	-4:	▶ □	
	•	e foundation. If the organization							
		<u> </u>		,					-

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	a below, please comp	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(2) = 2 · · ·	(,	(5) = 5 + 5	(,	(-,	(0)
membership fees received. (Do no	t					
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose	`					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit t	5					
the organization without charge					+	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an						
3 received from disqualified person	is					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		T		Т		1
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines	as					
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12						
14 First 5 years. If the Form 990 is fo	r the organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pu						•
15 Public support percentage for 202	1 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv					•	<u></u>
17 Investment income percentage for			ine 13, column (f))		17	%
18 Investment income percentage fro					18	%
19a 33 1/3% support tests - 2021. If						
more than 33 1/3%, check this box						▶□
b 33 1/3% support tests - 2020. If	=	-				and
line 18 is not more than 33 1/3%, of						
20 Private foundation. If the organization						

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
L	5с		
	•		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
-	10b		
.1	/Faum	- 000	2021

	rt IV Supporting Organizations (continued)		- 10	igo o
	11 C C (CONTAINED D)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	otruotior	, o l	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a				
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 UNITED WAY OF ST. JOHNS			59-6018986 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2021

organizations, in excess of income from activity

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section D - Distributions

6

7

9 10

10	Line 8 amount divided by line 9 amount		10	
Sect	ion 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 (reason-			
	able 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)			
i_	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:			
<u>a</u>	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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.

Employer identification number

Schedule D (Form 990) 2021

Name of the organization

UNITED WAY OF ST. JOHNS COUNTY, 59-6018986 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

