



January 31, 2022

United Way of Miami-Dade, Inc.  
C/O Carlos G Molina  
3250 SW 3rd Avenue  
Miami, FL 33129

United Way of Miami-Dade, Inc. C/O Carlos G Molina:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

**FORM 990 RETURN:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Tax or Professional advice contained in or accompanying this document, unless otherwise specifically stated, is not intended or written to be used, and cannot be used, for the purpose of (I) avoiding penalties under the Internal Revenue code, or (II) promoting, marketing, or recommending to another party any transaction or matter that is contained in or accompanying this document. In addition, unless otherwise specifically stated, any advice provided shall not be deemed a formal tax opinion upon which the addressee can rely.

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the returns, please do not hesitate to call.

Sincerely,



January 31, 2022

United Way of Miami-Dade, Inc.  
C/O Carlos G Molina  
3250 SW 3rd Avenue  
Miami, FL 33129

United Way of Miami-Dade, Inc. C/O Carlos G Molina:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please call us at any time should you have any questions relating to your tax situation, business, financial or estate planning or any other financial matters. As a part of your advisory team, we will be happy to assist you.

Tax or Professional advice contained in or accompanying this document, unless otherwise specifically stated, is not intended or written to be used, and cannot be used, for the purpose of (I) avoiding penalties under the Internal Revenue code, or (II) promoting, marketing, or recommending to another party any transaction or matter that is contained in or accompanying this document. In addition, unless otherwise specifically stated, any advice provided shall not be deemed a formal tax opinion upon which the addressee can rely.

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the returns, please do not hesitate to call.

Sincerely,

Michael H Novak  
CPA



**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

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

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**Prepared For:**

United Way of Miami-Dade, Inc.  
C/O Carlos G Molina  
3250 SW 3rd Avenue  
Miami, FL 33129

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**Prepared By:**

Marcum LLP  
One Southeast Third Ave, Suite 1100  
Miami, FL 33131

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

If your tax return(s) are being electronically filed, we cannot release them until we have your signed authorization(s). After reviewing your return(s) for accuracy and completeness, please sign and email your authorization(s) to [8879.Florida@marcumllp.com](mailto:8879.Florida@marcumllp.com) or fax to (305) 995-9601. Our mailing address is One SE Third Avenue, Suite 1100 Miami, FL 33131.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021**2020**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

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

Taxpayer identification number

**59-0830840**

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>117,716,868.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize MARCUM LLP to enter my PIN 19276  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

Date ▶

**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.

**60323337027****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**3250 SW 3RD AVENUE**

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

**MIAMI, FL 33129****F** Name and address of principal officer: **CARLOS G MOLINA****3250 SW 3RD AVENUE, MIAMI, FL 33129****D** Employer identification number**59-0830840****E** Telephone number**305-860-3000****G** Gross receipts \$**125,085,503.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UNITEDWAYMIAMI.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1957****M** State of legal domicile: **FL****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF UNITED WAY OF MIAMI DADE IS BUILDING THE COMMUNITY BY HELPING PEOPLE CARE FOR ONE</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>51</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>50</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>303</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>6024</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>57,598,444.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>722,034.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>2,362,895.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>963,829.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>61,647,202.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>117,716,868.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>36,186,098.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>15,567,082.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,280,849.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>7,643,232.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>59,396,412.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 ..... <b>2,250,790.</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 ..... <b>26,029,773.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) ..... <b>105,691,146.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>50,167,715.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>55,523,431.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>91,163,255.</b>	

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>CARLOS G MOLINA, CFO</b> Type or print name and title	<b>1/31/2022</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL NOVAK</b>	Preparer's signature <b>MICHAEL NOVAK</b>
	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P01074800</b>
<b>Firm's name</b>	Firm's name ▶ <b>MARCUM LLP</b>	Firm's EIN ▶ <b>11-1986323</b>
	Firm's address ▶ <b>ONE SOUTHEAST THIRD AVE, SUITE 1100</b> <b>MIAMI, FL 33131</b>	Phone no. (305) <b>995-9600</b>

