

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization UNITED WAY OF MIAMI-DADE, INC. Employer identification number 59-0830840

Name and title of officer CARLOS G MOLINA, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>57699609.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARCUM, LLP to enter my PIN 1 9 2 7 6 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 12/11/2019

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 0 3 2 3 3 1 1 1 9 8
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

Form sections B through K: B Check if applicable; C Name of organization UNITED WAY OF MIAMI-DADE, INC.; D Employer identification number 59-0830840; E Telephone number (305) 860-3000; F Name and address of principal officer: CARLOS G MOLINA; G Gross receipts \$ 71,102,387; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.UNITEDWAYMIAMI.ORG; K Form of organization: X Corporation; L Year of formation: 1957; M State of legal domicile: FL

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year.

Part II Signature Block

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

Signature block form: Sign Here (Signature of officer CARLOS G MOLINA, Date 12/11/2019); Paid Preparer Use Only (Print/Type preparer's name MICHAEL H NOVAK, Preparer's signature, Date, Check self-employed, PTIN P01074800, Firm's name MARCUM, LLP, Firm's EIN 11-1986323, Firm's address ONE SE THIRD AVENUE, SUITE 1100 MIAMI, FL 33131, Phone no. 305-995-9600)

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF UNITED WAY OF MIAMI DADE IS TO BUILD THE COMMUNITY BY HELPING PEOPLE CARE FOR ONE ANOTHER. UNITED WAY BRINGS PEOPLE AND INSTITUTIONS TOGETHER TO IMPROVE THE EDUCATION, FINANCIAL STABILITY AND HEALTH OF OUR COMMUNITY AND ITS RESIDENTS.

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

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

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 \$ 18,928,190. including grants of \$ 6,159,110.) (Revenue \$ 690,533.) ATTACHMENT 1

4b (Code:) (Expenses \$ 2,571,021. including grants of \$ 1,580,811.) (Revenue \$) UNITED WAY OF MIAMI DADE INVESTED \$2.6 MILLION TO CONNECT INDIVIDUALS AND FAMILIES WITH TOOLS, TRAININGS AND OPPORTUNITIES TO BECOME FINANCIALLY INDEPENDENT. BECAUSE OF THE UNITED WAY CENTER FOR FINANCIAL STABILITY OVER 5,000 INDIVIDUALS RECEIVED FINANCIAL EDUCATION AND ASSISTANCE WITH TAXES, EMPLOYMENT, AND PUBLIC BENEFITS; MORE THAN 4,611 INDIVIDUALS WORKED WITH A FINANCIAL COACH AND LEARNED TO BUDGET, MANAGE, AND SAVE MONEY. MORE THAN 1,200 INDIVIDUALS RECEIVED SHELTER AND OVER 500,000 EMERGENCY MEALS WERE PROVIDED.

4c (Code:) (Expenses \$ 4,096,306. including grants of \$ 6,059,466.) (Revenue \$) THE INVESTMENT TO THE COMMUNITY TO IMPROVE ACCESS TO HEALTH CARE WAS \$4.1 MILLION DURING THE YEAR. 44,537 PEOPLE ACCESSED CARE INCLUDING SCREENINGS TO IMPROVE THEIR PHYSICAL AND MENTAL HEALTH; 1,050 CHILDREN ENGAGED IN HEALTHY EATING FITNESS AND PLAY; 9,802 OLDER ADULTS RECEIVED NUTRITIOUS MEALS; 635 IMPROVED THEIR STRENGTH AND ENDURANCE THRU EXERCISE CLASSES.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 21,443,874. including grants of \$ 20,737,613.) (Revenue \$)

4e Total program service expenses 47,039,391.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational activities.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (53), 1b (52), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS A MIGOYA BOARD CHAIR	1.00 0.	X					0.	0.	0.	
(2) JAYNE HARRIS ABESS DIRECTOR	1.00 0.	X					0.	0.	0.	
(3) CRISTINA PEREYRA ALVAREZ DIRECTOR	1.00 0.	X					0.	0.	0.	
(4) SHELDON T. ANDERSON DIRECTOR	1.00 0.	X					0.	0.	0.	
(5) ANDREW L. ANSIN DIRECTOR	1.00 0.	X					0.	0.	0.	
(6) DAVID A. BARKUS DIRECTOR	1.00 0.	X					0.	0.	0.	
(7) YOLANDA C. BERKOWITZ DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) PETER L. BERMONT DIRECTOR	1.00 0.	X					0.	0.	0.	
(9) STEVE J. BRODIE DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) ALFRED A. BUNGE DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) ALICIA CERVERA LAMADRID DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) CAMILA COTE DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) ANNELIES H. DA COSTA GOMEZ DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) STEPHEN G. DANNER DIRECTOR	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JUAN A. DEL BUSTO ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
16) ALAN T. DIMOND ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
17) BALDWIN ENGLISH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
18) MIGUEL G. FARRA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
19) BRIAN GOLDMEIER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
20) FRANCISCO B. GONZALEZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
21) JORGE J. GONZALEZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
22) EDUARD J. JOYCE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
23) JESS S. LAWHORN, JR. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
24) JENNIFER S. LOVE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
25) AGOSTINHO A MACEDO MONCAYO ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,068,508.	0.	192,135.
d Total (add lines 1b and 1c)								2,068,508.	0.	192,135.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 14

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) JOSE R. MAS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
27) MELISSA A. MEDINA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
28) LISA M. MENDELSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
29) PATRICIA M. MENENDEZ CAMBO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
30) RUDOLPH G. MOISE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
31) W. ALLEN MORRIS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
32) PHILLIS I. OETERS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
33) JAY J. PELHAM ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
34) PETER T. PRUITT, JR. ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
35) RICHARD QUINCOSES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
36) JULIO A. RAMIREZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) LARRY A. RICE ED. D. ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) ROBERT E. SANCHEZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) GENE M. SCHAEFER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(40) ROMAINE M. SEGUIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(41) DAVID M. SEIFER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(42) NEIL H. SHAH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(43) ANDREW M. SMULIAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(44) JAY STEINMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(45) JOHN C. SUMBERG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(46) JACQUELINE A. TRAVISANO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(47) ANA VEIGAMILTON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) JORGE R. VILLACAMPA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(49) MARIELENA A. VILLAMIL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(50) ALEXANDRA VILLOCH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(51) JUDY H. ZEDER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(52) OCTAVIO J. ZUBIZARRETA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(53) MARIA C. ALONSO ----- PRESIDENT & CEO	40.00 ----- 0.			X			473,910.	0.	7,647.	
(54) CARLOS G. MOLINA ----- CHIEF FINANCIAL OFFICER	40.00 ----- 0.			X			233,421.	0.	38,022.	
(55) CELIO ROMANACH ----- CHIEF MARKETING OFFICER	40.00 ----- 0.			X			162,991.	0.	10,751.	
(56) MARY DONWORTH ----- SENIOR VP COMMUNITY IMPACT	40.00 ----- 0.				X		177,043.	0.	23,176.	
(57) DANIA GORRIZ ----- SENIOR VP, DEVELOPMENT	40.00 ----- 0.				X		160,778.	0.	20,012.	
(58) GLADYS MONTES ----- GROUP VP, CENTER FOR EXCELLENC	40.00 ----- 0.					X	143,077.	0.	13,037.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) DIANE BLEVIN VP, HR	40.00 0.					X	115,786.	0.	17,587.	
(60) JUAN URQUIOLA VP, CREATIVE SERVICES	40.00 0.					X	119,286.	0.	17,898.	
(61) NORIE DEL VALLE SENIOR VP, DEVELOPMENT	40.00 0.					X	137,629.	0.	15,690.	
(62) TAMARA KLINGLER CHIEF STRATEGY OFFICER	40.00 0.						197,183.	0.	18,584.	
(63) HARVE MOGUL PRESIDENT EMERITUS	40.00 0.						147,404.	0.	9,731.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,998,682.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,671,617.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,227,286.				
	g Noncash contributions included in lines 1a-1f: \$		3,029,395.				
	h Total. Add lines 1a-1f			53,897,585.			
	Program Service Revenue	2a TUITION	Business Code		690,535.	690,535.	
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				690,535.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			1,383,490.	1,383,490.		
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
		569,388.					
		b Less: rental expenses	26,140.				
	c Rental income or (loss)	543,248.					
	d Net rental income or (loss)			543,248.			543,248.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		12,624,212.					
		b Less: cost or other basis and sales expenses	12,428,865.				
		c Gain or (loss)	195,347.				
	d Net gain or (loss)			195,347.			195,347.
	8a Gross income from fundraising events (not including \$ 1,998,682. of contributions reported on line 1c). See Part IV, line 18	a		1,550,816.			
		b Less: direct expenses	b	947,773.			
c Net income or (loss) from fundraising events				603,043.			603,043.
9a Gross income from gaming activities. See Part IV, line 19	a		0.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a		0.				
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue			Business Code				
11a OTHER MISCELLANEOUS REVENUE		900099	108,814.	108,814.			
	b FISCAL AGENT FEES	900099	277,547.	277,547.			
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			386,361.			
12 Total revenue. See instructions.			57,699,609.	2,460,386.		1,341,638.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,684,614.	33,684,614.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,307,750.	740,862.	284,911.	281,977.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,828,814.	6,134,700.	2,359,204.	2,334,910.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	435,132.	271,418.	84,518.	79,196.
9 Other employee benefits	1,866,103.	1,164,000.	362,464.	339,639.
10 Payroll taxes	867,254.	508,822.	176,074.	182,358.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	146,080.	101,635.	31,143.	13,302.
c Accounting	94,950.	66,061.	20,243.	8,646.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,311,350.	912,367.	279,570.	119,413.
12 Advertising and promotion	363,202.	46,083.	65,939.	251,180.
13 Office expenses	262,249.	149,778.	46,991.	65,480.
14 Information technology	315,393.	64,761.	172,936.	77,696.
15 Royalties	0.			
16 Occupancy	1,401,975.	959,912.	241,245.	200,818.
17 Travel	110,676.	79,648.	14,947.	16,081.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	747,248.	390,532.	133,522.	223,194.
20 Interest	383,978.	122,873.	157,431.	103,674.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	951,831.	359,363.	349,175.	243,293.
23 Insurance	27,720.	21,172.	3,600.	2,948.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	1,030,859.	1,030,859.		
b PHOTOCOPIES & PRINTING	138,996.	106,163.	18,052.	14,781.
c BANK SERVICE CHARGES	116,846.	89,246.	15,175.	12,425.
d DUES & SUBSCRIPTIONS	31,472.	24,038.	4,087.	3,347.
e All other expenses	427,254.	10,484.	239,974.	176,796.
25 Total functional expenses. Add lines 1 through 24e	56,851,746.	47,039,391.	5,061,201.	4,751,154.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,235,535.	1	5,363,689.
	2 Savings and temporary cash investments	5,131,947.	2	4,964,520.
	3 Pledges and grants receivable, net	13,882,856.	3	13,052,890.
	4 Accounts receivable, net	2,059,210.	4	1,916,644.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	406,402.	9	381,777.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,741,941.		
	b Less: accumulated depreciation	10b 12,614,326.	28,489,390.	10c 28,127,615.
	11 Investments - publicly traded securities	39,846,410.	11	36,473,347.
	12 Investments - other securities. See Part IV, line 11	914,840.	12	1,889,468.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	8,262,008.	15	8,166,541.
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,228,598.	16	100,336,491.	
Liabilities	17 Accounts payable and accrued expenses	3,995,178.	17	3,708,480.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	11,866,790.	20	11,207,301.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	33,868,670.	25	31,443,412.
	26 Total liabilities. Add lines 17 through 25	49,730,638.	26	46,359,193.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,244,331.	27	43,772,487.
	28 Temporarily restricted net assets	2,043,155.	28	1,787,263.
	29 Permanently restricted net assets	8,210,474.	29	8,417,548.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	52,497,960.	33	53,977,298.
	34 Total liabilities and net assets/fund balances	102,228,598.	34	100,336,491.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,699,609.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,851,746.
3	Revenue less expenses. Subtract line 2 from line 1	3	847,863.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,497,960.
5	Net unrealized gains (losses) on investments	5	631,475.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,977,298.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,844,831.	53,977,903.	51,727,883.	59,263,895.	53,897,585.	259,712,097.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,349,969.	1,258,136.	121,191.	99,586.	1,359,258.	4,188,140.
4 Total. Add lines 1 through 3.	42,194,800.	55,236,039.	51,849,074.	59,363,481.	55,256,843.	263,900,237.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						263,900,237.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	42,194,800.	55,236,039.	51,849,074.	59,363,481.	55,256,843.	263,900,237.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,791,186.	231,481.	2,859,470.	1,638,899.	1,926,738.	8,447,774.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	150,807.	81,495.	67,476.	15,463.	386,361.	701,602.
11 Total support. Add lines 7 through 10.						273,049,613.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	96.65%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.75%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

Schedule of Contributors

2018

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

Name of the organization UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA	Employer identification number 59-0830840
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,938,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,990,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,473,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,717,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,485,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,406,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK INVESTMENTS	\$ 3,029,395.	01/01/2019
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA	Employer identification number 59-0830840
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		110,235.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		27,559.													
c Total lobbying expenditures (add lines 1a and 1b)		137,794.													
d Other exempt purpose expenditures		58,073,207.													
e Total exempt purpose expenditures (add lines 1c and 1d)		58,211,001.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	213,771.	247,844.	224,989.	137,794.	824,398.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	171,017.	198,275.	179,991.	110,235.	659,518.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Description and Amount. Rows include dues, section 162(e) expenditures, and aggregate amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA

Employer identification number 59-0830840

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for purposes (land, habitat, open space, historic), a table for conservation contribution details (2a-2d), and various questions about monitoring and reporting.

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

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

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

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, 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.

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

- a Board designated or quasi-endowment 66.1500 %
b Permanent endowment 33.8500 %
c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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) INTEREST IN LMTD PARTNERSHIP	8,166,541.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,166,541.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) APPROVED ALLOCATIONS PAYABLE	7,987,107.
(3) DONOR DESIGNATED ALLOCATIONS PAYABL	15,289,764.
(4) SPECIAL CONTRIBUTIONS ALLOCATIONS P	8,166,541.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,443,412.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	38,725,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 631,475.		
b	Donated services and use of facilities	2b 1,359,258.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,990,733.
3	Subtract line 2e from line 1		3	36,735,149.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 20,964,460.		
c	Add lines 4a and 4b		4c	20,964,460.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	57,699,609.

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

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

1	Total expenses and losses per audited financial statements		1	37,246,544.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 1,359,258.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,359,258.
3	Subtract line 2e from line 1		3	35,887,286.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 20,964,460.		
c	Add lines 4a and 4b		4c	20,964,460.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	56,851,746.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4 - ENDOWMENT FUNDS

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE BOARD DESIGNATED ENDOWMENT - TO PROVIDE OPERATING RESOURCES FOR THE FUTURE PERMANENTLY RESTRICTED ENDOWMENT - THE INTEREST GENERATED FROM THE CORPUS OF THIS ENDOWMENT WILL BE USED TO SUPPORT THE OPERATIONS OF THE CENTER FOR EXCELLENCE IN EARLY EDUCATION.

PART X, LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF UNITED WAY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. IF UNITED WAY WERE TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE, AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES. UNITED WAY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI - RECONCILIATION OF REVENUE

THE AMOUNT REPORTED ON PART XI, LINE 4B IS MADE UP OF \$20,964,460 OF DONOR DESIGNATED FUNDS & DONOR RESTRICTED INVESTMENTS.