132051 10-28-21

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued	Sche	dule D		WAY OF ST.				u Cimail		18986	Page 2
collection items (check all that apply): a	_									(continu	<u>ed)</u>
a □ vbblic exhibition	3	_		on, and other record	s, check any of the	following that	t make s	ignifican	use of its		
b Scholarly research c		collec									
c		Н									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to se soid to raise funds after than to be maintained as part of the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part XIII. the explanation or other intermediary for contributions or other assets not included on Form 990, Part XIII. The organization an agent, fursites, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII. The organization answered "Yes" on Form 990, Part XIII. The organization and part the arrangement in Part XIII and complete the following table: □ Ves. □		Н		е	e Other						
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? Second 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. I sit the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? I a list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? I a list the organization and the arrangement in Part XIII and complete the following table: I a list the organization and the arrangement in Part XIII and complete the following table: Beginning balance	_		<u> </u>								
To be sold to raise funds rather than to be maintained as part of the organization's collection?									ose in Part	XIII.	
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?	5				•	•				٦.,	—
Teported an amount on Form 990, Part X, line 21. 1a Sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No 1b 17'es, 'explain the arrangement in Part XIII and complete the following table: 1c Segmining balance 1d	Do										No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No No If Yes,* explain the arrangement in Part XIII and complete the following table: Amount It Amount It It It It It It It	rai										
No Form 990, Part X No Form 990, Part X S No Form 990, Part X S No Form 990, Part X S No S S S S S S S S S	4-	Ja 4la a	•		:			:			
b if "Yes," explain the arrangement in Part XIII and complete the following table: C	та									7 v	V Na
Additions during the year 1d	L								∟	_ Yes	A NO
C Beginning balance 1c C C C C C C C C	b	II YE	es, explain the arrangement in Part XIII	and complete the for	lowing table.				1	Amount	-
d Additions during the year	_	Dogin	ning balance					40		Amount	-
e Distributions during the year 1 1 1 1 1 1 1 1 1		-	-								
Ending balance If	u										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes N S The series of the explanation has been provided on Part XIII. X Yes N Yes Yes N Yes Y	f										
b f Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII									Ī	Vec	□ No
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 (d) Two years back (d) Two years back (e) Four years back (d) Two years back (e) Four years back (d) Two years back (d) Two years back (e) Four years back (d) Two years back (d) Two years back (d) Two years back (e) Four years back (d) Two			*					•			
Table Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Fo											
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, 137,000, 137,000, 137,000. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Bernament endowment G Term endowment G Term endowment Londs not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organiz									years back	(e) Four y	ears back
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. 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	1a	Begir	nning of year balance	137,000.	•	. 13	7,000.				
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses					,						
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. 137,000. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment b Permanent endowment 76 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 5 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) basis (investment) 1a Land 18,000. 18,000. 18,000. 18,000. 18,000. 18,000. 18,000. 18,000. 19,001. 10,002. 10,003. 10,003. 10,003. 10,003. 10,003. 11,000. 11,000. 12,005. 13,883. 13,883.											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 137,000, 137											
and programs f Administrative expenses g End of year balance 137,000. 13	е										
f Administrative expenses g End of year balance 137,000. 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 ▶			•								
g End of year balance	f		-								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				137,000.	137,000	. 13	7,000.		137,000.	1	37,000.
b Permanent endowment	2			ent year end balance	e (line 1g, column (a	a)) held as:				•	
b Permanent endowment	а	Board	d designated or quasi-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	b	Perm	anent endowment	%							
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 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) 1a Land	С	Term	endowment >	%							
Yes No (i) Unrelated organizations 3a(i) X 3a(ii) 3a(iii) 3a(iii) 3a(ii) 3a(ii) 3a(ii) 3a(iii) 3a(ii) 3a(ii) 3a(iii)		The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(ii) Unrelated organizations (iii) Related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 18,000. 18,000. b Buildings 219,344. 92,412. 126,932. c Leasehold improvements d Equipment d Equipment Cother	За	Are th	nere endowment funds not in the posse	ssion of the organiza	tion that are held a	ınd administer	red for th	ne organi	zation	_	
(ii) Related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 18,000 18,000 b Buildings 219,344 92,412 126,932 c Leasehold improvements d Equipment d Equipment 62,675 48,792 13,883 e Other		by:								Y	
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 18,000. 18,000. Buildings 219,344. 92,412. 126,932. c Leasehold improvements d Equipment d Equipment e Other		(i) L	Inrelated organizations							3a(i)	
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) basis (other) (c) Accumulated depreciation Land basis (investment) 18,000 18,000 18,000 18,000 126,932 129,344 92,412 126,932 126,932 126,932 13,883 126 126 126 126 126 126 126 126 126 126		(ii) F	lelated organizations							3a(ii)	X
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 (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 18,000 192,412 126,932 13,883 13,883	b	If "Ye	s" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
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) 1a Land Buildings C Leasehold improvements d Equipment e Other	4				wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Pai	t VI									
tal Land basis (investment) basis (other) depreciation b Buildings 18,000. 18,000. c Leasehold improvements 219,344. 92,412. 126,932. d Equipment 62,675. 48,792. 13,883. e Other			Complete if the organization answered	d "Yes" on Form 990			, Part X,	line 10.			
1a Land 18,000. 18,000. b Buildings 219,344. 92,412. 126,932. c Leasehold improvements 62,675. 48,792. 13,883. e Other 0ther 0ther 0ther 0ther			Description of property	1 ' '	` ' '					(d) Book	value
b Buildings 219,344. 92,412. 126,932. c Leasehold improvements 62,675. 48,792. 13,883. e Other				,		, ,	de	preciatio	n	4.5	
c Leasehold improvements 62,675. 48,792. 13,883. e Other 62,675. 48,792. 13,883.								0.0	110		
d Equipment 62,675. 48,792. 13,883. e Other					21	L9,344.		92,4	FTZ.	126	<u>,932.</u>
e Other								40.5	700	1.0	
						04,675.		48,	192.	13	<u>, ४४५.</u>
										1 = 0	015

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 UNITED WAY	OF ST. JOHNS	COUNTY, INC.	59-6018986 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	_		
(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-vear market value
(1)	(1)		<u> </u>
(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) lin Part X Other Liabilities.	ne 15.)		<u> </u>
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.

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 1,823.

 (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 ... X

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 UNITED WAY OF ST. JOHNS	COUNTY,	INC.	59-6	5018986 Page 4
Par					<u></u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:				
а	Net unrealized gains (losses) on investments	2a	-23,632.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	66,478.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	187,753.		
С	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.
Par	t XII Reconciliation of Expenses per Audited Financial Sta	atements With	n Expenses per I	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 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:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		66,478.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	187,753.		
С	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.
Par	t XIII Supplemental Information.				
PAR	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and Total To	ny additional infori	mation.		
LON	G-TERM RECOVERY ORGANIZATION, IN WHICH	THE ORGA	NIZATION AC	TS I	AS THE
FIS	CAL AGENT AND DISBURSES FUNDS AS INSTRU	UCTED UND	ER THE AGRE	EMEI	NT.
PAR	T X, LINE 2:				
UNI	DER SECTION 501(C)(3) OF THE INTERNAL RI	EVENUE CO	DE, THE ORG	ANIZ	ZATION IS
EXE	MPT FROM TAXES ON INCOME OTHER THAN UNI	RELATED B	USINESS INC	OME	•
UNE	ELATED BUSINESS INCOME RESULTS FROM REI	NT, ADMIN	ISTRATION C	F	
SEL	F-INSURANCE ACTIVITIES, AND COMMISSIONS	S.			
THE	ORGANIZATION UTILIZES THE ACCOUNTING F	REQUIREME	NTS ASSOCIA	TED	WITH