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

032001 12-23-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**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 ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 17,514,976. including grants of \$ 6,446,710. ) (Revenue \$ 465,297. )

IN THE PAST YEAR, UNITED WAY INVESTED \$15.4 MILLION IN EARLY EDUCATION AND \$3.1 MILLION IN SCHOOL AGE SERVICES. 3,180 CHILDREN RECEIVED QUALITY EARLY INTERVENTION AND EXPERIENCES THROUGH OUR PROGRAMS. 713 EARLY CHILDHOOD EDUCATORS RECEIVED 30,384 HOURS OF PROFESSIONAL LEARNING, INFLUENCING THE LIVES OF THOUSANDS OF CHILDREN IN PROGRAMS ACROSS THE COUNTRY. OVER 17,170 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.

**4b** (Code: ) (Expenses \$ 4,107,226. including grants of \$ 2,859,869. ) (Revenue \$ )

UNITED WAY OF MIAMI DADE INVESTED \$4.1 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 3,497 INDIVIDUALS RECEIVED FINANCIAL EDUCATION AND ASSISTANCE WITH TAXES, EMPLOYMENT, AND PUBLIC BENEFITS; MORE THAN 135,900 INDIVIDUALS RECEIVED EMERGENCY FOOD AND SHELTER ASSISTANCE. ASSISTED 8,389 MIAMI-DADE TAXPAYERS RECEIVED APPROXIMATELY \$12.3 MILLION IN TAX REFUNDS AND \$3.1 MILLION IN EARNED INCOME CREDIT.

**4c** (Code: ) (Expenses \$ 4,172,090. including grants of \$ 2,950,094. ) (Revenue \$ )

THE INVESTMENT TO THE COMMUNITY TO IMPROVE ACCESS TO HEALTH CARE WAS \$4.2 MILLION DURING THE YEAR. 32,258 PEOPLE ACCESSED CARE INCLUDING SCREENINGS TO IMPROVE THEIR PHYSICAL AND MENTAL HEALTH; 139,147 HOURS OF RESPITE CARE FOR HOMEBOUND OLDER ADULTS AND PEOPLE WITH DISABILITIES. 3,557,318 MEALS WERE COORDINATED FOR OLDER ADULTS. CO-LED THE MIAMI-DADE AGE FRIENDLY INITIATIVE - RESULTING IN SUSTAINABILITY OF COLLABORATION AND COORDINATION AMONG EIGHT MAJOR PARTNERS COMMITTED TO MAKE MIAMI DADE MORE AGE FRIENDLY.

**4d** Other program services (Describe on Schedule O.)(Expenses \$ 58,225,584. including grants of \$ 57,530,485. ) (Revenue \$ 0. )**4e** Total program service expenses **▶** 84,019,876.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b> X	
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	62
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	



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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 303		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	51			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		50		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	X
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**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.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**CARLOS G MOLINA - 305-646-7065**  
**3250 SW 3RD AVENUE, MIAMI, FL 33129**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MARIA C. ALONSO PRESIDENT AND CEO	40.00	X		X				373,571.	0.	23,365.
(2) CARLOS G. MOLINA CHIEF FINANCIAL OFFICER	40.00			X				234,515.	0.	29,849.
(3) MARY DONWORTH SENIOR VP	40.00				X			193,750.	0.	23,681.
(4) CRISTINA BLANCO KULISIC CHIEF COMMUNICATIONS OFFICER	40.00			X				187,135.	0.	11,555.
(5) NORIE DEL VALLE SENIOR VP	40.00				X			181,373.	0.	17,112.
(6) CELIO ROMANACH CHIEF MARKETING OFFICER	40.00			X				175,807.	0.	12,369.
(7) GLADYS MONTES GROUP VP	40.00				X			154,991.	0.	19,441.
(8) JAYNE ABESS, EMERITUS DIRECTOR	1.00	X						0.	0.	0.
(9) SHELDON T. ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(10) ANDREW L. ANSIN DIRECTOR	1.00	X						0.	0.	0.
(11) YOLANDA C. BERKOWITZ DIRECTOR	1.00	X						0.	0.	0.
(12) STEVEN J. BRODIE, ESQ., EMERITU DIRECTOR	1.00	X						0.	0.	0.
(13) ALFRED A. BUNGE DIRECTOR	1.00	X						0.	0.	0.
(14) CAMILA COTE DIRECTOR	1.00	X						0.	0.	0.
(15) ANNELIES H. DA COSTA GOMEZ DIRECTOR	1.00	X						0.	0.	0.
(16) ALBERT DE CARDENAS DIRECTOR	1.00	X						0.	0.	0.
(17) JUAN A. DEL BUSTO DIRECTOR	1.00	X						0.	0.	0.