Part XIII Supplemental Information *(continued)*

PART XII - RECONCILIATION OF EXPENSES

THE AMOUNT REPORTED ON PART XII, LINE 4B IS MADE UP OF \$20,964,460 OF
DONOR DESIGNATED FUNDS & DONOR RESTRICTED INVESTMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

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.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a 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? Yes No
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VERITAGE	MAYOR ' S BALL	6 .	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,511,657.	1,109,525.	928,315.	3,549,497.
	2 Less: Contributions	644,853.	827,763.	526,066.	1,998,682.
	3 Gross income (line 1 minus line 2)	866,804.	281,762.	402,249.	1,550,815.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	148,533.	4,830.	64,594.	217,957.
	7 Food and beverages	139,494.	105,821.	1,650.	246,965.
	8 Entertainment	68,716.	62,807.	0.	131,523.
	9 Other direct expenses	272,138.	64,719.	14,470.	351,327.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				947,772.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				603,043.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 100 BLACK MEN OF ATLANTA, INC. 100 AUBURN AVE. NE ATLANTA, GA 30303	58-1721923	501(C)3	27,000.				GENERAL FUNDS
(2) ACC FOUNDATION 1001 G ST NW WASHINGTON, DC 20001	52-1358578	501(C)3	25,000.				GENERAL FUNDS
(3) ADRIENNE ARSHT CENTER FOUNDATION, INC. 1300 BISCAYNE BLVD. MIAMI, FL 33132	26-2567808	501(C)3	17,000.				GENERAL FUNDS
(4) ADVENTHEALTH FOUNDATION 2809 NORTH ORANGE AVENUE ORLANDO, FL 32804	59-2219301	501(C)3	10,000.				GENERAL FUNDS
(5) ALFALIT INTERNATIONAL, INC. 3026 NW 79TH AVE DORAL, FL 33185	59-1595459	501(C)3	18,764.				GENERAL FUNDS
(6) ALL STARS PROJECT, INC. 543 W 42ND ST. NEW YORK, NY 10036	13-3148295	501(C)3	33,500.				GENERAL FUNDS
(7) ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD. LOS ANGELES, CA 90010	95-4358213	501(C)3	10,000.				GENERAL FUNDS
(8) ALPINE LEARNING GROUP, INC. 777 PARAMUS RD PARAMUS, NJ 07652	22-2887044	501(C)3	15,000.				GENERAL FUNDS
(9) ALS ASSOCIATION GREATER NEW YORK CHAPTER 42 BROADWAY NEW YORK, NY 10004	13-3271855	501(C)3	30,000.				GENERAL FUNDS
(10) ALS RECOVERY FOUNDATION, INC. 7305 SW 123RD ST PINECREST, FL 33156	65-0265802	501(C)3	11,225.				GENERAL FUNDS
(11) ALSAC - ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 SAINT JUDE PL MEMPHIS, TN 38105	35-1044585	501(C)3	29,622.				GENERAL FUNDS
(12) ALSAC-ST. JUDE CHILDREN'S RESEARCH HOSPITAL SUITE 650 MIAMI, FL 33126	35-1044585	501(C)3	16,069.				GENERAL FUNDS

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALZHEIMER'S ASSOCIATION NATIONAL OFFICE 225 N MICHIGAN AVE. CHICAGO, IL 60601	13-3039601	501(C)3	13,339.				GENERAL FUNDS
(2) AMERICAN CANCER SOCIETY EASTERN DIVISION 7 RIDGEDALE AVE. CEDAR KNOLLS, NJ 07927	16-0743902	501(C)3	22,000.				GENERAL FUNDS
(3) AMERICAN CANCER SOCIETY MIAMI-DADE AND MONR 8095 NW 12TH ST DORAL, FL 33126	13-1788491	501(C)3	26,425.				GENERAL FUNDS
(4) AMERICAN FOR IMMIGRANT JUSTICE 3000 BISCAYNE BOULEVARD	65-0610872	501(C)3	51,521.				GENERAL FUNDS
(5) AMERICAN FRIENDS OF RABIN MEDICAL CENTER 636 BROADWAY NEW YORK, NY 10012	52-1903777	501(C)3	28,000.				GENERAL FUNDS
(6) AMERICAN FRIENDS OF THE TEL AVIV UNIVERSITY 39 BROADWAY NEW YORK, NY 10006	13-1996126	501(C)3	10,000.				GENERAL FUNDS
(7) AMERICAN HEART ASSOCIATION 7751 BAYMEADOWS RD E JACKSONVILLE, FL 32256	13-5613797	501(C)3	7,500.				GENERAL FUNDS
(8) AMERICAN HEART ASSOCIATION - ORANGE 4600 CAMPUS DR IRVINE, CA 92617	13-5613797	501(C)3	30,000.				GENERAL FUNDS
(9) AMERICAN HEART ASSOCIATION, INC. 1617 JFK BLVD PHILADELPHIA, PA 19103	13-5613797	501(C)3	42,549.				GENERAL FUNDS
(10) AMERICAN JEWISH COMMITTEE 1900 NW CORPORATE BLVD BOCA RATON, FL 33431	13-5563393	501(C)3	15,000.				GENERAL FUNDS
(11) AMERICAN JEWISH COMMITTEE GTR. MIAMI AND BR 9200 SOUTH DADELAND BLVD. MIAMI, FL 33156	13-5563393	501(C)3	143,930.				GENERAL FUNDS
(12) AMERICAN JEWISH COMMITTEE, NEW JERSEY 225 MILLBURN AVE. MILLBURN, NJ 07041	13-5563393	501(C)3	25,000.				GENERAL FUNDS

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(1) AMERICAN JEWISH COMMITTEE-NY 165 EAST 56 STREET NEW YORK, NY 10022	13-5563393	501(C)3	30,000.				GENERAL FUNDS
(2) AMERICAN RED CROSS OF GTR. MIAMI & THE KEYS 335 S.W. 27TH AVENUE MIAMI, FL 33135	59-0651070	501(C)3	264,939.				GENERAL FUNDS
(3) AMIKIDS MIAMI-DADE, INC. 2701 N.E. 151ST STREET	59-1561549	501(C)3	81,043.				GENERAL FUNDS
(4) ANTI-DEFAMATION LEAGUE FLORIDA REGIONAL OFF 621 NW 53RD ST BOCA RATON, FL 33487	13-1818723	501(C)3	11,600.				GENERAL FUNDS
(5) ANTI-DEFAMATION LEAGUE, NEW YORK 605 3RD AVE NEW YORK, NY 10158-3560	13-1818723	501(C)3	38,500.				GENERAL FUNDS
(6) ARCHBISHOP'S CHARITIES DRIVE-ABCD 9401 BISCAYNE BLVD. MIAMI SHORES, FL 33138	59-0865839	501(C)3	181,404.				GENERAL FUNDS
(7) ASIAN AMERICAN LEGAL DEFENCE & EDUCATION FU 99 HUDSON ST NEW YORK, NY 10013	13-2855641	501(C)3	15,000.				GENERAL FUNDS
(8) ASPIRA OF FLORIDA, INC. 6100 BLUE LAGOON DR MIAMI, FL 33126	59-2105537	501(C)3	26,010.				GENERAL FUNDS
(9) ASPIRE CHARTER ACADEMY 928 MALONE DR ORLANDO, FL 32810	27-1191476	501(C)3	10,000.				GENERAL FUNDS
(10) ASSOCIATION OF THE BAR OF THE CITY OF NE W 42 W 44TH ST NEW YORK, NY 10036	13-6003018	501(C)3	15,000.				GENERAL FUNDS
(11) ATLANTA HISTORICAL SOCIETY 130 WEST PACES FERRY RD NW	58-0566162	501(C)3	25,000.				GENERAL FUNDS
(12) ATLANTA JEWISH FILM SOCIETY, INC. 1800 PEACHTREE ST NW ATLANTA, GA 30309	47-1260411	501(C)3	25,000.				GENERAL FUNDS

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(1) ATLANTA-FULTON COUNTY ZOO, INC. 800 CHEROKEE AVE SE ATLANTA, GA 30315	58-1655184	501(C)3	42,500.				GENERAL FUNDS
(2) ATLANTIC LEGAL FOUNDATION, INC. 500 MAMARONECK AVE HARRISON, NY 10528	23-2022920	501(C)3	15,000.				GENERAL FUNDS
(3) AUTISM SPEAKS, INC. 5805 BLUE LAGOON DR MIAMI, FL 33126	20-2329938	501(C)3	11,190.				GENERAL FUNDS
(4) AVE MARIA UNIVERSITY, INC. 5050 AVE MARIA BLVD. AVE MARIA, FL 34142	03-0482006	501(C)3	100,000.				GENERAL FUNDS
(5) AVEANNA HEALTHCARE RELIEF FUND, INC. 6 CONCOURSE PKWY ATLANTA, GA 30328	81-3709424	501(C)3	10,000.				GENERAL FUNDS
(6) AVENUES FOR JUSTICE, INC. 100 CENTRE ST NEW YORK, NY 10013	13-3267496	501(C)3	10,000.				GENERAL FUNDS
(7) BALLET HISPANO OF NEW YORK 167 WEST 89TH STREET NEW YORK, NY 10024	13-2685755	501(C)3	25,000.				GENERAL FUNDS
(8) BALTIMORE SCHOOL FOR THE ARTS FDN, INC. 712 CATHEDRAL ST BALTIMORE, MD 21201	52-1174284	501(C)3	10,000.				GENERAL FUNDS
(9) BAPTIST HEALTH SOUTH FLORIDA FOUNDATION 1575 SAN IGNACIO AVE CORAL GABLES, FL 33143	59-1923401	501(C)3	213,194.				GENERAL FUNDS
(10) BAPTIST HEALTH SOUTH FLORIDA SUNSHINE FUND 6855 RED ROAD CORAL GABLES, FL 33143	65-0267668	501(C)3	5,772.				GENERAL FUNDS
(11) BEARS CARE 1920 FOOTBALL DR LAKE FOREST, IL 60045	20-3902715	501(C)3	6,000.				GENERAL FUNDS
(12) BELEN JESUIT PREPARATORY SCHOOL, INC. 500 S.W. 127TH AVENUE MIAMI, FL 33184	59-1923401	501(C)3	44,122.				GENERAL FUNDS

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(1) BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE RD ROCKVILLE, MD 20852	53-0205921	501(C)3	10,000.				GENERAL FUNDS
(2) BEST BUDDIES INTERNATIONAL, INC. 100 S.E. 2ND STREET MIAMI, FL 33131	52-1614576	501(C)3	14,201.				GENERAL FUNDS
(3) BET TZEDEK 145 S FAIRFAX AVE. LOS ANGELES, CA 90036	23-7304205	501(C)3	10,000.				GENERAL FUNDS
(4) BETH TORAH ADATH YESHURUN, INC. 20350 NE 26TH AVENUE	59-2750308	501(C)3	6,800.				GENERAL FUNDS
(5) BIG BROTHERS BIG SISTERS OF GREATER MIAMI 550 NW 42ND AVE MIAMI, FL 33126	59-6166904	501(C)3	473,053.				GENERAL FUNDS
(6) BIG BROTHERS BIG SISTERS OF NEW YORK CITY, 40 RECTOR ST NEW YORK, NY 10006	13-5600383	501(C)3	10,000.				GENERAL FUNDS
(7) BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVE NEW YORK, NY 10017	13-4092050	501(C)3	18,930.				GENERAL FUNDS
(8) BOCA RATON REGIONAL HOSPITAL FOUNDATION 745 MEADOWS RD BOCA RATON, FL 33486	59-2406425	501(C)3	10,000.				GENERAL FUNDS
(9) BOCA WEST COMMUNITY CHARITABLE FOUNDATION, 20583 BOCA WEST DR BOCA RATON, FL 33434	27-3840788	501(C)3	112,496.				GENERAL FUNDS
(10) BOY SCOUTS OF AMERICA, SOUTH FLORIDA COUNCI 15255 NORTHWEST 82ND AVENUE	22-1576300	501(C)3	10,538.				GENERAL FUNDS
(11) BOYS & GIRLS CLUBS OF METRO ATLANTA, INC 1275 PEACHTREE ST NE ATLANTA, GA 30309	58-0566123	501(C)3	15,000.				GENERAL FUNDS
(12) BOYS & GIRLS CLUBS OF MIAMI-DADE, INC. P.O. BOX 330219 MIAMI, FL 33233-0219	59-0879227	501(C)3	181,941.				GENERAL FUNDS

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(1) BRANCHES, INC. 11500 NW 12TH AVE MIAMI, FL 33168-6217	65-0716969	501(C)3	735,832.				GENERAL FUNDS
(2) BREAKING GROUND HOUSING DEVELOPMENT FUND CO 505 EIGHT AVE NEW YORK, NY 10018	11-3048002	501(C)3	15,000.				GENERAL FUNDS
(3) BURTON FOUNDATION FOR LEGAL ACHIEVEMENT 245 PARK AVE NEW YORK, NY 10167	11-3513330	501(C)3	28,000.				GENERAL FUNDS
(4) CALHOUN SCHOOL, INC. 433 W END AVE NEW YORK, NY 10024	13-1623919	501(C)3	10,000.				GENERAL FUNDS
(5) CAMILLUS HOUSE, INC. 336 N.W. 5TH STREET MIAMI, FL 33128	65-0032862	501(C)3	62,864.				GENERAL FUNDS
(6) CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH 1319 F ST NW WASHINGTON, DC 20004	27-3761788	501(C)3	10,000.				GENERAL FUNDS
(7) CARE ELEMENTARY SCHOOL, INC. 2025 NW 1ST ST MIAMI, FL 33127	46-5269625	501(C)3	7,313.				GENERAL FUNDS
(8) CARE RESOURCE, AKA COMMUNITY AIDS RESOURCE, 3510 BISCAYNE BLVD.-STE 300 MIAMI, FL 33137	59-2564198	501(C)3	85,504.				GENERAL FUNDS
(9) CAREERS THROUGH CULINARY ARTS PROGRAM, INC. 505 EIGHT AVE NEW YORK, NY 10018	13-3662917	501(C)3	10,000.				GENERAL FUNDS
(10) CARNEGIE COUNCIL FOR ETHICS IN INTERNATIONA 170 E 64TH ST NEW YORK, NY 10065	13-1573954	501(C)3	20,000.				GENERAL FUNDS
(11) CARNEGIE HALL CORPORATION 881 SEVENTH AVE NEW YORK, NY 10019	13-1923626	501(C)3	65,000.				GENERAL FUNDS
(12) CARPLS 17 N STATE ST CHICAGO, IL 60602	36-3863573	501(C)3	30,000.				GENERAL FUNDS

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(1) CARROLLTON SCHOOL OF THE SACRED HEART 3747 MAIN HIGHWAY MIAMI, FL 33133	59-6082015	501(C)3	255,592.				GENERAL FUNDS
(2) CASITA MARIA, INC. 928 SIMPSON ST BRONX, NY 10459	13-1623994	501(C)3	6,250.				GENERAL FUNDS
(3) CATALOG FOR GIVING, INC. 270 MADISON AVE NEW YORK, NY 10016	13-3037380	501(C)3	10,000.				GENERAL FUNDS
(4) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MI 1505 NE 26TH ST WILTON MANORS, FL 33305	59-1279497	501(C)3	11,202.				GENERAL FUNDS
(5) CC CENTRO HISPANO CATOLICO CHILD CARE CTR. 9401 BISCAYNE BLVD. MIAMI, FL 33138	59-1279497	501(C)3	41,016.				GENERAL FUNDS
(6) CC NEW LIFE FAMILY SHELTER, INC. 3620 NW 1ST AVE MIAMI, FL 33127	591279497	501(C)3	68,713.				GENERAL FUNDS
(7) CC NOTRE DAME D'HAITI CHILD CARE CENTER 9401 BISCAYNE BLVD. MIAMI, FL 33138	59-1279497	501(C)3	50,000.				GENERAL FUNDS
(8) CC SAGRADA FAMILIA CHILD CARE CENTER 970 SW 1ST ST.- STE 205 MIAMI, FL 33130	59-1279497	501(C)3	68,321.				GENERAL FUNDS
(9) CC SERVICES FOR THE ELDERLY 9401 BISCAYNE BLVD. MIAMI, FL 33138	59-1279497	501(C)3	72,358.				GENERAL FUNDS
(10) CCDH, INC. 8585 SUNSET DR. MIAMI, FL 33143	59-1617964	501(C)3	60,000.				GENERAL FUNDS
(11) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000.				GENERAL FUNDS
(12) CENTER FOR FAMILY AND CHILD ENRICHMENT 1825 N.W. 167TH ST.-STE 102	59-1775062	501(C)3	30,648.				GENERAL FUNDS

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(1) CENTRO CAMPESINO FARMWORKER CENTER P.O. BOX 343449 HOMESTEAD, FL 33034	59-1460598	501(C)3	185,780.				GENERAL FUNDS
(2) CENTRO MATER EAST CHILD CARE CENTER, INC. 418 S.W. 4TH AVE. MIAMI, FL 33130	20-8083301	501(C)3	198,134.				GENERAL FUNDS
(3) CFA EDUCATION FOUNDATION, INC. 370 7TH AVE. NEW YORK, NY 10001	13-3577148	501(C)3	12,000.				GENERAL FUNDS
(4) CHABAD OF PARKLAND 7170 LOXAHATCHEE RD PARKLAND, FL 33067	65-0946383	501(C)3	100,000.				GENERAL FUNDS
(5) CHAPMAN PARTNERSHIP, INC. 1550 NORTH MIAMI AVENUE MIAMI, FL 33136	65-0425069	501(C)3	135,375.				GENERAL FUNDS
(6) CHICAGO BLACKHAWKS FOUNDATION 1901 W MADISON ST CHICAGO, IL 60612	20-3871291	501(C)3	8,500.				GENERAL FUNDS
(7) CHICAGO COMMONS ASSOCIATION 515 E 50TH ST CHICAGO, IL 60615	36-2169136	501(C)3	6,000.				GENERAL FUNDS
(8) CHICAGO PUBLIC LIBRARY FOUNDATION 20 N MICHIGAN AVE. CHICAGO, IL 60602	36-3480353	501(C)3	15,000.				GENERAL FUNDS
(9) CHILD MIND INSTITUTE, INC. 445 PARK AVE NEW YORK, NY 10022	80-0478843	501(C)3	15,000.				GENERAL FUNDS
(10) CHILDREN ACROSS BORDERS, INC. 3107 W DUNWOODIE ST TAMPA, FL 33629	26-2601630	501(C)3	12,500.				GENERAL FUNDS
(11) CHILDREN'S ACTION ALLIANCE, INC. 3030 N 3RD ST PHOENIX, AZ 85012	86-0594785	501(C)3	15,000.				GENERAL FUNDS
(12) CHILDREN'S BEREAVEMENT CENTER, INC. 7600 S RED RD SOUTH MIAMI, FL 33143	65-0918564	501(C)3	5,631.				GENERAL FUNDS