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) 2021

Name of the organization

Employer identification number 59-6018986 UNITED WAY OF ST. JOHNS COUNTY, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

59-6018986 Page 2

Po	ırt ı	of fundraising events. Complete if the	-		· · · · · · · · · · · · · · · · · · ·					
		or randraising event contributions and gri	(a) Event #1	(b) Event #2	(c) Other events	1				
					NONE	(d) Total events (add col. (a) through				
			GIVERS GALA			col. (c))				
Φ			(event type)	(event type)	(total number)	COI. (CJ)				
Revenue			156.000			156 000				
Rev	1	Gross receipts	156,898.			156,898.				
	,	Less: Contributions	116,622.			116,622.				
	_		,							
	3	Gross income (line 1 minus line 2)	40,276.			40,276.				
	_ ا	Ocal carina								
	4	Cash prizes								
	5	Noncash prizes								
es										
Direct Expenses	6	Rent/facility costs	25,714.			25,714.				
Š										
ect	7	Food and beverages	23,561.			23,561.				
₫			0 150			0 150				
	8		9,150. 8,053.			9,150. 8,053.				
	9 10	Other direct expenses	•	•		66,478.				
		Net income summary. Subtract line 10 from li				-26,202.				
Pa	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)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			(4, 29	bingo/progressive bingo	(0) 0 11101 ga1111111g	col. (a) through col. (c))				
Š										
_	1	Gross revenue								
	2	Cach prizes								
ses	~	Cash prizes								
Direct Expenses	3	Noncash prizes								
ŧ										
irec	4	Rent/facility costs								
	5	Other direct expenses								
		Mali vata av Jah av	Yes %	Yes %						
	6	Volunteer labor	No	∟ No	│∟∟ No					
	7	Direct expense summary. Add lines 2 through	a 5 in column (d)							
	'	Direct expense summary. And imes 2 through	10 iii 00idiiiii (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>					
		ter the state(s) in which the organization condu	_							
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No				
b	If "	No," explain:								
	_									
10-	10/-	ere any of the organization's gaming licenses re	avoked suspended of the	rminated during the tax	vear?	Yes No				
		ere any of the organization's gaming licenses re Yes," explain:			y-ai !	. L res L NO				
		, <i>O</i> , plan in								
	_									
		1.21.21			Cohe	edule G (Form 990) 2021				

Cab	edule G (Form 990) 2021 UNITED WAY OF ST. JOHNS COUNTY, INC. 59-6		. Dogo 2	Ъ
			No Page 3	В
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	res	NO	
12	to administer charitable gaming?	Yes	No	\overline{C}
13	Indicate the percentage of gaming activity conducted in:			_
	The organization's facility	13a	%	SN
	An outside facility	13b	%	P
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			Ĕ
	Name			\exists
	Address			<u>N</u>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No	COPY
	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$ = \$ f "Yes," enter name and address of the third party:			PΥ
	Name			_
	Address >			_
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			•
	Carriing manager compensation • • • • • • • • • • • • • • • • • • •			
	Description of services provided			-
				- -
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Yes	L No	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$			-
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV.	rt III, lines 9,	9b, 10b,	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			-
				-
				-
				_
				-
				•
				_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WAY	Y OF ST.	JOHNS COUNT	Y, INC.				Employer identification number 59-6018986
Part I General Information on Grants ar			•			•	
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?						on X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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) ar 3 Enter total number of other organizations	•	•	e line 1 table				40.

Schedule I (Form 990) UNITED WAY OF ST. JOHNS COUNTY, INC.

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHOLIC CHARITIES BUREAU							
O BOX 543							
ST.AUGUSTINE, FL 32085	59-1660798	501(C)(3)	65,000.	0.			IMPROVE LIVES
·			,				
CHILDREN'S HOME SOCIETY							
182 S KELLER ROAD							
ORLANDO, FL 32810	59-3055343	501(C)(3)	30,000.	0.			IMPROVE LIVES
COMMUNITY HOSPICE AND PALLIATIVE							
CARE - 4266 SUNBEAM RD -	50 2502000	F01/a)/2)		0			TVDD0110 1 T1100
JACKSONVILLE, FL 32257	59-3583920	501(C)(3)	6,908.	0.			IMPROVE LIVES
COUNCIL ON AGING - ST.JOHNS COUNTY							
80 MARINE STREET							
ST.AUGUSTINE, FL 32084	59-1525829	501(C)(3)	50,000.	0.			IMPROVE LIVES
,							
CTR FOR SYSTAINABLE 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
EDIA COMUNITAL GERVICES							
EPIC COMMUNITY SERVICES							
1850 STATE ROAD 207	50_1502502	501/C)/3\	25 064	0.			IMPROVE LIVES
ST.AUGUSTINE, FL 32084	59-1502582	201(C)(3)	35,064.	0.			THEYOVE DIVES
FEED THE NEED OF PUTNAM COUNTY INC							
PO BOX 1321							
PALATKA, FL 32177	82-3992276	501(C)(3)	6,000.	0.			IMPROVE LIVES

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF ST. JOHNS COUNTY, INC.