## UNITED WAY OF MIAMI-DADE, INC.

C/O CARLOS G MOLINA

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Page **8****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 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			
(18) ALAN T. DIMOND DIRECTOR	1.00	X						0.	0.	0.
(19) EDDIE DOMINGUEZ DIRECTOR	1.00	X						0.	0.	0.
(20) BALDWIN ENGLISH JR. DIRECTOR	1.00	X						0.	0.	0.
(21) LUIS M. GAMONEDA DIRECTOR	1.00	X						0.	0.	0.
(22) BRIAN Y. GOLDMEIER DIRECTOR	1.00	X						0.	0.	0.
(23) CALIXTO J. (CALI) GARCIA-VELEZ DIRECTOR	1.00	X						0.	0.	0.
(24) FRANCISCO "PACO" GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(25) FRANK GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(26) XAVIER GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,501,142.	0.	137,372.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,501,142.	0.	137,372.

**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 **9**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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
POTTER ANDERSON CORRON LLP, 1313 N. MARKET STREET, 6TH FLOOR, WILMINGTON, DE 19801	LEGAL SERVICES	523,021.
TEACHING STRATEGIES 3088 MOMENTUM PLACE, CHICAGO, IL 60689	TRAINING CONSULTANT	287,043.
BDO DIGITAL, 1450 BRICKELL AVENUE, SUITE 1800, MIAMI, FL 33131	IT SERVICES	283,332.
MCLANE MIDDLETON, 900 ELM STREET / PO BOX 326, MANCHESTER, NH 03105	LEGAL SERVICES	281,418.
CONDOR SERVICES & MAINTENANCE 15475 SW 146TH STREET, MIAMI, FL 33196	CLEANING SERVICES	224,915.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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C/O CARLOS G MOLINA

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**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 line)	(C) Position (check all that apply)						(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			
(27) MELISSA GRACEY DIRECTOR	1.00	X						0.	0.	0.
(28) KIM Y. GRIFFIN-HUNTER DIRECTOR	1.00	X						0.	0.	0.
(29) EDWARD J. JOYCE DIRECTOR	1.00	X						0.	0.	0.
(30) SETH R. KAPLAN DIRECTOR	1.00	X						0.	0.	0.
(31) JESS LAWHORN JR. DIRECTOR	1.00	X						0.	0.	0.
(32) JUAN C. LISCANO DIRECTOR	1.00	X						0.	0.	0.
(33) JENNIFER S. LOVE DIRECTOR	1.00	X						0.	0.	0.
(34) AMINDA "MINDY" MARQUES GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(35) JOSE R. MAS DIRECTOR	1.00	X						0.	0.	0.
(36) LISA M. MENDELSON DIRECTOR	1.00	X						0.	0.	0.
(37) PATRICIA MENENDEZ-CAMBO DIRECTOR	1.00	X						0.	0.	0.
(38) CARLOS A. MIGOYA DIRECTOR	1.00	X						0.	0.	0.
(39) ISMARE MONREAL DIRECTOR	1.00	X						0.	0.	0.
(40) DARRELL W. PAYNE DIRECTOR	1.00	X						0.	0.	0.
(41) THOMAS J. PELHAM DIRECTOR	1.00	X						0.	0.	0.
(42) RICHARD QUINCOES DIRECTOR	1.00	X						0.	0.	0.
(43) GLADYS REED DIRECTOR	1.00	X						0.	0.	0.
(44) JERRY REED DIRECTOR	1.00	X						0.	0.	0.
(45) PATRICIA ROSELLO DIRECTOR	1.00	X						0.	0.	0.
(46) CARMEN SABATER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