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA 1910 MAGNOLIA AVE LOS ANGELES, CA 90007	95-1690975	501(C)3	10,000.				GENERAL FUNDS
(2) CHILDREN'S DEFENSE FUND 25 EAST STREET, NW WASHINGTON, DC 20001	52-0895622	501(C)3	25,000.				GENERAL FUNDS
(3) CHILDREN'S FORUM, INC. 2807 REMINGTON GREEN CIRCLE	65-0165007	501(C)3	108,417.				GENERAL FUNDS
(4) CHILDREN'S HEALTHCARE OF ATLANTA 3375 NORTHEAST EXPY NE ATLANTA, GA 30341	58-2367819	501(C)3	10,000.				GENERAL FUNDS
(5) CHILDREN'S HOME SOCIETY OF FLORIDA 800 NW 15 STREET MIAMI, FL 33136-1495	59-0192430	501(C)3	84,941.				GENERAL FUNDS
(6) CHILDREN'S MUSEUM OF MANHATTAN GROWTH THROU THE TISCH BUILDING NEW YORK, NY 10024	13-2761376	501(C)3	25,000.				GENERAL FUNDS
(7) CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	95-6097416	501(C)3	30,000.				GENERAL FUNDS
(8) CHRIST FELLOSHIP BAPTIST CHURCH, INC. 8900 SW 168TH ST PALMETTO BAY, FL 33157	59-0942458	501(C)3	6,179.				GENERAL FUNDS
(9) CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87TH AVE. MIAMI, FL 33165	59-0855391	501(C)3	39,623.				GENERAL FUNDS
(10) CHURCH OF THE EPIPHANY 8081 S.W. 54TH COURT MIAMI, FL 33143	59-0711166	501(C)3	7,619.				GENERAL FUNDS
(11) CITIZENS COMMITTEE FOR NEW YORK CITY 77 WATER ST NEW YORK, NY 10005	51-0171818	501(C)3	10,000.				GENERAL FUNDS
(12) CITRUS HEALTH NETWORK, INC. 4175 WEST 20TH AVENUE	59-1865751	501(C)3	235,024.				GENERAL FUNDS

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(1) CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3435919	501(C)3	35,000.				GENERAL FUNDS
(2) CITY YEAR, INC. 44 W FLAGLER ST. MIAMI, FL 33130	22-2882549	501(C)3	121,673.				GENERAL FUNDS
(3) CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	34-0714585	501(C)3	20,000.				GENERAL FUNDS
(4) COCONUT GROVE CARES, INC. 3870 WASHINGTON AVE.	59-1263934	501(C)3	92,998.				GENERAL FUNDS
(5) CODEART, INC. 6440 SW 98TH STREET MIAMI, FL 33156	81-0848567	501(C)3	31,407.				GENERAL FUNDS
(6) COLEL CHABAD, INC. 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501(C)3	10,000.				GENERAL FUNDS
(7) COLLEEN'S DREAM FOUNDATION 7120 E INDIAN SCHOOL RD	45-5323829	501(C)3	10,000.				GENERAL FUNDS
(8) COLLIER YOUTH SERVICES P.O. BOX 300 WICKATUNK, NJ 07765	21-0635038	501(C)3	7,500.				GENERAL FUNDS
(9) COLUMBUS ZOOLOGICAL PARK ASSOCIATION 9990 RIVERSIDE DR POWELL, OH 43065	31-4390844	501(C)3	15,000.				GENERAL FUNDS
(10) COMBINED JEWISH PHILANTHROPIES OF GREATER B 126 HIGH STREET BOSTON, MA 02110	04-2103559	501(C)3	9,500.				GENERAL FUNDS
(11) COMMON THREADS 3811 BEE CAVE RD AUSTIN, TX 78746	20-0106847	501(C)3	25,196.				GENERAL FUNDS
(12) COMMUNITIES IN SCHOOLS OF MIAMI, INC. 12485 SW 137TH AVE MIAMI, FL 33186	65-0141488	501(C)3	66,382.				GENERAL FUNDS

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Department of the Treasury
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C/O CARLOS G MOLINA

Employer identification number
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(1) COMMUNITY HOPE, INC. 959 ROUTE 46 E PARSIPPANY, NJ 07054	22-2647038	501(C)3	15,000.				GENERAL FUNDS
(2) COMMUNITY SMILES AKA DADE COUNTY DENTAL 750 NW 20TH STREET MIAMI, FL 33127	23-7372819	501(C)3	15,000.				GENERAL FUNDS
(3) CONSTITUTIONAL RIGHTS FOUNDATION 601 S KINGSLEY DR LOS ANGELES, CA 90005	95-2219680	501(C)3	10,000.				GENERAL FUNDS
(4) CORPUS CHRISTI CATHOLIC CHURCH 3220 NW 7TH AVE MIAMI, FL 33127	53-0196617	501(C)3	23,600.				GENERAL FUNDS
(5) COUNCIL OF JEWISH EMIGRE COMMUNITY ORGANIZA 729 SEVENTH AVE NEW YORK, NY 10019	13-3955739	501(C)3	10,000.				GENERAL FUNDS
(6) COUNCIL OF KOREAN AMERICANS, INC. 1875 K ST NW WASHINGTON, DC 20006	27-3496925	501(C)3	10,000.				GENERAL FUNDS
(7) COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC 1101 MERCANTILE LN LARGO, MD 20774	45-4462410	501(C)3	15,000.				GENERAL FUNDS
(8) COVENANT HOUSE GEORGIA, INC. 1559 JOHNSON RD NW ATLANTA, GA 30318	13-3523561	501(C)3	15,000.				GENERAL FUNDS
(9) CROHN'S & COLITIS FOUNDATION OF AMERICA 21301 POWERLINE ROAD BOCA RATON, FL 33434	13-6193105	501(C)3	79,999.				GENERAL FUNDS
(10) CUBAN AMERICAN BAR FOUNDATION, INC. 1825 PONCE DE LEON BLVD	83-0397116	501(C)3	15,000.				GENERAL FUNDS
(11) CUBAN AMERICAN NATIONAL COUNCIL, INC. 1223 S.W. 4TH STREET MIAMI, FL 33135-2407	23-7269955	501(C)3	67,520.				GENERAL FUNDS
(12) CURE CHILDHOOD CANCER, INC. 200 ASHFORD CTR NORTH ATLANTA, GA 30338	58-1244138	501(C)3	10,000.				GENERAL FUNDS

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(1) DALLAS BAR ASSOCIATION COMMUNITY SERVICE FU 2101 ROSS AVE DALLAS, TX 75201	75-2410525	501(C)3	5,500.				GENERAL FUNDS
(2) DALLAS CASA 2757 SWISS AVE DALLAS, TX 75204	75-1866204	501(C)3	25,000.				GENERAL FUNDS
(3) DALLAS METHODIST HOSPITALS FOUNDATION, INC. 1441 N BECKLEY AVE DALLAS, TX 75203	75-1548343	501(C)3	10,000.				GENERAL FUNDS
(4) DAVE AND MARY ALPER JCC 11155 S.W. 112 AVENUE MIAMI, FL 33176	59-2736411	501(C)3	36,770.				GENERAL FUNDS
(5) DENVER ACTIVE 20-30 CHILDREN'S FOUNDATION 764 S PEARL ST DENVER, CO 80209	74-2535078	501(C)3	10,000.				GENERAL FUNDS
(6) DENVER PUBLIC LIBRARY FRIENDS FOUNDATION 10 W 14TH AVE PKWY DENVER, CO 80204	84-6036979	501(C)3	15,000.				GENERAL FUNDS
(7) DIABETES RESEARCH INSTITUTE FOUNDATION, INC 200 S PARK RD HOLLYWOOD, FL 33021	59-1361955	501(C)3	10,595.				GENERAL FUNDS
(8) DIGESTIVE HEALTH FOUNDATION 251 E HURON ST CHICAGO, IL 60611	47-4178944	501(C)3	15,000.				GENERAL FUNDS
(9) DISABLE SPORTS USA 451 HUNGERFORD DR ROCKVILLE, MD 20850	94-6174016	501(C)3	25,000.				GENERAL FUNDS
(10) DOGGIES ON THE CATWALK, INC. 33 PONCE DE LEON AVE NE ATLANTA, GA 30308	82-1665300	501(C)3	10,000.				GENERAL FUNDS
(11) DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CEN 701 BRICKELL AVE MIAMI, FL 33131	59-1923396	501(C)3	59,835.				GENERAL FUNDS
(12) DUKE UNIVERSITY PO BOX 90581 DURHAM, NC 27708	56-0532129	501(C)3	9,549.				GENERAL FUNDS

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(1) EARLY CHILDHOOD INITIATIVE, INC. 3250 SW 3RD AVE MIAMI, FL 33129	31-1626706	501(C)3	67,623.				GENERAL FUNDS
(2) EAST HARLEM TUTORIAL PROGRAM 2050 2ND AVENUE NEW YORK, NY 10029	23-7439789	501(C)3	10,000.				GENERAL FUNDS
(3) EASTER SEALS GREATER WASHINGTON 1420 SPRING ST SILVER SPRINGS, MD 20910	53-0212296	501(C)3	20,000.				GENERAL FUNDS
(4) EASTER SEALS SOUTH FLORIDA, INC. 1475 NW 14TH AVE MIAMI, FL 33125	59-0722783	501(C)3	175,947.				GENERAL FUNDS
(5) ECONOMIC DEVELOPMENT CORPORATION OF LOS ANG 444 S FLOWER ST LOS ANGELES, CA 90071	95-3643339	501(C)3	25,000.				GENERAL FUNDS
(6) EDGEWOOD RANCH ENDOWMENT, INC. 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	59-3080606	501(C)3	7,500.				GENERAL FUNDS
(7) EDUCATE TOMORROW, CORP. 1717 N. BAYSHORE DR. MIAMI, FL 33132	51-0493526	501(C)3	57,811.				GENERAL FUNDS
(8) EDWARD M. KENNEDY INSTITUTE FOR THE UNITED 210 MORRISSEY BLVD BOSTON, MA 02125	27-0963869	501(C)3	25,000.				GENERAL FUNDS
(9) ELEVATE ORLANDO, INC. 2700 WESTHALL LN MAITLAND, FL 32751	26-3330456	501(C)3	7,500.				GENERAL FUNDS
(10) EMPOWER U, INC. 7900 NW 27TH AVENUE MIAMI, FL 33147-4101	65-0899207	501(C)3	62,807.				GENERAL FUNDS
(11) EPILEPSY FOUNDATION OF FLORIDA, INC. 7300 N KENDALL DR MIAMI, FL 33126	59-2164525	501(C)3	60,944.				GENERAL FUNDS
(12) EPSTEIN SCHOOL FOUNDATION, INC. 335 COLEWOOD WAY NW SANDY SPRINGS, GA 30328	58-2022685	501(C)3	10,000.				GENERAL FUNDS

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(1) EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)3	10,000.				GENERAL FUNDS
(2) EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC. PO BOX 4184 NEW YORK, NY 10163	26-1598353	501(C)3	7,500.				GENERAL FUNDS
(3) EXCHANGE CLUB CHARITABLE ORGANIZATION P.O. BOX 4164 NAPERVILLE, IL 60567	36-3966340	501(C)3	10,000.				GENERAL FUNDS
(4) FAIRCHILD TROPICAL BOTANIC GARDEN 10901 OLD CUTLER RD	59-0668480	501(C)3	8,978.				GENERAL FUNDS
(5) FAMILY CENTRAL, INC.-BROWARD 1415 W. CYPRESS CREEK ROAD	59-1487190	501(C)3	72,644.				GENERAL FUNDS
(6) FAMILY EQUALITY COUNCIL 41 WINTER ST BOSTON, MA 02108	52-1438455	501(C)3	20,000.				GENERAL FUNDS
(7) FAMILY PROMISE OF MORRIS COUNTY, INC. P.O. BOX 1494 MORRISTOWN, NJ 07962	52-1572014	501(C)3	25,000.				GENERAL FUNDS
(8) FAMILY RESOURCE CENTER OF SOUTH FLORIDA, IN 155 S MIAMI AVE MIAMI, FL 33130-1617	59-1788265	501(C)3	79,136.				GENERAL FUNDS
(9) FEEDING SOUTH FLORIDA, INC. 2501 SW 32ND TER PEMBROKE PINES, FL 33023	59-2097520	501(C)3	12,226.				GENERAL FUNDS
(10) FIREFIGHTER CANCER SUPPORT NETWORK 2600 W OLIVE AVE BURBANK, CA 91505	20-4192265	501(C)3	5,695.				GENERAL FUNDS
(11) FIREWORK FOUNDATION C/O GSO 15260 VENTURA BLVD	45-3785398	501(C)3	20,000.				GENERAL FUNDS
(12) FIRST DEPARTMENT ASSIGNED COUNSEL CORPORATI 11 PARK PL NEW YORK, NY 10007	13-3468351	501(C)3	15,000.				GENERAL FUNDS

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(1) FISHER ISLAND PHILANTHROPIC FUND 3250 S.W. 3RD AVE. MIAMI, FL 33129	20-1841047	501(C)3	100,000.				GENERAL FUNDS
(2) FLORIDA ATLANTIC UNIVERSITY FOUNDATION P.O. BOX 3091 BOCA RATON, FL 33431	59-0917284	501(C)3	110,000.				GENERAL FUNDS
(3) FLORIDA GRAND OPERA, INC. 8390 NW 25 ST. MIAMI, FL 33122	65-0496477	501(C)3	76,500.				GENERAL FUNDS
(4) FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION BENEFITS COORDINATOR PC 224 MIAMI, FL 33199	23-7047106	501(C)3	117,503.				GENERAL FUNDS
(5) FONDOS UNIDOS DE PUERTO RICO P.O. BOX 191914 HATO REY RQ 00919-1914	66-0269222	501(C)3	42,148.				GENERAL FUNDS
(6) FORDHAM UNIVERSITY C/O OFFICE OF DEVELOPMEN 888 SEVENTH	13-1740451	501(C)3	19,500.				GENERAL FUNDS
(7) FOSTER CARE REVIEW, INC. DBA FLORIDA FOSTER 4500 BISCAYNE BLVD. NEW YORK, NY 33137	65-0118944	501(C)3	62,672.				GENERAL FUNDS
(8) FOUNDATION FIGHTING BLINDNESS, INC. 7168 COLUMBIA GATEWAY DR MIAMI, FL 21046	23-7135845	501(C)3	10,000.				GENERAL FUNDS
(9) FRESH START WOMEN'S FOUNDATION 1130 EAST MCDOWELL ROAD CARLSBAD, CA 85006	86-0762610	501(C)3	21,800.				GENERAL FUNDS
(10) FRIENDS OF PAYTON ASSOCIATION 1034 N WELLS ST PHOENIX, AZ 60610	36-4409659	501(C)3	7,500.				GENERAL FUNDS
(11) FRIENDS OF PUBLIC EDUCATION, INC. 4100 PRAIRE AVENUE CHICAGO, IL 33140	65-0481047	501(C)3	5,922.				GENERAL FUNDS
(12) FRIENDS OF THE ISRAEL DEFENSE FORCES BROWARD/PALM BEACH CHAPTER	13-3156445	501(C)3	32,000.				GENERAL FUNDS