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Part II Continuation of Grants and Other		mestic Organizations		vernments (Sch	edule I (Form 990), Pa		19-0010900 Pag
(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	33 3000343	201(0)(0)	23,300.				THE STATE OF THE S
PALATKA, FL 32178	59-0830750	501(C)(3)	19,222.	0.			IMPROVE LIVES

Schedule I (Form 990) UNITED WAY OF ST. JOHNS COUNTY, INC.

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Part II Continuation of Grants and Other				rommonico (eem		T	
(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
GE GERARD GAMENA							
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
am EDANGIA HOHAE							
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 DIAMETER CHANGE TO SEE THE							
THE PLAYERS CHAMPIONSHIP BOYS AND							
GIRLS CLUB - 555 W 25TH ST - JACKSONVILLE, FL 32206	59-6167630	501(C)(3)	26,000.	0.			CHARACTER DEVELOPMENT
	33 0107030	551(5)(5)	20,000.	0.			OMERICIAN DEVELOPMENT
UNITED WAY OF NORTHEAST FLORIDA							
PO BOX 41428							
JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	20,688.	0.			CHARACTER DEVELOPMENT

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF ST. JOHNS COUNTY, INC.

59-6018986

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	rt II.) T	Γ
(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
NITED 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.	50 0045540	504 (5) (0)					
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	59-1099774	E01/G)/3)	7 026	0.			IMPROVE LIVES
32124-1011	39-1099774	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
·			,				

(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, lin	ie 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE COMMUNITY IMPACT PROCESS IS M	AINTAINED	ON THE EC	MPACT SOFT	WARE AND	
INCLUDES THE VOLUNTEERS' INPUTS,	THE SCORIN	IG AND THE	AMOUNTS GR	ANTED.	
RECIPIENTS MUST SIGN THE AGREEMEN					

SCHEDULE M (Form 990)

Noncash Contributions

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

2021
Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

UNITED WAY OF ST. JOHNS COUNTY, INC.

Employer identification number 59-6018986

Par	rt 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 de noncash contribu		_	s
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			15.004				
25	Other (SILENT AUCTIO)	X	22	17,884.				
26	Other (SCHOOL SUPPLI)	X	91	9,618.	FMV			
27	Other (OTHER)	X	44	8,302.	CASH			
<u>28</u>	Other ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
	B						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					20-		Х
	exempt purposes for the entire holding period?					30a		lacksquare
	 b If "Yes," describe the arrangement in Part II. 1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 							
31 32a	Does the organization have a gift acceptance p	-	· · ·	•		31	\dashv	X
JZd				•		32a		х
h	If "Yes," describe in Part II.					3Zd		
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is about	rkad			
00	describe in Part II.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a type of property	To Willott Colditiit (a) is Click	nou,			

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

Schedule M (Form 990) 2021

132142 11-17-21

U

SCHEDULE 0 (Form 990)

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.

Open to Public Inspection ► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

> UNITED WAY OF ST. JOHNS COUNTY, INC.

Employer identification number 59-6018986

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO POSITIVELY IMPACT LIVES IN ST. JOHNS AND PUTNAM COUNTIES. THE VISION TO INSPIRE AND LEAD A COMMUNITY UNITED IN PROVIDING TRANSFORMATIVE EDUCATION AND FINANCIAL STABILITY FOR ALL GENERATIONS BY HEALTH 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: HOUSING INSECURITY AND MENTAL HEALTH ISSUES. FOOD INSECURITY, THE GOAL TO ENCOURAGE ORGANIZATIONS TO WORK TOGETHER, BE CREATIVE AND/OR TO INCLUSIVE OF NEWER PARTNERS THAT ARE DOING AMAZING WORK ON A SMALLER GRANTS WERE PROVIDED DURING THE YEAR. EIGHT (8)

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

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

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

Schedule O (Form 990) 2021

Employer identification number

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UNITED WAY OF ST. JOHNS COUNTY, INC. 59-6018986

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:

Name of the organization

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.