[illegible]

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	40,041,818.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	70,679,289.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,317,778.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> TUITION	<b>Business Code</b>		465,297.	465,297.		
	<b>b</b> FISCAL AGENT FEES			351,433.	351,433.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				816,730.		
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,232,723.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real 974,898.	(ii) Personal			
<b>b</b> Less: rental expenses ...		<b>6b</b>	95,262.				
<b>c</b> Rental income or (loss) .....		<b>6c</b>	879,636.				
<b>d</b> Net rental income or (loss) .....					879,636.		879,636.
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities 8,628,040.	(ii) Other			
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	6,821,587.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	1,806,453.				
<b>d</b> Net gain or (loss) .....					1,806,453.		1,806,453.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	1,238,367.				
<b>b</b> Less: direct expenses .....		<b>8b</b>	451,786.				
<b>c</b> Net income or (loss) from fundraising events .....					786,581.		786,581.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER MISCELLANEOUS REVENUE	<b>Business Code</b> 900099		1,473,638.	1,473,638.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....				1,473,638.		
	<b>12 Total revenue.</b> See instructions .....				117,716,868.	2,290,368.	0.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	69,787,158.	69,787,158.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,899,442.	1,181,842.	385,300.	332,300.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	10,594,350.	6,591,858.	2,149,052.	1,853,440.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	559,620.	381,952.	98,633.	79,035.
<b>9</b> Other employee benefits	1,607,530.	1,097,172.	283,326.	227,032.
<b>10</b> Payroll taxes	905,966.	571,363.	175,031.	159,572.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	169,523.	117,938.	30,303.	21,282.
<b>c</b> Accounting	87,800.	61,083.	15,695.	11,022.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,287,828.	895,950.	230,207.	161,671.
<b>12</b> Advertising and promotion	166,062.	110,060.	33,322.	22,680.
<b>13</b> Office expenses	177,481.	117,629.	35,613.	24,239.
<b>14</b> Information technology	307,026.	203,487.	61,607.	41,932.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,880,729.	1,439,672.	400,315.	40,742.
<b>17</b> Travel	36,628.	24,276.	7,350.	5,002.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	378,485.	325,263.	40,612.	12,610.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	989,265.	338,957.	391,416.	258,892.
<b>23</b> Insurance	22,819.	15,124.	4,579.	3,116.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SCHOOL AND OTHER PROGRA	657,205.	639,545.	12,693.	4,967.
<b>b</b> SUPPLIES	127,104.	84,241.	25,504.	17,359.
<b>c</b> DUES & SUBSCRIPTIONS	28,964.	19,196.	5,812.	3,956.
<b>d</b> STAFF RECRUITMENT	16,110.	16,110.		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	91,687,095.	84,019,876.	4,386,370.	3,280,849.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)



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

Form 990 (2020)