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRIENDS OF THE ISRAEL DEFENSE FORCES 2040 NE 163RD ST BOCA RATON, FL 33162	13-3156445	501(C)3	37,340.				GENERAL FUNDS
(2) FRIENDS OF THE ISRAEL DEFENSE FORCES 500 OFFICE CENTER DR	13-3156445	501(C)3	10,000.				GENERAL FUNDS
(3) FRIENDS OF THE ISRAEL DEFENSE FORCES 60 E 42ND ST FORT WASHINGTON, PA 10165	13-3156445	501(C)3	61,100.				GENERAL FUNDS
(4) FRIENDS OF THE LOS ANGELES FREE CLINIC 8405 BEVERLY BLVD. NEW YORK, NY 90048	95-3433824	501(C)3	15,000.				GENERAL FUNDS
(5) FRIENDS OF THE MARCH OF THE LIVING 7500 SW 120TH ST LOS ANGELES, CA 33156	65-1058975	501(C)3	5,165.				GENERAL FUNDS
(6) FRIENDSHIP CIIRCLE OF N. BROWARD & SPB INC 7170 LOXAHATCHEE RD PINECREST, FL 33067	26-2025179	501(C)3	50,000.				GENERAL FUNDS
(7) FUND FOR MODERN COURTS, INC. 205 E 42ND ST CHICAGO, IL 10017	13-2597816	501(C)3	15,000.				GENERAL FUNDS
(8) GABLESTAGE, INC. 1200 ANASTASIA AVENUE NEW YORK, NY 33134	59-1972774	501(C)3	6,602.				GENERAL FUNDS
(9) GAPABA LAW FOUNDATION, INC. 483 WALDO ST SE CORAL GABLES, FL 30312	20-2369818	501(C)3	11,000.				GENERAL FUNDS
(10) GIRL SCOUT COUNCIL OF TROPICAL FLORIDA, INC 11347 S.W. 160TH STREET	59-0651087	501(C)3	263,397.				GENERAL FUNDS
(11) GIVE KIDS THE WORLD, INC. 210 S BASS RD MIAMI, FL 34746	59-2654440	501(C)3	7,500.				GENERAL FUNDS
(12) GOOD SPORTS, INC 1515 HANCOCK STREET ATLANTA, GA 02169	75-3138664	501(C)3	25,000.				GENERAL FUNDS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GOODWILL INDUSTRIES OF SOUTH FLORIDA, INC. 2121 N.W. 21 STREET QUINCY, MA 33142-7317	59-0866126	501(C)3	373,949.				GENERAL FUNDS
(2) GREATER MIAMI HILLEL FOUNDATION 1100 STANFORD DR MIAMI, FL 33146	52-1844823	501(C)3	37,741.				GENERAL FUNDS
(3) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD.	59-0624404	501(C)3	2,329,569.				GENERAL FUNDS
(4) GREATER MIAMI SERVICE CORPS 810 NW 28TH ST MIAMI, FL 33127	65-0221820	501(C)3	26,364.				GENERAL FUNDS
(5) GREATER MIAMI YOUTH FOR CHRIST 9350 SW 79TH AVE MIAMI, FL 33156	59-6033466	501(C)3	7,501.				GENERAL FUNDS
(6) GREATER ORLANDO CHILDREN'S MIRACLE NETWORK, 3160 SOUTHGATE COMMERCE BLVD.	59-3452974	501(C)3	9,500.				GENERAL FUNDS
(7) HABITAT FOR HUMANITY OF GTR. MIAMI, INC. 3800 NW 22ND AVE. COLUMBUS, OH 33142	65-0108974	501(C)3	14,998.				GENERAL FUNDS
(8) HAPPINESS IS CAMPING 62 SUNSET LAKE RD GOSHEN, NY 07825	13-2556242	501(C)3	10,000.				GENERAL FUNDS
(9) HAPPY SPACES, INC. 11820 SW 92ND AVE BLAIRSTOWN, NJ 33176	81-2897081	501(C)3	7,141.				GENERAL FUNDS
(10) HAROLD E. EISENBERG FOUNDATION 540 W FRONTAGE RD MIAMI, FL 60093	36-4275754	501(C)3	8,500.				GENERAL FUNDS
(11) HARVARD BUSINESS SCHOOL CLUB OF NEW YORK , 1460 BROADWAY NORTHFIELD, IL 10036	13-6159699	501(C)3	22,550.				GENERAL FUNDS
(12) HEAD INJURY FOUNDATION, INC. 300 KENNEDY DR CHARLOTTE, NC 11788	27-4408507	501(C)3	8,500.				GENERAL FUNDS

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) HEADSTRONG PROJECT, INC. 655 MADISON AVE HAUPPAUGE, NY 10065	45-5261907	501(C)3	45,000.				GENERAL FUNDS
(2) HEALTH INFORMATION PROJECT, INC. 4601 PONCE DE LEON BLVD. NEW YORK, NY 33146	80-0526558	501(C)3	12,935.				GENERAL FUNDS
(3) HEARING & SPEECH CENTER OF FLORIDA, INC. 9425 SW 72ND ST CORAL GABLES, FL 33173	59-0668488	501(C)3	172,844.				GENERAL FUNDS
(4) HENRY W. GRADY FOUNDATION, INC. 191 PEACHTREE ST, NE MIAMI, FL 30303	58-2130437	501(C)3	15,000.				GENERAL FUNDS
(5) HER JUSTICE, INC. 100 BROADWAY ATLANTA, GA 10005	13-3688519	501(C)3	15,000.				GENERAL FUNDS
(6) HFS CHICAGO SCHOLARS 1074 W TAYLOR ST NEW YORK, NY 60607	36-3922345	501(C)3	10,000.				GENERAL FUNDS
(7) HIS HOUSE CHILDREN'S HOME 20000 N.W. 47TH AVENUE	65-0145994	501(C)3	49,827.				GENERAL FUNDS
(8) HISTORICAL SOCIETY OF THE NEW YORK COURTS 140 GRAND ST MIAMI, FL 10601	82-0554364	501(C)3	15,000.				GENERAL FUNDS
(9) HOLLAND & KNIGHT CHARITABLE FOUNDATION, INC 201 N FRANKLIN STSTE 1200	31-1472972	501(C)3	11,254.				GENERAL FUNDS
(10) HOPE FOR HARVEST YOUTH CENTER 1800 BREWTON DR TAMPA, FL 28206	82-0832111	501(C)3	10,000.				GENERAL FUNDS
(11) HOSPICE OF PALM BEACH COUNTY, INC. 5300 EAST AVE CHARLOTTE, NC 33407	59-1825937	501(C)3	7,500.				GENERAL FUNDS
(12) HOUSTON LIVESTOCK SHOW AND RODEO, INC. 8334 FANNIN ST WEST PALM BEACH, FL 77054	74-1142851	501(C)3	11,005.				GENERAL FUNDS

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) HUMAN OPTIONS, INC 5540 TRABUCO RD HOUSTON, TX 92620	95-3667817	501(C)3	20,000.				GENERAL FUNDS
(2) HUMANE SOCIETY OF GREATER MIAMI & ADOPT A P 16101 W DIXIE HWY IRVINE, CA 33160	59-0711176	501(C)3	11,375.				GENERAL FUNDS
(3) INDEPENDENT MEDIA ARTISTS OF GA ETC, INC. 25 PARK PLACE NE	58-1299008	501(C)3	15,000.				GENERAL FUNDS
(4) INOVA HEALTH SYSTEM FOUNDATION 8110 GATEHOUE RD ATLANTA, GA 22042	54-1071867	501(C)3	7,500.				GENERAL FUNDS
(5) INSTITUTE FOR CHILD AND FAMILY HEALTH, INC. 15490 N.W. 7TH AVE.-STE 200	59-0866060	501(C)3	303,405.				GENERAL FUNDS
(6) INSTITUTE FOR INCLUSION IN THE LEGAL PROFES 321 S PLYMOUTH CT MIAMI, FL 60604	27-0888460	501(C)3	10,000.				GENERAL FUNDS
(7) INSTITUTE OF CONTEMPORARY ART MIAMI 61 NE 41ST ST CHICAGO, IL 33137	47-1251523	501(C)3	435,000.				GENERAL FUNDS
(8) INTERNATIONAL INSTITUTE FOR CONFLICT 30 E 33RD ST MIAMI, FL 10016	13-2885302	501(C)3	20,000.				GENERAL FUNDS
(9) INTERNATIONAL JUSTICE MISSION P.O. BIOX 58147 NEW YORK, NY 20037	54-1722887	501(C)3	15,760.				GENERAL FUNDS
(10) ISRAEL CANCER RESEARCH FUND, INC. 52 VANDERBILT AVE IRVINE, CA 10017	51-0181215	501(C)3	10,000.				GENERAL FUNDS
(11) J P HAITIAN RELIEF ORGANIZATION 6464 SUNSET BLVD NEW YORK, NY 90028	27-1703237	501(C)3	10,000.				GENERAL FUNDS
(12) JACKSON HEALTH FOUNDATION 1501 NW NORTH RIVER DR	65-0077727	501(C)3	187,086.				GENERAL FUNDS

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) JAPAN DAY, INC. C/O MAYER BROWN LLP AV OF THE AMERICAS NEW MIAMI, FL 10020	20-5864522	501(C)3	15,000.				GENERAL FUNDS
(2) JAZZ AT ASPEN SNOWMASS 110 E HALLAM ST NEW YORK, NY 81611	84-1220222	501(C)3	5,950.				GENERAL FUNDS
(3) JESSIE TRICE COMMUNITY HEALTH SYSTEM, INC 5607 NW 27TH AVE	59-1235617	501(C)3	20,000.				GENERAL FUNDS
(4) JEWISH ADOPTION AND FOSTER CARE OPTIONS 4200 NORTH UNIVERSITY DRIVE MIAMI, FL 33351	20-0898587	501(C)3	7,503.				GENERAL FUNDS
(5) JEWISH COMMUNITY SERVICES OF SOUTH FLA. 735 N.E. 125TH STREET NEW YORK, NY 33161	59-0637867	501(C)3	1,271,172.				GENERAL FUNDS
(6) JEWISH EDUCATIONAL LOAN FUND, INC. 4549 CHAMBLEE DUNWOODY RD CHICAGO, IL 30324	58-0568686	501(C)3	15,481.				GENERAL FUNDS
(7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN 6505 WILSHIRE BLVD ATLANTA, GA 90048	95-1643388	501(C)3	25,000.				GENERAL FUNDS
(8) JEWISH FEDERATION OF SOUTH PALM BEACH COUNT 9901 DONNA KLEIN BLVD.	59-1945109	501(C)3	100,000.				GENERAL FUNDS
(9) JEWISH LEADERSHIP INSTITUTE 925 ARTHUR GODFREY RD BOCA RATON, FL 33140	65-0180927	501(C)3	8,643.				GENERAL FUNDS
(10) JEWISH NATIONAL FUND SOUTHERN FLORIDA 902 CLINT MOORE RD MIAMI BEACH, FL 33487	13-1659627	501(C)3	9,625.				GENERAL FUNDS
(11) JEWISH THEOLOGICAL SEMINARY OF AMERICA 3080 BROADWAY AVE BOCA RATON, FL 10027	13-0887640	501(C)3	25,000.				GENERAL FUNDS
(12) JEWISH UNITED FUND OF METROPOLITAN CHICAGO 30 S WELLS ST NEW YORK, NY 60606	31-2167034	501(C)3	75,000.				GENERAL FUNDS

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C/O CARLOS G MOLINA

Employer identification number
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Part I General Information on Grants and Assistance

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(1) JOE DIMAGGIO CHILDREN'S HOSPITAL FOUND. INC 3711 GARFIELD ST. CHICAGO, IL 33021	65-0492343	501(C)3	7,497.				GENERAL FUNDS
(2) JORGE M. PEREZ ART MUSEUM OF MIAMI-DADE COU 1103 BISCAYNE BLVD. HOLLYWOOD, FL 33132	59-2048869	501(C)3	96,637.				GENERAL FUNDS
(3) JORGE MAS CANOSA FREEDOM FOUNDATION P.O. BOX 14-1898 MIAMI, FL 33114	59-2122621	501(C)3	20,000.				GENERAL FUNDS
(4) JUDGES AND LAWYERS BREAST CANCER ALERT, INC 100 CROSBY ST CHICAGO, IL 10012	13-3679981	501(C)3	45,000.				GENERAL FUNDS
(5) JUDI'S HOUSE 1741 GAYLORD ST NEW YORK, NY 80206	84-1600797	501(C)3	25,000.				GENERAL FUNDS
(6) JULIA'S GRACE FOUNDATION PO BOX 1081 DENVER, CO 19468	46-3804984	501(C)3	15,000.				GENERAL FUNDS
(7) JUNIOR ACHIEVEMENT OF GREATER MIAMI 301 71ST ST ROYERSFORD, PA 33141	59-0807486	501(C)3	10,000.				GENERAL FUNDS
(8) JUVENILE DIABETES RESEARCH FOUNDATION 1641 WORTHINGTON RD DENVER, CO 33411	23-1907729	501(C)3	7,500.				GENERAL FUNDS
(9) JUVENILE DIABETES RESEARCH FOUNDATION INT'L 3411 POWERLINE RD WEST PALM BEACH, FL 33309	23-1907729	501(C)3	6,581.				GENERAL FUNDS
(10) KEEP MEMORY ALIVE 888 W BONNEVILLE AVE	88-0515534	501(C)3	18,000.				GENERAL FUNDS
(11) KEY BISCAYNE COMMUNITY FOUNDATION 200 CRANDON BLVD. LAS VEGAS, NV 33149	30-0239421	501(C)3	46,799.				GENERAL FUNDS
(12) KIDS IN NEED OF DEFENSE (KIND) 1300 L ST NW KEY BISCAYNE, FL 20005	26-2763038	501(C)3	15,000.				GENERAL FUNDS

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C/O CARLOS G MOLINA

Employer identification number
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(1) KRISTI HOUSE, INC. 1265 NW 12TH AVE. WASHINGTON, DC 33136	65-0576650	501(C)3	16,691.				GENERAL FUNDS
(2) L.I.V.E. LEAD, INNOVATE, VOLUNTEER & EMPOWE 11401 SW 88TH AVE MIAMI, FL 33176	81-1106219	501(C)3	17,743.				GENERAL FUNDS
(3) LA LIGA CONTRA EL CANCER 2180 S.W. 12TH AVE. MIAMI, FL 33129	59-1629554	501(C)3	11,322.				GENERAL FUNDS
(4) LAAMISTAD, INC. 3434 ROSWELL RD NW MIAMI, FL 30305	20-5359559	501(C)3	12,000.				GENERAL FUNDS
(5) LAKE HIGHLAND PREPARATORY SCHOOL, INC. 901 N HIGHLAND AVE	59-0624431	501(C)3	6,000.				GENERAL FUNDS
(6) LATIN GRAMMY CULTURAL FOUNDATION 3470 NW 82ND AVE ORLANDO, FL 33122	46-4770436	501(C)3	30,000.				GENERAL FUNDS
(7) LATINOJUSTICE PRLDEF 99 HUDSON ST DORAL, FL 10013	13-2722664	501(C)3	10,000.				GENERAL FUNDS
(8) LAW FOUNDATION OF SILICON VALLEY 152 N 3RD ST NEW YORK, NY 95112	52-1014754	501(C)3	10,000.				GENERAL FUNDS
(9) LAWYERS ALLIANCE FOR NEW YORK 171 MADISON AVE SAN JOSE, CA 10016	13-2666432	501(C)3	35,000.				GENERAL FUNDS
(10) LEGAL INFORMATION FOR FAMILIES TODAY 32 COURT ST MIAMI, FL 11201	13-3910567	501(C)3	10,000.				GENERAL FUNDS
(11) LEGAL SERVICES OF GREATER MIAMI, INC. 4343 WEST FLAGLER ST BROOKLYN, NY 33137	59-1227481	501(C)3	146,465.				GENERAL FUNDS
(12) LEISURE ACCESS FOUNDATION 18851 NE 29TH AVE. MIAMI, FL 33180	65-0281274	501(C)3	11,881.				GENERAL FUNDS