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,133,660.	<b>1</b>	3,873,639.
	<b>2</b> Savings and temporary cash investments .....	7,762,509.	<b>2</b>	15,119,471.
	<b>3</b> Pledges and grants receivable, net .....	11,819,545.	<b>3</b>	11,146,507.
	<b>4</b> Accounts receivable, net .....	1,805,117.	<b>4</b>	2,482,303.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	434,661.	<b>9</b>	276,360.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 40,966,940.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,570,993.		
	<b>11</b> Investments - publicly traded securities .....	27,271,558.	<b>10c</b>	26,395,947.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	38,010,036.	<b>11</b>	77,902,678.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,287,509.	<b>12</b>	2,622,522.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,166,551.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	105,691,146.	<b>15</b>	8,166,551.	
<b>17</b> Accounts payable and accrued expenses .....	105,691,146.	<b>16</b>	147,985,978.	
<b>Liabilities</b>	<b>18</b> Grants payable .....	3,445,534.	<b>17</b>	3,644,531.
	<b>19</b> Deferred revenue .....	157,550.	<b>18</b>	104,277.
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	10,527,200.	<b>20</b>	9,825,843.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> 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 .....		<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	36,037,431.	<b>25</b>	43,248,072.
	<b>27</b> Net assets without donor restrictions .....	50,167,715.	<b>26</b>	56,822,723.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>28</b> Net assets with donor restrictions .....	46,111,361.	<b>27</b>	81,898,661.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	9,412,070.	<b>28</b>	9,264,594.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....		<b>31</b>	
	<b>33</b> Total liabilities and net assets/fund balances .....	55,523,431.	<b>32</b>	91,163,255.
	105,691,146.	<b>33</b>	147,985,978.	

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	117,716,868.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	91,687,095.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	26,029,773.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	55,523,431.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,610,051.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	91,163,255.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 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		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	51727883.	59263895.	53897585.	57598444.	110721107	333208914
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	121,191.	99,586.	1359258.	1606279.	1934985.	5121299.
<b>4 Total.</b> Add lines 1 through 3 .....	51849074.	59363481.	55256843.	59204723.	112656092	338330213
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						338330213

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	51849074.	59363481.	55256843.	59204723.	112656092	338330213
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2859470.	1638899.	1926738.	1922616.	2112359.	10460082.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	67,476.	15,463.	386,361.	279,727.	1825071.	2574098.
<b>11 Total support.</b> Add lines 7 through 10						351364393
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,605,289.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.29	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	96.76	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐ ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2020



## UNITED WAY OF MIAMI-DADE, INC.

Schedule A (Form 990 or 990-EZ) 2020 C/O CARLOS G MOLINA

59-0830840 Page 7

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 C/O CARLOS G MOLINA

Part VI

[illegible]

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

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

Employer identification number

59-0830840

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 foundationCheck 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 <b>UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA</b>	Employer identification number <b>59-0830840</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GT PHILANTHROPIC FUND  333 AVENUE OF THE AMERICAS  MIAMI, FL 33131	\$ 8,659,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL PHILANTHROPIC TRUST, AKA MACKENZIE SCOTT GIFT  165 TOWNSHIP LINE RD, STE 1200  JENKINTOWN, PA 19046	\$ 25,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MIAMI DADE COUNTY  111 NW 1ST STREET  MIAMI, FL 33128	\$ 31,834,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PUBLIX SUPERMARKETS  PO BOX 407  LAKELAND, FL 33802	\$ 2,910,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	US DEPARTMENT OF HEALTH & HUMAN SERVICES  61 FORSYTH SUITE 4M60  ATLANTA, GA 30303	\$ 7,755,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LOBBER HOWARD M  4400 BISCAYNE BLVD, 10TH FLOOR  MIAMI, FL 33137	\$ 3,736,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

59-0830840

## Part II

[illegible]

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 info. once.) ▶ \$ \_\_\_\_\_

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**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	<b>UNITED WAY OF MIAMI-DADE, INC.</b> <b>C/O CARLOS G MOLINA</b>	Employer identification number	<b>59-0830840</b>
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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.
- 2 Political campaign activity expenditures ..... ▶ \$
- 3 Volunteer hours for political campaign activities .....

**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-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

## UNITED WAY OF MIAMI-DADE, INC.

Schedule C (Form 990 or 990-EZ) 2020 C/O CARLOS G MOLINA

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**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		83,705.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		20,926.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		104,631.													
<b>d</b> Other exempt purpose expenditures		93,517,449.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		93,622,080.													
<b>f</b> 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	224,989.	137,794.	116,688.	104,631.	584,102.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	179,991.	110,235.	93,350.	83,705.	467,281.

Schedule C (Form 990 or 990-EZ) 2020



**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)).**

*For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.*

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b>	Media advertisements? .....			
<b>d</b>	Mailings to members, legislators, or the public? .....			
<b>e</b>	Publications, or published or broadcast statements? .....			
<b>f</b>	Grants to other organizations for lobbying purposes? .....			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b>	Other activities? .....			
<b>j</b>	Total. Add lines 1c through 1i .....			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**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."

1	Dues, assessments and similar amounts from members .....	1	
2	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
a	Current year .....	2a	
b	Carryover from last year .....	2b	
c	Total .....	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
5	Taxable amount of lobbying and political expenditures (See instructions) .....	5	

<b>Part IV</b>	<b>Supplemental Information</b>
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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.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	18	
2 Aggregate value of contributions to (during year) .....	13,382,634.	
3 Aggregate value of grants from (during year) .....	6,899,239.	
4 Aggregate value at end of year .....	21,148,243.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,927,458.	24,868,941.	23,928,030.	22,479,371.	20,426,154.
b Contributions	3,198,465.	1,028,449.	1,182,435.	1,121,566.	251,125.
c Net investment earnings, gains, and losses	8,079,625.	1,280,992.	1,383,751.	1,663,814.	2,895,797.
d Grants or scholarships	348,339.	288,738.	302,241.	286,532.	287,308.
e Other expenditures for facilities and programs	1,106,665.	102,606.	181,095.	166,196.	165,421.
f Administrative expenses		859,580.	1,141,939.	883,993.	640,976.
g End of year balance	35,750,544.	25,927,458.	24,868,941.	23,928,030.	22,479,371.

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

- a Board designated or quasi-endowment ▶ 76.4550 %  
 b Permanent endowment ▶ 23.5450 %  
 c Term endowment ▶ %

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

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

- (i) Unrelated organizations  
 (ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,019,337.		7,019,337.
b Buildings		30,038,994.	11,603,218.	18,435,776.
c Leasehold improvements		275,032.	81,364.	193,668.
d Equipment		1,716,681.	1,669,314.	47,367.
e Other		1,916,896.	1,217,097.	699,799.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,395,947.

Schedule D (Form 990) 2020

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTEREST IN LIMITED PARTNERSHIP	8,166,551.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,166,551.

**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	7,975,116.
(3) DONOR DESIGNATED ALLOCATIONS	
(4) PAYABLE	27,106,405.
(5) SPECIAL CONTRIBUTIONS ALLOCATIONS	
(6) PAYABLE	8,166,551.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	43,248,072.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	105,618,310.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	9,610,041.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,934,985.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	11,545,026.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	94,073,284.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	23,643,583.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	23,643,583.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	117,716,867.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	69,978,497.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,934,985.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,934,985.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	68,043,512.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	23,643,583.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	23,643,583.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	91,687,095.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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, 2021, 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

**Part XIII** Supplemental Information (continued)

TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS & DONOR RESTRICTED INVESTMENTS 23,643,583.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS & DONOR RESTRICTED INVESTMENTS 23,643,583.

## 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.



## UNITED WAY OF MIAMI-DADE, INC.

Schedule G (Form 990 or 990-EZ) 2020 C/O CARLOS G MOLINA

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**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	UPS 5K	6	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	1,120,168.	37,883.	80,316.	1,238,367.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	1,120,168.	37,883.	80,316.	1,238,367.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	3,790.			3,790.
	7 Food and beverages .....	73,083.		20,930.	94,013.
	8 Entertainment .....	8,799.			8,799.
	9 Other direct expenses .....	318,654.	9,195.	17,335.	345,184.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				451,786.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				786,581.	