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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(1) LESBIAN & GAY COMMUNITY SERVICES CENTER 208 W 13TH ST AVENTURA, FL 10011	13-3217805	501(C)3	15,000.				GENERAL FUNDS
(2) LET'S GET READY, INC. 50 BROADWAY NEW YORK, NY 10004	31-1698832	501(C)3	6,500.				GENERAL FUNDS
(3) LIBERTY SCIENCE CENTER, INC. 222 JERSEY CITY BLVD NEW YORK, NY 07305	22-2302253	501(C)3	17,500.				GENERAL FUNDS
(4) LINCOLN CENTER FOR THE PERFORMING ARTS, INC 70 LINCOLN CENTER PLAZA LAS VEGAS, NV 10023	13-1847137	501(C)3	25,000.				GENERAL FUNDS
(5) LITTLE HAVANA ACTIVITIES AND NUTRITION CTRS 700 SW 8TH STREET NEW YORK, NY 33130-3311	23-7378008	501(C)3	211,149.				GENERAL FUNDS
(6) LKAS VEGAS PERFORMING ARTS CENTER FOUNDATIO 361 SYMPHONY PARK AVE MIAMI, FL 89103	88-0361875	501(C)3	20,000.				GENERAL FUNDS
(7) LOTUS HOUSE WOMEN'S SHELTER 3921 ALTON ROAD, #468 LOS ANGELES, CA 33140	81-0652266	501(C)3	10,631.				GENERAL FUNDS
(8) LUPUS FOUNDATION OF AMERICA, INC. 2000 L STREET NW NEW YORK, NY 20036	43-1131436	501(C)3	25,000.				GENERAL FUNDS
(9) LUPUS RESEARCH ALLIANCE, INC. 275 MADISON AVE WASHINGTON, DC 10016	58-2492929	501(C)3	40,000.				GENERAL FUNDS
(10) MAKE A WISH FOUNDATION OF SOUTHERN FLORIDA, 4491 S STATE RD 7 2901 N 78TH ST, AZ 33314	59-2620322	501(C)3	42,166.				GENERAL FUNDS
(11) MAKE-A-WISH FOUNDATION SOUTHERN NEVADA 9950 COVINGTON CROSS DR	88-0371088	501(C)3	15,000.				GENERAL FUNDS
(12) MANHATTAN COLLEGE 4513 MANHATTAN PKWY LAS VEGAS, NV 10471	13-1740468	501(C)3	8,000.				GENERAL FUNDS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MANHATTAN LEGAL SERVICES 40 WORTH ST RIVERDALE, NY 10013	13-2613958	501(C)3	20,000.				GENERAL FUNDS
(2) MARCH OF DIMES MIAMI-DADE DIVISION 8323 N.W. 12TH STREET NEW YORK, NY 33126	13-1846366	501(C)3	10,050.				GENERAL FUNDS
(3) MARCUS JEWISH COMMUNITY CENTER OF ATLANTA, 5342 TILLY MILL ROAD	58-0566126	501(C)3	20,000.				GENERAL FUNDS
(4) MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST NEW YORK, NY 02114	04-1564655	501(C)3	403,000.				GENERAL FUNDS
(5) MATER ACADEMY FOUNDATION, INC. 6340 SUNSET DR BOSTON, MA 33143	26-3039409	501(C)3	10,000.				GENERAL FUNDS
(6) MCCJ 150 SE 2ND AVE MIAMI, FL 33131	20-3534284	501(C)3	15,000.				GENERAL FUNDS
(7) MELVIN J. BERMAN HEBREW ACADEMY 13300 ARCTIC AVE. MIAMI, FL 20853	53-0208371	501(C)3	6,000.				GENERAL FUNDS
(8) MEMORIAL HERMANN FOUNDATION 929 GESSNER ROCKVILLE, MD 77024	74-1653640	501(C)3	10,000.				GENERAL FUNDS
(9) MEMORIAL SLOAN-KETTERING CANCER CENTER 1233 YORK AVE. HOUSTON, TX 10065	13-1924236	501(C)3	20,000.				GENERAL FUNDS
(10) MERIDIAN HEALTH FOUNDATION 1340 CAMPUS PKWY NEW YORK, NY 07753	30-0107825	501(C)3	6,500.				GENERAL FUNDS
(11) METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN WALL TOWNSHIP, NJ 60602	36-2167940	501(C)3	7,500.				GENERAL FUNDS
(12) METROPOLITAN NEW YORK COORDINATING COUNCIL 77 WATER ST CHICAGO, IL 10005	13-2738818	501(C)3	25,000.				GENERAL FUNDS

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) METROPOLITAN OPERA GUILD, INC. 70 LINCOLN CENTER PLAZA NEW YORK, NY 12023	13-1681983	501(C)3	22,700.				GENERAL FUNDS
(2) MIAMI BEACH JEWISH COMMUNITY CENTER, INC 4221 PINE TREE DR NEW YORK, NY 33140	59-2788834	501(C)3	10,610.				GENERAL FUNDS
(3) MIAMI BRIDGE YOUTH & FAMILY SERVICES 2810 NW SOUTH RIVER DR	59-2569847	501(C)3	184,628.				GENERAL FUNDS
(4) MIAMI CHILDREN'S HOSPITAL FOUNDATION 3000 S.W. 62ND AVENUE MIAMI, FL 33155	59-1720704	501(C)3	91,175.				GENERAL FUNDS
(5) MIAMI CHILDREN'S MUSEUM, INC. 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	59-2396999	501(C)3	20,183.				GENERAL FUNDS
(6) MIAMI CITY BALLET 2200 LIBERTY AVENUE MIAMI, FL 33139-2601	59-2578534	501(C)3	8,000.				GENERAL FUNDS
(7) MIAMI COUNTRY DAY SCHOOL, INC. 601 N.E. 107TH STREET MIAMI BEACH, FL 33161	59-1278987	501(C)3	20,768.				GENERAL FUNDS
(8) MIAMI DADE COLLEGE FOUNDATION, INC. 300 NE 2ND AVENUE MIAMI, FL 33132	59-6169745	501(C)3	26,685.				GENERAL FUNDS
(9) MIAMI DADE URBAN DEBATE LEAGUE, INC. 2525 PONCE DE LEON BLVD MIAMI, FL 33134	47-5182053	501(C)3	10,657.				GENERAL FUNDS
(10) MIAMI LIGHTHOUSE FOR THE BLIND & VISUALLY I 601 S.W. 8TH AVENUE CORAL GABLES, FL 33130	59-0637847	501(C)3	9,416.				GENERAL FUNDS
(11) MICHAEL ANN RUSSELL JEWISH 18900 N.E. 25TH AVE. MIAMI, FL 33180	59-2791269	501(C)3	315,858.				GENERAL FUNDS
(12) MILLER THEATRE ADVISORY BOARD, INC. 6000 HERMANN PARK DR	23-7058964	501(C)3	10,000.				GENERAL FUNDS

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Schedule I (Form 990) (2018)

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

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(1) MIND & MELODY, INC 8905 SW 102 TERRACE HOUSTON, TX 33176	47-2714159	501(C)3	15,000.				GENERAL FUNDS
(2) MINORITY CORPORATE COUNSEL ASSOCIATION 1111 PENNSYLVANIA AVE. NW MIAMI, FL 20004	13-3920905	501(C)3	10,000.				GENERAL FUNDS
(3) MIRACLE FOUNDATION, INC. 1506 W 6TH ST WASHINGTON, DC 78703	74-2989580	501(C)3	6,733.				GENERAL FUNDS
(4) MOBILIZATION FOR JUSTICE, INC. 100 WILLIAM ST AUSTIN, TX 10038	13-2622748	501(C)3	37,500.				GENERAL FUNDS
(5) MOUNT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON ROAD WALTHAM, MA 33140	59-1711400	501(C)3	300,725.				GENERAL FUNDS
(6) MUSEUM OF DISCOVERY AND SCIENCE, INC. 401 SW 2ND ST MIAMI BEACH, FL 33312	59-1709542	501(C)3	9,250.				GENERAL FUNDS
(7) MUSICARES FOUNDATION, INC. 3030 OLYMPIC BLVD. NEW YORK, NY 90404	95-4470909	501(C)3	75,000.				GENERAL FUNDS
(8) NAMI OF MIAMI, INC. P.O. BOX 430230 LOS ANGELES, CA 33243	59-2207150	501(C)3	30,000.				GENERAL FUNDS
(9) NATIONAL EATING DISORDERS ASSOCIATION 200 W 41 ST PARKRIDE, IL 10036	13-3444882	501(C)3	10,000.				GENERAL FUNDS
(10) NATIONAL FOUNDATION FOR ADVANCEMENT IN THE 2100 BISCAYNE BLVD. WASHINGTON, DC 33137	59-2141837	501(C)3	30,000.				GENERAL FUNDS
(11) NATIONAL IMMIGRATION FORUM 50 F NW MIAMI, FL 20001	13-1776711	501(C)3	10,000.				GENERAL FUNDS
(12) NATIONAL JEWISH HEALTH - NEW YORK 271 MADISON AVE. WASHINGTON, DC 10016	74-2044647	501(C)3	37,500.				GENERAL FUNDS

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Schedule I (Form 990) (2018)

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**Grants and Other Assistance to Organizations,
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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL JEWISH POLICY CENTER 50 F STREET, NW NEW YORK, NY 20001	52-1433850	501(C)3	15,000.				GENERAL FUNDS
(2) NATIONAL KIDNEY FOUNDATION 30 E 33RD ST. WASHUINGTON, DC 10016	13-1673104	501(C)3	25,000.				GENERAL FUNDS
(3) NATIONAL LIBERTY MUSEUM 321 CHESTNUT STREET NEW YORK, NY 19106	23-2788633	501(C)3	14,302.				GENERAL FUNDS
(4) NATIONAL WOMEN'S LAW CENTER 11 DUPONT CIR NW PHILADELPHIA, PA 20036	52-1213010	501(C)3	10,000.				GENERAL FUNDS
(5) NEVADA BALLET THEATRE, INC 1651 INNER CIR WASHINGTON, DC 89134	94-2427112	501(C)3	12,000.				GENERAL FUNDS
(6) NEW JERSEY COLONIALS HOCKEY ASSOCIATION, IN 256 COLUMBIA TPKE LAS VEGAS, NV 07932	51-0427234	501(C)3	8,000.				GENERAL FUNDS
(7) NEW JERSEY PERFORMING ARTS CENTER CORPORATI 1 CENTER ST. FLORHAM PARK, NJ 07102	22-2889703	501(C)3	45,000.				GENERAL FUNDS
(8) NEW WORLD SYMPHONY 500 17TH ST NEWARD, NJ 33139	59-2809056	501(C)3	109,125.				GENERAL FUNDS
(9) NEW YORK LEAGUE OF CONSERVATION VOTERS 30 BROAD ST NEW YORK, NY 10004	13-3727122	501(C)3	10,000.				GENERAL FUNDS
(10) NEW YORK NEEDS YOU 589 8TH AVE NEW YORK, NY 10018	27-0601596	501(C)3	10,000.				GENERAL FUNDS
(11) NEW YORK UNIVERSITY 25 W 4TH ST ALBANY, NY 10012	13-5562308	501(C)3	33,834.				GENERAL FUNDS
(12) NEW YORK-PRESBYTERIAN BROOKLYN METHODIST HO 506 6TH ST NEW YORK, NY 11215	11-1631796	501(C)3	12,500.				GENERAL FUNDS

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Schedule I (Form 990) (2018)

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**Grants and Other Assistance to Organizations,
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Department of the Treasury
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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NF FORWARD 1074 WOODWARD AVE BROOKLYN, NY 48226	82-1672519	501(C)3	12,500.				GENERAL FUNDS
(2) NJ LEEP, INC. 570 BROAD ST DETROIT, MI 07102	51-0591204	501(C)3	25,000.				GENERAL FUNDS
(3) NORTHERN MANHATTAN COALITION FOR IMMIGRANT 5030 BROADWAY NEWARK, NJ 10034	13-3255591	501(C)3	7,500.				GENERAL FUNDS
(4) NOVA SOUTHEASTERN UNIVERSITY, INC. 3301 COLLEGE AVENUE NEW YORK, NY 33314	59-1083502	501(C)3	12,500.				GENERAL FUNDS
(5) NSORO FOUNDATION, INC. PO BOX 724445 FORT LAUDERDALE, FL 31139	87-0758361	501(C)3	25,000.				GENERAL FUNDS
(6) ONEJUSTICE 1055 WILSHIRE BLVD ATLANTA, GA 90017	94-2589423	501(C)3	30,000.				GENERAL FUNDS
(7) OPEN DOOR HEALTH CENTER, INC. P.O. BOX 901642 LOS ANGELES, CA 33030-9998	83-0375996	501(C)3	100,695.				GENERAL FUNDS
(8) ORLANDO CITY SOCCER FOUNDATION, INC. 618 E SOUTH STREET HOMESTEAD, FL 32801	39-2079280	501(C)3	10,000.				GENERAL FUNDS
(9) OUR LADY OF LOURDES ACADEMY 5525 SW 84TH ST ORLANDO, FL 33143	53-0196617	501(C)3	8,243.				GENERAL FUNDS
(10) OUR PRIDE ACADEMY, INC. 10100 SW 107TH AVE MIAMI, FL 33176	32-0340720	501(C)3	9,395.				GENERAL FUNDS
(11) OVERTOWN YOUTH CENTER, INC. 450 N.W. 14TH STREET MIAMI, FL 33136	65-1048896	501(C)3	309,731.				GENERAL FUNDS
(12) PACIFIC AUSTISM CENTER FOR EDUCATION 1880 PRUNERIDGE AVE MIAMI, FL 95050	77-0259858	501(C)3	6,500.				GENERAL FUNDS

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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(1) PAGE EDUCATION FOUNDATION 901 N 3RD ST SANTA CLARA, CA 55401	36-3605013	501(C)3	10,000.				GENERAL FUNDS
(2) PAGE TURNERS MAKE GREAT LEARNERS, INC. PO BOX 7723 MINNEAPOLIS, MN 30357	20-0364107	501(C)3	9,000.				GENERAL FUNDS
(3) PALMER TRINITY PRIVATE SCHOOL, INC. 7900 S.W. 176 TH STREET ATLANTA, GA 33157	23-7098500	501(C)3	44,253.				GENERAL FUNDS
(4) PEMBROKE PINES CHARTER SCHOOL FOUNDATION, I 10100 PINES BLVD NEW YORK, NY 33026	20-1192922	501(C)3	6,384.				GENERAL FUNDS
(5) PINK AID, INC. PO BOX 5157 PEMBROKE PINES, FL 06881	47-1031835	501(C)3	10,000.				GENERAL FUNDS
(6) PLANNED PARENTHOOD OF SOUTH, EAST & NORTH F 2300 N FLORIDA MANGO RD WESTPORT, CT 33409	59-1391115	501(C)3	10,305.				GENERAL FUNDS
(7) POLICE OFFICERS ASSISTANCE TRUST, INC. 1030 NW 111TH AVE. ATLANTA, GA 33172	65-0164129	501(C)3	155,944.				GENERAL FUNDS
(8) PRESBYTERIAN COMMUNITIES AND SERVICES FOUND 12467 MERIT DR DORAL, FL 75251	75-1910084	501(C)3	7,500.				GENERAL FUNDS
(9) PRO BONO INSTITUTE 1001 G STREET NW SANTA MONICA, CA 20001	52-1991509	501(C)3	25,000.				GENERAL FUNDS
(10) PROJECT SUNSHINE, INC. 211 E 43RD ST WASHINGTON, DC 10017	22-3607512	501(C)3	40,000.				GENERAL FUNDS
(11) PROJECT Y.E.S., INC. 5275 SUNSET DR NEW YORK, NY 33143	65-0646667	501(C)3	5,249.				GENERAL FUNDS
(12) PROJECTO POR AMOR A JESUS P.O. BOX 531032 MIAMI, FL 33153	32-0286587	501(C)3	13,794.				GENERAL FUNDS

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C/O CARLOS G MOLINA

Employer identification number
59-0830840

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(1) PTSD FOUNDATION OF AMERICA 9724 DERRINGTON RD MIAMI SHORES, FL 77064	20-3864341	501(C)3	10,000.				GENERAL FUNDS
(2) PUBLIC COUNSEL 610 S ARDMORE AVE HOUSTON, TX 90005	23-7105149	501(C)3	15,000.				GENERAL FUNDS
(3) QUALITY CARE FOR CHILDREN, INC. 2751 BUFORD HWY LOS ANGELES, CA 30324	58-2400285	501(C)3	10,000.				GENERAL FUNDS
(4) R.A.S.G. GREATER MIAMI HEBREW ACADEMY 2400 PINE TREE DRIVE ATLANTA, GA 33140	59-0651086	501(C)3	25,000.				GENERAL FUNDS
(5) RABBINICAL COLLEGE OF AMERICA 66 W MOUNT PLEASANT AVE	22-6017975	501(C)3	18,000.				GENERAL FUNDS
(6) RANDALL'S ISLAND PARK ALLIANCE, INC. 24 W 61ST LIVINGSTON, NJ 10023	13-3787630	501(C)3	10,000.				GENERAL FUNDS
(7) RANSOM EVERGLADES SCHOOL 3575 MAIN HIGHWAY NEW YORK, NY 33133	59-0659070	501(C)3	418,154.				GENERAL FUNDS
(8) RAVI ZACHARIAS INTERNATIONAL MINISTRIES 3755 MANSELL RD COCONUT GROVE, FL 30022	13-3200719	501(C)3	1,000,000.				GENERAL FUNDS
(9) RECAPTURING THE VISION 9780 E INDIGO ST ALPHARETTA, GA 33157	65-0622266	501(C)3	64,800.				GENERAL FUNDS
(10) REDLANDS CHRISTIAN MIGRANT ASSOCIATION 402 WEST MAIN STREET MIAMI, FL 34142	59-1221966	501(C)3	147,997.				GENERAL FUNDS
(11) REGIS HOUSE, INC. 2010 NW 7TH ST IMMOKALEE, FL 33125	59-2446131	501(C)3	5,762.				GENERAL FUNDS
(12) RESCUING LEFTOVER CUISINE, INC. 25 BROADWAY MIAMI, FL 10004	46-3198412	501(C)3	6,000.				GENERAL FUNDS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RICHMOND-PERRINE OPTIMIST CLUB, INC. 18055 HOMESTEAD AVENUE	59-2664308	501(C)3	72,851.				GENERAL FUNDS
(2) RIVERSIDE PARK CONSERVANCY, INC. 475 RIVERSIDE DRIVE MIAMI, FL 10115	13-3443825	501(C)3	15,000.				GENERAL FUNDS
(3) ROBERT W. WOODRUFF ARTS CENTER, INC. 1280 PEACHTREE ST. NE NEW YORK, NY 30309	58-0633971	501(C)3	30,000.				GENERAL FUNDS
(4) ROLLINS COLLEGE 1000 HOLT AAVENUE ATLANTA, GA 32789	59-0624440	501(C)3	6,000.				GENERAL FUNDS
(5) RONALD MCDONALD HOUSE OF NEW YORK, INC. 405 E 73RD ST WINTER PARK, FL 10021	13-2933654	501(C)3	25,000.				GENERAL FUNDS
(6) ROOT AND REBOUND 1730 FRANKLIN ST. NEW YORK, NY 94126	46-3876220	501(C)3	200,000.				GENERAL FUNDS
(7) ROUNABOUT THEATRE COMPANY, INC. 231 W 39TH BOSTON, MA 10018	13-6192346	501(C)3	57,500.				GENERAL FUNDS
(8) RUTH & NORMAN RALES JEWISH FAMILY SERVICE, 21300 RUTH & BARON COLEMAN BLVD	65-1115689	501(C)3	9,087.				GENERAL FUNDS
(9) RYAN'S CASE FOR SMILES 295 E. SWEDESFORT RD BOCA RATON, FL 19087	86-1173750	501(C)3	13,605.				GENERAL FUNDS
(10) SALVADORAN AMERICAN HUMANITARIAN FOUNDATION 2050 CORAL WAY SAN FRANCISCO, CA 33145	59-2339140	501(C)3	12,717.				GENERAL FUNDS
(11) SALVATION ARMY-DADE 1907 N.W. 38TH STREET NEW YORK, NY 33142	59-0631403	501(C)3	146,736.				GENERAL FUNDS
(12) SAMARITAN DAYTOP FOUNDATION 13802 QUEENS BLVD MIAMI, FL 11435	11-2490500	501(C)3	10,000.				GENERAL FUNDS

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(1) SANT LA/HAITIAN NEIGHBORHOOD CENTER, 5000 BISCAYNE BLVD. BRIARWOOD, NY 33137	65-1080680	501(C)3	100,336.				GENERAL FUNDS
(2) SARCOMA FOUNDATION OF AMERICA 9899 MAIN ST MIAMI, FL 20872	52-2275294	501(C)3	10,000.				GENERAL FUNDS
(3) SERVICEJURIS, INC. 1170 PEACHTREE ST, NE DAMASCUS, MD 30309	38-3826472	501(C)3	5,050.				GENERAL FUNDS
(4) SHAKE A LEG MIAMI 2620 S BAYSHORE DR. ATLANTA, GA 33133	65-0611917	501(C)3	5,107.				GENERAL FUNDS
(5) SOCIAL GIVING NETWORK 9766 WILSHIRE BLVD MIAMI, FL 90212	45-3853147	501(C)3	18,000.				GENERAL FUNDS
(6) SOUTHERN ALLIANCE FOR CLEAN ENERGY 3804 MIDDLEBROOK PIKE MIAMI, FL 37921	58-1620669	501(C)3	20,000.				GENERAL FUNDS
(7) SOUTHWEST AUSTISM RESEARCH & RESOURCE CENTE 300 N 18TH STREET SAINT PAUL, MN 85006	31-1496646	501(C)3	10,000.				GENERAL FUNDS
(8) SOUTHWEST SOCIAL SERVICES PROGRAM, INC. 25 TAMAMI BLVD. PHOENIX, AZ 33144-2664	59-2102294	501(C)3	61,870.				GENERAL FUNDS
(9) SPECIAL OLYMPICS GEORGIA, INC. 6046 FINANCIAL DR MIAMI, FL 30071	23-7201676	501(C)3	12,000.				GENERAL FUNDS
(10) SPECIAL OLYMPICS NEW JERSEY, INC. 1 EUNICE KENNEDY SHRIVER WAY	23-7448729	501(C)3	10,000.				GENERAL FUNDS
(11) ST. CHRISTOPHER'S BY-THE-SEA EPISCOPAL CHUR 95 HARBOR DRIVE AUSTIN, TX 33149	59-1219573	501(C)3	7,000.				GENERAL FUNDS
(12) ST. LOUIS CATHOLIC CHURCH 7270 SW 120TH ST KEY BISCAYNE, FL 33183	53-0196617	501(C)3	6,730.				GENERAL FUNDS

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C/O CARLOS G MOLINA

Employer identification number
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(1) ST. PAUL EVANGELICAL LUTHERAN CHURCH OF BOC 701 W PALMETTO PARK RD ASPEN, CO 33486	59-1231929	501(C)3	10,000.				GENERAL FUNDS
(2) ST. PHILIP'S EPISCOPAL FOUNDATION 1121 ANDALUSIA BOCA RATON, FL 33134	59-1276272	501(C)3	5,301.				GENERAL FUNDS
(3) ST. THOMAS UNIVERSITY 16401 N.W. 37TH AVENUE	59-0949880	501(C)3	17,500.				GENERAL FUNDS
(4) STEPPENWOLF THEATER COMPANY 1650 N HALSTED ST ORLANDO, FL 60614	51-0149370	501(C)3	10,000.				GENERAL FUNDS
(5) STREET LAW, INC 1010 WAYNE AVE NORCROSS, GA 20910	52-2015256	501(C)3	10,000.				GENERAL FUNDS
(6) STREETSQUASH, INC. 40 W 116TH ST SILVER SPRINGS, MD 10026	13-4061809	501(C)3	25,000.				GENERAL FUNDS
(7) STRONG GIRLS, INC 4400 PALM LANE NEW YORK, NY 33137	82-3269290	501(C)3	25,000.				GENERAL FUNDS
(8) SUNNY ISLES BEACH PTSA 201 182 DR. MIAMI, FL 33160	36-4637613	501(C)3	10,500.				GENERAL FUNDS
(9) SUSAN G. KOMEN BREAST CANCER FOUNDATION 5005 LYNDON B JOHNSON FWY	75-1835298	501(C)3	15,000.				GENERAL FUNDS
(10) T.J. MARTELL FOUNDATION 1114 17TH AVE S FORT WORTH, TX 37212	51-0180178	501(C)3	45,500.				GENERAL FUNDS
(11) TAMPA BAY PERFORMING ARTS CENTER 1010 N W.C. MACINNES PL	59-2037085	501(C)3	10,000.				GENERAL FUNDS
(12) TEACH FOR AMERICA-MIAMI 1951 NW 7TH AVE TAMPA, FL 33136	13-3541913	501(C)3	36,280.				GENERAL FUNDS

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Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

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(1) TEMPLE BETH AM 5950 SW 88TH ST MIAMI, FL 33156	13-1663143	501(C)3	43,186.				GENERAL FUNDS
(2) TEMPLE BETH SHOLOM 4144 CHASE AVENUE MIAMI, FL 33140	59-0714828	501(C)3	17,206.				GENERAL FUNDS
(3) TEMPLE DOR DORIM 2360 GLADES CIRCLE MIAMI BEACH, FL 33076	65-0651401	501(C)3	6,895.				GENERAL FUNDS
(4) TEMPLE JUDEA 5500 GRANADA BLVD WESTON, FL 33146	59-0791048	501(C)3	36,293.				GENERAL FUNDS
(5) TEMPLE MENORAH 620 75TH STREET CORAL GABLES, FL 33141	59-0737893	501(C)3	21,497.				GENERAL FUNDS
(6) TERRY'S FOUNDATION FOR MUSCULAR DYSTROPHY 1 SOLDIERS FIELD PARK MIAMI BEACH, FL 02163	82-2473513	501(C)3	10,000.				GENERAL FUNDS
(7) TEXAS ACCESS TO JUSTICE FOUNDATION P.O. BOX 12886 BOSTON, MA 78711	74-2354575	501(C)3	20,000.				GENERAL FUNDS
(8) TEXAS CHILDREN'S HOSPITAL 6621 FANNIN ST HOUSTON, TX 77030	74-1100555	501(C)3	10,000.				GENERAL FUNDS
(9) TEXAS PUBLIC POLICY FOUNDATION 901 CONGRESS AVE HOUSTON, TX 78701	74-2524057	501(C)3	10,000.				GENERAL FUNDS
(10) TEXAS SUPREME COURT HISTORICAL SOCIETY, INC PO BOX 12673 AUSTIN, TX 78711	76-0326907	501(C)3	10,000.				GENERAL FUNDS
(11) THE ADMINISTRATORS OF THE TULANE 6823 ST CHARLES AVE AUSTIN, TX 70118	72-0423889	501(C)3	140,000.				GENERAL FUNDS
(12) THE ALFRED AND ADELE DAVIS ACADEMY 8105 ROBERTS DRIVE	58-1970181	501(C)3	10,000.				GENERAL FUNDS

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Schedule I (Form 990) (2018)

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C/O CARLOS G MOLINA

Employer identification number
59-0830840

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(1) THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE ATLANTA, GA 02109	25-1306992	501(C)3	15,000.				GENERAL FUNDS
(2) THE ARC OF SOUTH FLORIDA P.O. BOX 371333 BOSTON, MA 33137	59-0839562	501(C)3	166,465.				GENERAL FUNDS
(3) THE BUONICONTI FUND TO CURE PARALYSIS, INC. 1095 NORTHWEST 14TH TERRACE MIAMI, FL 33136	65-0244316	501(C)3	20,275.				GENERAL FUNDS
(4) THE CHILD CENTER OF NY 118-35 QUEENS BLVD HARRIS, NY 11375	11-1733454	501(C)3	25,000.				GENERAL FUNDS
(5) THE COMMUNITY FOUNDATION FOR GREATER ATLANT 191 PEACHTREE ST NE FOREST HILLS, NY 30303	58-1344646	501(C)3	25,000.				GENERAL FUNDS
(6) THE DESMOID TUMOR RESEARCH FOUNDATION, INC. P.O. BOX 273 ATLANTA, GA 10901	61-1493017	501(C)3	5,800.				GENERAL FUNDS
(7) THE EDUCATION FUND 6713 MAIN ST SUFFEM, NY 33014	59-2468114	501(C)3	80,218.				GENERAL FUNDS
(8) THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA 14701 N.W. 7TH AVENUE	59-2371125	501(C)3	139,638.				GENERAL FUNDS
(9) THE FOUNDATION FOR AIDS RESEARCH (AMFAR) 120 WALL STREET ELMSFORD, NY 10005-3902	13-3163817	501(C)3	50,000.				GENERAL FUNDS
(10) THE GUARDSMEN 1016 LINCOLN BLVD. NEW YORK, NY 94129	94-1196194	501(C)3	10,000.				GENERAL FUNDS
(11) THE HONORABLE TINA BROZMAN FOUNDATION C/O B ONE FEDERAL ST. ATLANTA, GA 02110	26-0413943	501(C)3	25,000.				GENERAL FUNDS
(12) THE JUSTICE & DIVERSITY CENTER OF THE BAR A 301 BATTERY ST BOSTON, MA 94111	94-2931349	501(C)3	10,000.				GENERAL FUNDS

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(1) THE LEADERS INITIATIVE, INC. 3000 LAWRENCE ST SAN FRANCISCO, CA 80205	45-2405700	501(C)3	10,000.				GENERAL FUNDS
(2) THE LEARNING EXPERIENCE SCHOOL, INC. 5651 SW 82ND AVENUE RD DENVER, CO 33143	59-1913861	501(C)3	6,829.				GENERAL FUNDS
(3) THE MAVEN PROJECT 3838 CALIFORNIA ST MIAMI, FL 94118	46-5370676	501(C)3	7,500.				GENERAL FUNDS
(4) THE MELISSA INSTITUTE FOR VIOLENCE PREVENTI 1507 LEVANTE AVE SAN FRANCISCO, CA 33146	65-0683088	501(C)3	10,010.				GENERAL FUNDS
(5) THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE CORAL GABLES, FL 10028	13-1624086	501(C)3	20,000.				GENERAL FUNDS
(6) THE MIAMI FOUNDATION, INC. 40 NW 3RD STREET NEW YORK, NY 33128	65-0350357	501(C)3	42,060.				GENERAL FUNDS
(7) THE OVARIAN CANCER INSTITUTE, INC. 960 JOHNSON FERRY RD RENO, NV 30342	58-2445245	501(C)3	25,000.				GENERAL FUNDS
(8) THE PHILLIP AND PATRICIA FROST MUSEUM OF SC 1101 BISCAYNE BLVD ATLANTA, GA 33132	59-0854960	501(C)3	7,675.				GENERAL FUNDS
(9) THE RICHSTONE CENTER, INC. 13620 CORDARY AVE MIAMI, FL 90250	23-7373745	501(C)3	11,000.				GENERAL FUNDS
(10) THE SALVATION ARMY 5550 PRAIRIE STONE PKWY HAWTHORNE, CA 60192	36-2167910	501(C)3	17,500.				GENERAL FUNDS
(11) THE WOMEN'S CENTER 133 PARK ST. NE SCHAUMBURG, IL 22180	23-7423496	501(C)3	7,500.				GENERAL FUNDS
(12) THEATRE UNDER THE STARS, INC. 800 BAGBY VIENNA, VA 77002	74-1621647	501(C)3	10,000.				GENERAL FUNDS

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(1) TORAS EMES ACADEMY OF MIAMI, INC. 1025 NE MIAMI GARDENS DR. HOUSTON, TX 33179	59-1870702	501(C)3	10,000.				GENERAL FUNDS
(2) TOURO COLLEGE 27-33 W 23RD ST NORTH MIAMI BEACH, FL 10010	13-2676570	501(C)3	5,500.				GENERAL FUNDS
(3) TRIUMPH OVER TRAGEDY FOUNDATIION, INC. 384 HENDERSON MILL RD NEW YORK, NY 30055	27-4191936	501(C)3	10,000.				GENERAL FUNDS
(4) TRUSTEES OF COLUMBIA UNIVERSITY 475 RIVERSIDE DR. MANSFIELD, GA 10115	13-5598093	501(C)3	789,000.				GENERAL FUNDS
(5) UJA - FEDERATION OF NEW YORK 130 E 59TH ST NEW YORK, NY 10022	51-0172429	501(C)3	59,750.				GENERAL FUNDS
(6) UNITED HOME CARE SERVICES, INC. 8400 NW 33RD ST.-STE 400 PHOENIX, AZ 33122	59-1523943	501(C)3	524,051.				GENERAL FUNDS
(7) UNITED JEWISH APPEAL 4200 BISCAYNE BLVD. MIAMI, FL 33137	59-0624404	501(C)3	20,000.				GENERAL FUNDS
(8) UNITED JEWISH COMMUNITY OF BROWARD COUNTY, 5890 S PINE ISLAND RD MIAMI, FL 33328	59-0967823	501(C)3	15,754.				GENERAL FUNDS
(9) UNITED NEGRO COLLEGE FUND, INC. ATLANTA 229 PEACHTREE ST NE DAVIE, FL 30303	13-1624241	501(C)3	15,000.				GENERAL FUNDS
(10) UNITED NEGRO COLLEGE FUND-DETROIT 3031 W GRAND BLVD ATLANTA, GA 48202	13-1624241	501(C)3	10,000.				GENERAL FUNDS
(11) UNITED NEGRO COLLEGE FUND-MIAMI 1222 S. ANDREWS AVE. DETROIT, MI 33316	13-1624241	501(C)3	6,561.				GENERAL FUNDS
(12) UNITED SERVICE ORGANIZATION OF ILLINOIS, IN 333 S WABASH AVE ORLANDO, FL 60604	36-2349617	501(C)3	22,500.				GENERAL FUNDS

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PL SW	52-1309391	501(C)3	18,493.				GENERAL FUNDS
(2) UNITED WAY OF BROWARD 1300 SOUTH ANDREW AVENUE	59-0624402	501(C)3	9,878.				GENERAL FUNDS
(3) UNITED WAY OF CENTRAL MARYLAND, INC. 100 S. CHARLES STREET	52-0591543	501(C)3	100,118.				GENERAL FUNDS
(4) UNITED WAY OF NORTHWEST FLORIDA 518 MULBERRY AVE PORT ARTHUR, TX 32401	59-0863698	501(C)3	56,897.				GENERAL FUNDS
(5) UNITED WAY OF THE BIG BEND INC 307 E 7TH AVE PANAMA CITY, FL 32303-5566	59-6011150	501(C)3	10,000.				GENERAL FUNDS
(6) UNITY ON THE BAY 411 NE 21ST STREET TALLAHASSEE, FL 33137	59-0816468	501(C)3	7,880.				GENERAL FUNDS
(7) UNIVERSITY OF CALIFORNIA IRVINE FOUNDATION 100 THEORY MIAMI, FL 92697	95-2540117	501(C)3	15,000.				GENERAL FUNDS
(8) UNIVERSITY OF FLORIDA FOUNDATION, INC. P.O. BOX 14425 IRVINE, CA 32604	59-0974739	501(C)3	15,000.				GENERAL FUNDS
(9) UNIVERSITY OF MIAMI PROGRAMS CONTROLLERS OFFICE	59-0624458	501(C)3	1,955,773.				GENERAL FUNDS
(10) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS MIAMI, FL 90089-8201	95-1642394	501(C)3	8,500.				GENERAL FUNDS
(11) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE ST LOS ANGELES, CA 10002	13-5562374	501(C)3	15,000.				GENERAL FUNDS
(12) URBAN JUSTICE CENTER 40 RECTOR ST NEW YORK, NY 10006	13-3442022	501(C)3	30,000.				GENERAL FUNDS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) URBAN LEAGUE OF GREATER MIAMI, INC. 8500 N.W. 25TH AVENUE NEW YORK, NY 33147	59-0699445	501(C)3	187,332.				GENERAL FUNDS
(2) USHER 1F COLLABORATIVE, INC. 321 WALNUT ST MIAMI, FL 02460	46-4309387	501(C)3	10,000.				GENERAL FUNDS
(3) VOICES FOR CHILDREN FOUNDATION, INC. 601 NW 1ST CT, FLUSHING, NY 33136	59-2746076	501(C)3	17,356.				GENERAL FUNDS
(4) VOLUNTEER LAWYERS FOR THE ARTS 1 E 53RD ST. MIAMI, FL 10022	13-2936291	501(C)3	10,000.				GENERAL FUNDS
(5) WELLNESS HOUSE 131 N COUNTY LINE RD. NEW YORK, NY 60521	36-3636933	501(C)3	15,000.				GENERAL FUNDS
(6) WESTERN CENTER ON LAW AND POVERTY, OAKLAND 449 FIFTEEN ST HINSDALE, IL 94612	95-2897721	501(C)3	10,000.				GENERAL FUNDS
(7) WESTERN STOCK SHOW ASSOCIATION 4655 HUMBOLT STREET OAKLAND, CA 80216	84-0517361	501(C)3	6,000.				GENERAL FUNDS
(8) WGBH EDUCATIONAL FOUNDATION 1 GUEST ST DENVER, CO 02135	04-2104397	501(C)3	15,000.				GENERAL FUNDS
(9) WICERS 100 PEACHTREE ST NW NEW YORK, NY 30303	83-1689215	501(C)3	7,500.				GENERAL FUNDS
(10) WILLIAM J. BRENNAN JR. CENTER FOR JUSTICE 161 AVENUE OF THE AMERICAS	13-3839293	501(C)3	10,000.				GENERAL FUNDS
(11) WOMEN IN CABLE TELECOMMUNICATIONS, NEW YORK 121 W 36TH ST DENVER, CO 10018	36-3550710	501(C)3	7,000.				GENERAL FUNDS
(12) WOMEN'S FUND OF MIAMI-DADE COUNTY 1330 SW 22ND ST NEW YORK, NY 33145	65-0436923	501(C)3	17,543.				GENERAL FUNDS

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WOMEN'S HOUSING & ECONOMIC DEVELOPMENT 50 E 168TH ST. MIAMI, FL 10452	11-3099604	501(C)3	10,000.				GENERAL FUNDS
(2) WORK FOR AMERICA, INC. 4809 ALHAMBRA CIR BRONX, NY 33146	47-4500319	501(C)3	13,889.				GENERAL FUNDS
(3) WORLD LITERACY CRUSADE OF FLORIDA 1600 NW 3RD AVE CHICAGO, IL 33136	65-0737649	501(C)3	43,754.				GENERAL FUNDS
(4) WPBT CHANNEL 2 COMMUNITY TELEVISION FOUNDAT 14901 N.E. 20TH AVE. MIAMI, FL 33181	59-0737868	501(C)3	20,000.				GENERAL FUNDS
(5) YEAR UP, INC. 25 NE 2ND ST WYCKOFF, NJ 33132	04-3534407	501(C)3	5,287.				GENERAL FUNDS
(6) YESHIVA ELEMENTARY, INC. 7902 CARLYLE AVE MIAMI, FL 33141	65-0063045	501(C)3	6,429.				GENERAL FUNDS
(7) YMCA OF SOUTH FLORIDA 730 NW 107 AVENUE MIAMI BEACH, FL 33172	59-0624464	501(C)3	179,307.				GENERAL FUNDS
(8) YOUNG ISRAEL OF GREATER MIAMI 990 NORTHEAST 171ST STREET MIAMI, FL 33162	59-6033985	501(C)3	10,000.				GENERAL FUNDS
(9) YOUTH CO-OP, INC. 5040 NW 7 STREET, SUITE 300	237320351	501(C)3	186,148.				GENERAL FUNDS
(10) YWCA OF GREATER MIAMI 351 NW 5TH ST MIAMI, FL 33128-1615	59-0624450	501(C)3	171,752.				GENERAL FUNDS
(11) ZOO MIAMI FOUNDATION, INC. 12400 SW 152ND ST MIAMI, FL 33177	59-6192814	501(C)3	27,880.				GENERAL FUNDS
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **584.**

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

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

Schedule I (Form 990) (2018)

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

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

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

SCHEDULE I, PART I

IMPACT PARTNER AGENCIES ARE REVIEWED ANNUALLY BY OUR AGENCY AUDIT COMMITTEE. THEY REVIEW THE INDEPENDENT CERTIFIED AUDITED FINANCIAL STATEMENTS, THE MANAGEMENT LETTER, RESPONSE TO MANAGEMENT LETTER AND THE IRS 990 ON AN ANNUAL BASIS. PROGRAMMATICALLY, THE AGENCIES SUBMIT A REPORT ON THEIR OUTCOMES AS WELL AS THEIR FINANCE EXPENDITURES. WE ALSO CONDUCT ANNUAL SITE VISITS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARIA C. ALONSO PRESIDENT & CEO	(i)	341,151.	40,680.	92,079.	0.	7,647.	481,557.	
	(ii)	0.	0.	0.				
2 CARLOS G. MOLINA CHIEF FINANCIAL OFFICER	(i)	191,944.	0.	41,477.	20,853.	17,169.	271,443.	
	(ii)	0.	0.	0.				
3 TAMARA KLINGLER CHIEF STRATEGY OFFICER	(i)	181,613.	0.	15,570.	5,867.	12,717.	215,767.	
	(ii)	0.	0.	0.				
4 CELIO ROMANACH CHIEF MARKETING OFFICER	(i)	153,511.	0.	9,480.	9,700.	1,051.	173,742.	
	(ii)	0.	0.	0.				
5 MARY DONWORTH SENIOR VP COMMUNITY IMPACT	(i)	172,727.	0.	4,316.	15,723.	7,453.	200,219.	
	(ii)	0.	0.	0.				
6 DANIA GORRIZ SENIOR VP, DEVELOPMENT	(i)	154,077.	0.	6,701.	9,448.	10,564.	180,790.	
	(ii)	0.	0.	0.				
7 GLADYS MONTES GROUP VP, CENTER FOR EXCELLENC	(i)	139,670.	0.	3,407.	11,999.	1,038.	156,114.	
	(ii)	0.	0.	0.				
8 NORIE DEL VALLE SENIOR VP, DEVELOPMENT	(i)	136,539.	0.	1,090.	8,224.	7,466.	153,319.	
	(ii)	0.	0.	0.				
9 HARVE MOGUL PRESIDENT EMERITUS	(i)	107,692.	0.	39,712.	4,282.	5,449.	157,135.	
	(ii)	0.	0.	0.				
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2018

▶ **Attach to Form 990.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MIAMI DADE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1662816		12/12/2012	15,415,000.	MIAMI DADE INDUSTRIAL DEVELOPMENT		X		X		
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	15,415,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	238,090.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2012							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2018

Part III Private Business Use		MIAMI DADE INDUSTRIAL DEVELOPMENT							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

REFINANCING DEBT INCLUDING A SWAP AGREEMENT WITH A HIGHER INTEREST RATE IN DECEMBER 2012, UNITED WAY EXECUTED A REFINANCING AGREEMENT WITH BANK UNITED, ("BONDHOLDER") AND THE MIAMI-DADE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY IN CONJUNCTION WITH THE ISSUANCE OF THE TAX-EXEMPT REVENUE REFUNDING BONDS, PAR VALUES TOTALING \$15,415,000. PURSUANT TO THE BONDHOLDER LOAN AGREEMENT, UNITED WAY USED BOND PROCEEDS TO PAY OFF THE THEN OUTSTANDING PRINCIPAL BALANCE, 13,615,000, OF THE ISSUER LOAN. IN CONNECTION WITH THE TRANSACTION, UNITED WAY INCURRED BOND COSTS OF \$238,090 OF WHICH \$165,783 WAS CAPITALIZED AS LOAN COSTS AND IS AMORTIZED UNDER THE STRAIGHT LINE METHOD OVER THE LIFE OF THE BONDS. AS OF JUNE 30, 2019, THE REMAINING UNAMORTIZED LOAN COSTS WAS INSIGNIFICANT. THE EFFECTIVE INTEREST RATE OF THE NEW DEBT WITH BANK UNITED IS 2.32% PER ANNUM.

EFFECTIVE DECEMBER 12, 2017, THE BONDHOLDER LOAN WAS AMENDED TO MODIFY CERTAIN FINANCIAL COVENANTS AND THE EFFECTIVE INTEREST RATE TO 2.54%, ALONG WITH EXTENDING THE MATURITY DATE THROUGH DECEMBER 2032.

EFFECTIVE JANUARY 1, 2018, THE NEW TAX REFORM TOOK PLACE, AFFECTING INTEREST RATES OF ESTABLISHED TAX-EXEMPT BANK-OWED DEBT, REQUIRING TO INCREASE TO CORPORATE DEBT INTEREST RATE DUE TO THE DECREASE IN THE

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

MARGINAL CORPORATE INCOME TAX RATE FROM 39% TO 21% AND FAILURE TO IMPLEMENT THE RATE CHANGE COULD CAUSE THE BONDS TO BECOME TAXABLE. IN MAY 2018, THE ORGANIZATION ENTERED INTO AN INTEREST RATE ADJUSTMENT WITH BANK UNITED FOR AN INTEREST RATE ADJUSTMENT BASED ON A TAX RATE CHANGE. THE INTEREST RATE ADJUSTMENT WOULD RESULT IN AN ADJUSTMENT IN THE INTEREST RATE TO 3.08%. THE INTEREST START DATE IS AS OF JUNE 12, 2018, WITH THE FIRST PAYMENT DUE ON JULY 12, 2018.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.** Employer identification number **59-0830840**
C/O CARLOS G MOLINA

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	81,250.	3,029,395.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2018

JSA

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization UNITED WAY OF MIAMI-DADE, INC.
C/O CARLOS G MOLINA

Employer identification number
59-0830840

FORM 990, PART VI, SECTION B, QUESTION 12C

MONITORING AND ENFORCING POLICIES ANNUALLY. THE POLICIES ARE PRESENTED
AND DISCUSSED WITH ALL MEMBERS AND EACH INDIVIDUAL SIGNS A CERTIFICATE
STATING READING AND UNDERSTANDING THE POLICIES.

FORM 990, PART VI, SECTION B, QUESTION 15A AND 15B

COMPENSATION PROCESS. THE EXECUTIVE COMPENSATION COMMITTEE, A
SUB-COMMITTEE OF THE BOARD, REVIEWS THE COMPARABLE DATA GATHERED BY STAFF
WITH RESPECT TO CEO AND OFFICERS. THE COMMITTEE PRESENTS THEIR FINDINGS
AND RECOMMENDATIONS TO THE BOARD.

FORM 990, PART VI, SECTION C, QUESTION 19

PROCESS GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC. THE
ORGANIZATION MAKES AVAILABLE THE FORM 990, THE FINANCIAL STATEMENTS AND
THEIR FEDERAL AND FLORIDA EXEMPTION CERTIFICATIONS THROUGH THEIR WEBSITE.
THE FOLLOWING DOCUMENTS ARE AVAILABLE UPON REQUEST: GOVERNING DOCUMENTS
AND CONFLICT OF INTEREST POLICY.

FORM 990, PART XII, QUESTION 2C

ORGANIZATION'S FINANCIAL STATEMENTS AND REPORTING. THE ORGANIZATION'S
FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED 6/30/2019 WERE AUDITED ON
A CONSOLIDATED BASIS. IN ADDITION, THE ORGANIZATION HAS AN AUDIT
SUB-COMMITTEE THAT OVERSEES THE AUDIT PROCESS AND ASSUMES RESPONSIBILITY
FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF

Name of the organization UNITED WAY OF MIAMI-DADE, INC.
C/O CARLOS G MOLINA

Employer identification number
59-0830840

THE INDEPENDENT ACCOUNTANT.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

IN THE PAST YEAR, UNITED WAY INVESTED \$16 MILLION IN EARLY EDUCATION AND \$2.8 MILLION IN SCHOOL AGE SERVICES. 10,583 CHILDREN RECEIVED QUALITY EARLY INTERVENTION AND EXPERIENCES THROUGH OUR PROGRAMS. 656 EARLY CHILDHOOD EDUCATORS RECEIVED 5831 HOURS OF PROFESSIONAL LEARNING, INFLUENCING THE LIVES OF THOUSANDS OF CHILDREN IN 256 PROGRAMS ACROSS THE COUNTRY. OVER 14,811 YOUTH RECEIVED IN-SCHOOL AND OUT-OF-SCHOOL PROGRAMMING, HELPING THEM IMPROVE THEIR ACADEMIC PERFORMANCE, BOLSTER SOCIAL SUPPORTS THAT REDUCE RISKY BEHAVIORS, AND PREPARE FOR POST-SECONDARY SUCCESS. THE UNITED WAY YOUTH INSTITUTE, A YEAR-LONG PROGRAM THAT EMPOWERS LOCAL AT-RISK YOUTH TO BECOME SUCCESSFUL IN SCHOOL AND AGENTS OF CHANGE IN THEIR COMMUNITY, GRADUATED ITS FIRST CLASS OF FELLOWS.

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
FISCAL AGENT PROJECTS		27,617.	
OTHER COMMUNITY PROJECTS	20,737,613.	20,827,369.	
MISSION UNITED		588,888.	
TOTALS	<u>20,737,613.</u>	<u>21,443,874.</u>	

ATTACHMENT 3

Name of the organization C/O CARLOS G MOLINA	UNITED WAY OF MIAMI-DADE, INC.	Employer identification number 59-0830840
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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
A NEW WORLD ACADEMY 1452 NW 79 STREET MIAMI, FL 33147	CHILD CARE SERVICES	1,113,261.
EASTER SEALS SOUTH FLORIDA, INC. 1475 NW 14 AVENUE MIAMI, FL 33125	CHILD CARE SERVICES	471,159.
TINY KINGDOM LEARNING CENTER 700 NW 10TH AVENUE HOMESTEAD, FL 33030	CHILD CARE SERVICES	349,870.
ST. ALBANS DAY NURSERY, INC. 3465 BROOKER ST MIAMI, FL 33133	CHILD CARE SERVICES	342,267.
WHITEOWL 1450 BRICKELL AVENUE, SUITE 1800 MIAMI, FL 33131	IT SERVICES	266,015.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CENTER FOR EXCELLENCE LLC 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	CHILDREN PROG	FL	-1,499,522.	178,768.	UNITED WAY
(2) CHILDREN'S ADVOCACY COMPLEX LLC 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	PARKING	FL	-388,966.	11,902,013.	UNITED WAY
(3) 3250 REAL ESTATE HOLDINGS LLC 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	PROPERTY MAIN	FL	159,822.	12,818,130.	UNITED WAY
(4) UNITED WAY REAL PROPERTY HOLDINGS LLC 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	FUNDRAISING	FL		0.	UNITED WAY
(5) START KIDS BRIGHT 26-3838618 3250 SW 3RD AVENUE MIAMI, FL 33129	CHARITABLE	FL		0.	UNITED WAY
(6) 3107 CORAL WAY LLC 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	PARKING	FL		0.	UNITED WAY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF MIAMI-DADE, INC.**
C/O CARLOS G MOLINA

Employer identification number
59-0830840

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 3125 CORAL WAY LLC 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	PROPERTY MGMT	FL		0.	UNITED WAY
(2) 3195 CORAL WAY LC 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	REAL ESTATE	FL		0.	UNITED WAY
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DISREGARDED ENTITIES, END OF YEAR ASSETS

END OF YEAR ASSET AMOUNTS ARE PRESENTED ON A STAND-ALONE BASIS PRIOR TO

ELIMINATING ENTRIES.

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

2018

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA	Employer identification number 59-0830840
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	11,428.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	11,428.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	11,428.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/>	The corporation is using the annualized income installment method.
8	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/2018	12/15/2018	03/15/2019	06/15/2019
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	2,857.	2,857.	2,857.	2,857.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		2,857.	5,714.	8,571.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		2,857.	5,714.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	2,857.	2,857.	2,857.	2,857.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2018)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 5% (0.05)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2018 and before 10/1/2018	23	ATTACHMENT 1		
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25	SEE PENALTY COMPUTATION WHITEPAPER DETAIL		
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 6% (0.06)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		507.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

<u>DATE PD</u>	<u>UNDERPAYMENT</u>	<u>BEG.DATE</u>	<u>END DATE</u>	<u>DAYS</u>	<u>%</u>	<u>PENALTY</u>
<u>QUARTER 1, RATE PERIOD 1 (10/15/2018 - 12/31/2018)</u>						
	2,857.	10/15/2018	12/31/2018	77	5	30.
TOTAL FOR QUARTER 1, RATE PERIOD 1						<u>30.</u>
<u>QUARTER 1, RATE PERIOD 2 (12/31/2018 - 09/30/2019)</u>						
	2,857.	12/31/2018	09/30/2019	273	6	128.
TOTAL FOR QUARTER 1, RATE PERIOD 2						<u>128.</u>
<u>QUARTER 1, RATE PERIOD 3 (09/30/2019 - 11/15/2019)</u>						
	2,857.	09/30/2019	11/15/2019	46	5	18.
TOTAL FOR QUARTER 1, RATE PERIOD 3						<u>18.</u>
<u>QUARTER 2, RATE PERIOD 1 (12/15/2018 - 12/31/2018)</u>						
	2,857.	12/15/2018	12/31/2018	16	5	6.
TOTAL FOR QUARTER 2, RATE PERIOD 1						<u>6.</u>
<u>QUARTER 2, RATE PERIOD 2 (12/31/2018 - 09/30/2019)</u>						
	2,857.	12/31/2018	09/30/2019	273	6	128.
TOTAL FOR QUARTER 2, RATE PERIOD 2						<u>128.</u>
<u>QUARTER 2, RATE PERIOD 3 (09/30/2019 - 11/15/2019)</u>						
	2,857.	09/30/2019	11/15/2019	46	5	18.
TOTAL FOR QUARTER 2, RATE PERIOD 3						<u>18.</u>
<u>QUARTER 3, RATE PERIOD 2 (03/15/2019 - 09/30/2019)</u>						
	2,857.	03/15/2019	09/30/2019	199	6	93.
TOTAL FOR QUARTER 3, RATE PERIOD 2						<u>93.</u>
<u>QUARTER 3, RATE PERIOD 3 (09/30/2019 - 11/15/2019)</u>						
	2,857.	09/30/2019	11/15/2019	46	5	18.
TOTAL FOR QUARTER 3, RATE PERIOD 3						<u>18.</u>

PENALTY COMPUTATION DETAIL - FORM 2220

<u>DATE PD</u>	<u>UNDERPAYMENT</u>	<u>BEG.DATE</u>	<u>END DATE</u>	<u>DAYS</u>	<u>%</u>	<u>PENALTY</u>
<u>QUARTER 4, RATE PERIOD 2 (06/15/2019 - 09/30/2019)</u>						
	2,857.	06/15/2019	09/30/2019	107	6	50.
TOTAL FOR QUARTER 4, RATE PERIOD 2						<u>50.</u>
<u>QUARTER 4, RATE PERIOD 3 (09/30/2019 - 11/15/2019)</u>						
	2,857.	09/30/2019	11/15/2019	46	5	18.
TOTAL FOR QUARTER 4, RATE PERIOD 3						<u>18.</u>
TOTAL UNDERPAYMENT PENALTY						<u>507.</u>

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA

D Employer identification number (Employees' trust, see instructions.)

59-0830840

B Exempt under section

- X 501(C)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.

3250 SW 3RD AVENUE

City or town, state or province, country, and ZIP or foreign postal code

MIAMI, FL 33129

E Unrelated business activity code (See instructions.)

900099

C Book value of all assets at end of year

100,336,491.

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No

J The books are in care of CARLOS G MOLINA Telephone number 305-646-7065

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss, 32 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include lines 33 through 38.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include lines 39 through 44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include lines 45a through 55.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Rows include lines 56 through 58.

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

Signature and Preparer Use Only section containing fields for officer signature, date, title, and preparer information.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		Yes No
			to the organization?		<input type="checkbox"/> <input checked="" type="checkbox"/>

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

1,833.

PART II - LINE 28 - OTHER DEDUCTIONS

1,833.

ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CARLOS A MIGOYA 3250 SW 3RD AVENUE MIAMI, FL 33129	BOARD CHAIR	0	0.
JAYNE HARRIS ABESS 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
CRISTINA PEREYRA ALVAREZ 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
SHELDON T. ANDERSON 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ANDREW L. ANSIN 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
DAVID A. BARKUS 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
YOLANDA C. BERKOWITZ 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
PETER L. BERMONT 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
STEVE J. BRODIE 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ALFRED A. BUNGE 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
ALICIA CERVERA LAMADRID 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
CAMILA COTE 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ANNELIES H. DA COSTA GOMEZ 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
STEPHEN G. DANNER 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JUAN A. DEL BUSTO 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ALAN T. DIMOND 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
BALDWYN ENGLISH 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
MIGUEL G. FARRA 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
BRIAN GOLDMEIER 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
FRANCISCO B. GONZALEZ 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JORGE J. GONZALEZ 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
EDUARD J. JOYCE 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JESS S. LAWHORN, JR. 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JENNIFER S. LOVE 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
AGOSTINHO A MACEDO MONCAYO 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JOSE R. MAS 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
MELISSA A. MEDINA 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
LISA M. MENDELSON 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
PATRICIA M. MENENDEZ CAMBO 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
RUDOLPH G. MOISE 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
W. ALLEN MORRIS 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
PHILLIS I. OETERS 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JAY J. PELHAM 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
PETER T. PRUITT, JR. 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
RICHARD QUINCOSES 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JULIO A. RAMIREZ 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
LARRY A. RICE ED. D. 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ROBERT E. SANCHEZ 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
GENE M. SCHAEFER 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ROMAINE M. SEGUIN 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DAVID M. SEIFER 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
NEIL H. SHAH 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ANDREW M. SMULIAN 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JAY STEINMAN 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JOHN C. SUMBERG 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JACQUELINE A. TRAVISANO 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ANA VEIGAMILTON 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
JORGE R. VILLACAMPA 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
MARIELENA A. VILLAMIL 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
ALEXANDRA VILLOCH 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JUDY H. ZEDER 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
OCTAVIO J. ZUBIZARRETA 3250 SW 3RD AVENUE MIAMI, FL 33129	DIRECTOR	0	0.
MARIA C. ALONSO 3250 SW 3RD AVENUE MIAMI, FL 33129	PRESIDENT & CEO	0	0.
CARLOS G. MOLINA 3250 SW 3RD AVENUE MIAMI, FL 33129	CHIEF FINANCIAL OFFICER	0	0.
TAMARA KLINGLER 3250 SW 3RD AVENUE MIAMI, FL 33129	CHIEF STRATEGY OFFICER	0	0.
CELIO ROMANACH 3250 SW 3RD AVENUE MIAMI, FL 33129	CHIEF MARKETING OFFICER	0	0.
CLAUDIA GRILLO 3250 SW 3RD AVENUE MIAMI, FL 33129	CHIEF OPERATING OFFICER	0	0.
MARY DONWORTH 3250 SW 3RD AVENUE MIAMI, FL 33129	SENIOR VP COMMUNITY IMPACT	0	0.
DANIA GORRIZ 3250 SW 3RD AVENUE MIAMI, FL 33129	SENIOR VP, DEVELOPMENT	0	0.
GLADYS MONTES 3250 SW 3RD AVENUE MIAMI, FL 33129	GROUP VP, CENTER FOR EXCELLENC	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DIANE BLEVIN 3250 SW 3RD AVENUE MIAMI, FL 33129	VP, HR	0	0.
JUAN URQUIOLA 3250 SW 3RD AVENUE MIAMI, FL 33129	VP, CREATIVE SERVICES	0	0.
NORIE DEL VALLE 3250 SW 3RD AVENUE MIAMI, FL 33129	SENIOR VP, DEVELOPMENT	0	0.
HARVE MOGUL 3250 SW 3RD AVENUE MIAMI, FL 33129	PRESIDENT EMERITUS	0	0.
TOTAL COMPENSATION			<u>0.</u>



United Way of Miami-Dade, Inc.
C/O Carlos G Molina
Instructions for Filing
Form F-1120
Florida Corporate Income/Franchise Tax Return
For the Year Ended June 30, 2019

You do not need to sign any of the state forms since your return will be filed electronically.

Your return will be filed electronically. You do not need to file any forms with the state of Florida.

There is no tax due with the filing of this return.

DO NOT separately file Form F-1120 with the state of Florida. Doing so will delay the processing of your return.



Marcum LLP

Miami ■ One Southeast Third Avenue ■ Suite 1100 ■ Miami, Florida 33131 ■ **Phone** 305.995.9600 ■ **Fax** 305.995.9601
Fort Lauderdale ■ 450 East Las Olas Boulevard ■ 9th Floor ■ Fort Lauderdale, Florida 33301 ■ **Phone** 954.320.8000 ■ **Fax** 954.320.8001
West Palm Beach ■ 525 Okeechobee Boulevard ■ Suite 750 ■ West Palm Beach, Florida 33401 ■ **Phone** 561.653.7300 ■ **Fax** 561.653.7301
www.marcumllp.com

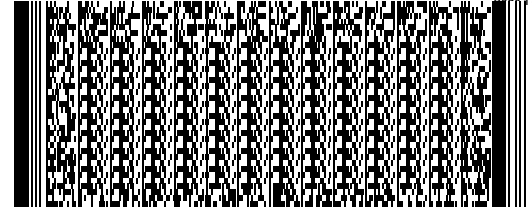


Florida Corporate Income/Franchise Tax Return

FEIN 59-0830840

8J1131 2.000 THOM F-1120, R. 01/19 Rule 12C-1.051 Florida Administrative Code Effective 01/19 Page 1 of 6

891802019063000020050379359083084000000



For calendar year 2018 or tax year beginning 07/01, 2018 ending 06/30/2019

Name UNITED WAY OF MIAMI-DADE, Check here if any changes have been made to name or address

Address 3250 SW 3RD AVENUE

Address

City/State/ZIP MIAMI

FL 33129

Computation of Florida Net Income Tax

Table with 2 columns: Description and Amount. Rows include Federal taxable income (54,420), State income taxes, Additions to federal taxable income, Total of Lines 1, 2 and 3 (54,420), Subtractions from federal taxable income, Adjusted federal income (54,420), Florida portion of adjusted federal income (54,420), Nonbusiness income allocated to Florida, Florida exemption (50,000), Florida net income (4,420), Tax due: 5.5% of Line 10 (243), Credits against the tax, Total corporate income/franchise tax due (243), Total of Lines 13 and 14 (243), Payment credits: Estimated tax payments 16a \$ [] Tentative tax payment 16b \$ 243, Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.

PERF LINE-----

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 06/30/2019

THOM F-1120 R. 01/19

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name UNITED WAY OF MIAMI-DADE, I If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year. Address 3250 SW 3RD AVENUE Address Address City/State/ZIP MIAMI FL 33129

Table with 4 columns: Identification numbers and amounts. Values include 590830840, 20180701, 20190630, 00000000, 010, 201, 5442000, 0, 0, 0, 0, 24300, 0, 0, 24300, 0, 0, 5000000, 0.



FEIN 59-0830840

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here	Signature of officer (must be an original signature)	12/11/2019 Date	Title	CHIEF FINANCIAL OFFI
	Preparer's signature	MICHAEL H NOVAK	12/11/2019 Date	Preparer's PTIN
Paid preparers only	Firm's name (or yours if self-employed) and address	MARCUM, LLP ONE SE THIRD AVENUE, SUITE MIAMI, FL	FEIN	11-1986323
			ZIP	33131

All Taxpayers Must Answer Questions A Through M Below - See Instructions

A. State of incorporation: FL

B. Florida Secretary of State document number: 1907531233CC

C. Florida consolidated return? YES NO

D. Initial return Final return (final federal return filed)

E. Principal Business Activity Code (as pertains to Florida)

F. A Florida extension of time was timely filed? YES NO

G-1. Corporation is a member of a controlled group? YES NO If yes, attach list.

G-2. Part of a federal consolidated return? YES NO If yes, provide:
 FEIN from federal consolidated return: _____
 Name of corporation: _____

G-3. The federal common parent has sales, property, or payroll in Florida? YES NO

H. Location of corporate books: 3250 SW 3RD AVENUE
 City: MIAMI State: FL ZIP: 33129

I. Taxpayer is a member of a Florida partnership or joint venture? YES NO

J. Enter date of latest IRS audit: _____
 a) List years examined: _____

K. Contact person concerning this return: CARLOS G MOLINA
 a) Contact person telephone number: 305-646-7065
 b) Contact person e-mail address: _____

L. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



FEIN 59-0830840

DATA Page 1 of 2

590830840	0	0	0
5442000	0	0	0
442000	0	0	0
24300	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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24300	0	0	0
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0	0	0	0
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0	0	0	0



NAME UNITED WAY OF MIAMI-DADE, INC.

FEIN 59-0830840

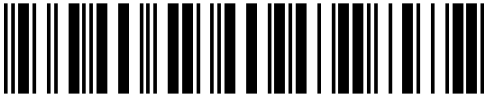
TAXABLE YEAR ENDING 2019

Schedule I - Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits	12.
13. Renewable energy tax credits	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Other additions (attach schedule)	19.
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.

Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.



NAME UNITED WAY OF MIAMI-DADEFEIN 59-0830840

TAXABLE YEAR ENDING 2019

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)				

6. Average value of property
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. _____

7. Rented property (8 times net annual rent)
a. Rented property in Florida 7a. _____
b. Rented property Everywhere 7b. _____

8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1,
Column (a) for total average property in Florida 8a. _____
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1,
Column (b) for total average property Everywhere 8b. _____

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])		

III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T-Annual Report)			
2. Transportation services			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME UNITED WAY OF MIAMI-DADE, 59-0830840 FEIN TAXABLE YEAR ENDING 2019

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13. Florida renewable energy technologies investment tax credit	13.
14. Florida renewable energy production tax credit	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and Development tax credit	17.
18. Energy Economic Zone tax credit	18.
19. Other credits (attach schedule)	19.
20. Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	20.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere.		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 3. _____
(Enter here and on Schedule II, Line 7)



NAME UNITED WAY OF MIAMI-DADE, IN

FEIN 59-0830840

TAXABLE YEAR ENDING 2019

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2018

1. Florida income expected in taxable year 1. \$ _____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) 2. \$ _____
3. Estimated Florida net income (Line 1 less Line 2) 3. \$ _____
4. Total Estimated Florida tax (5.5% of Line 3) \$ _____
Less: Credits against the tax \$ _____ 4. \$ _____
5. Computation of installments:

Payment due dates and payment amounts:	If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4	5a. _____
	Last day of 6th month - Enter 0.25 of Line 4.	5b. _____
	Last day of 9th month - Enter 0.25 of Line 4.	5c. _____
	Last day of fiscal year - Enter 0.25 of Line 4	5d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax 1. \$ _____
2. Less:
 - (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date 2a. - \$ _____
 - (b) Payments made on estimated tax declaration (Florida Form F-1120ES). 2b. - \$ _____
 - (c) Total of Lines 2(a) and 2(b) 2c. \$ _____
3. Unpaid balance (Line 1 less Line 2(c)) 3. \$ _____
4. Amount to be paid (Line 3 divided by number of remaining installments) 4. \$ _____

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.
The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated	Rule 12C-1.051, F.A.C.