**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: \_\_\_\_\_



**UNITED WAY OF MIAMI-DADE, INC.**

Schedule G (Form 990 or 990-EZ) 2020 **C/O CARLOS G MOLINA**

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** 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 explanations 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.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
100 BLACK MEN OF ATLANTA, INC. 2410 PEACHTREE ST NE STE 300 ATLANTA, GA 30303	58-1721923	501 C (3)	10,000.	0.			GENERAL FUNDS
ADRIENNE ARSHT CENTER FOUNDATION, INC. - 1300 BISCAYNE BLVD. 3RD FLOOR - MIAMI, FL 33132	26-2567808	501 C (3)	25,006.	0.			GENERAL FUNDS
ADVOCATES FOR CHILDREN OF NEW YORK, INC - 151 W 30TH STREET FL 5 - NEW YORK, NY 10001	11-2247307	501 C (3)	100,000.	0.			GENERAL FUNDS
ALDEA - THE PEOPLE'S JUSTICE CENTER - 532 WALNUT ST - READING, PA 19601	81-3635849	501 C (3)	10,000.	0.			GENERAL FUNDS
ALFALIT INTERNATIONAL, INC. 3026 NW 79TH AVE DORAL, FL 33185	59-1595459	501 C (3)	5,357.	0.			GENERAL FUNDS
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD. SUITE 500 LOS ANGELES, CA 90010	95-4358213	501 C (3)	10,000.	0.			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 ..... ▶

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPINE LEARNING GROUP, INC. 777 PARAMUS RD PARAMUS, NJ 07652	22-2887044	501 C (3)	25,000.	0.			GENERAL FUNDS
ALSAC-ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 5201 BLUE LAGOON SUITE 650 - MIAMI, FL 33126	35-1044585	501 C (3)	13,744.	0.			GENERAL FUNDS
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY, INC. - 199 WATER ST FL 11 - NEW YORK, NY 10038	13-1568923	501 C (3)	25,000.	0.			GENERAL FUNDS
AMERICAN HEART ASSOCIATION - ORANGE - 4600 CAMPUS DRIVE - IRVINE, CA 92617	13-5613797	501 C (3)	60,000.	0.			GENERAL FUNDS
AMERICAN HEART ASSOCIATION, INC. 4000 HOLLYWOOD BLVD. SUITE 170-N HOLLYWOOD, FL 33021	13-5613797	501 C (3)	56,162.	0.			GENERAL FUNDS
AMERICAN HEART ASSOCIATION, PACIFIC MOUNTAIN AFFILIATE - 2929 S 48TH ST - TEMPE, AZ 85282	13-5613797	501 C (3)	25,000.	0.			GENERAL FUNDS
AMERICAN JEWISH COMMITTEE GTR. MIAMI AND BROWARD CHAPTER - 9200 SOUTH DADELAND BLVD. STE 500 - MIAMI, FL 33156	13-5563393	501 C (3)	27,000.	0.			GENERAL FUNDS
AMERICAN JEWISH COMMITTEE, NEW JERSEY - 225 MILLBURN AVE STE 305 - MILLBURN, NJ 07041	13-5563393	501 C (3)	10,000.	0.			GENERAL FUNDS
AMERICAN RED CROSS OF GTR. MIAMI & THE KEYS - 335 S.W. 27TH AVENUE - MIAMI, FL 33135	59-0651070	501 C (3)	259,252.	0.			GENERAL FUNDS

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AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36TH ST STE 2201 MIAMI, FL 33166	65-0610872	501 C (3)	8,441.	0.			GENERAL FUNDS
AMIKIDS MIAMI-DADE, INC.-NORTH 2701 N.E. 151ST STREET NORTH MIAMI BEACH, FL 33160-1032	59-1561549	501 C (3)	106,488.	0.			GENERAL FUNDS
ANTI-DEFAMATION LEAGUE 5720 LYNDON B JOHNSON FREEWA, SUITE DALLAS, TX 75240	13-1818723	501 C (3)	15,000.	0.			GENERAL FUNDS
ANTI-DEFAMATION LEAGUE FLORIDA REGIONAL OFFICE - 5295 TOWN CENTER RD STE 300 - BOCA RATON, FL 33486	13-1818723	501 C (3)	7,800.	0.			GENERAL FUNDS
ANTI-DEFAMATION LEAGUE, ATLANTA TOTAL - 3490 PIEDMONT RD NE STE 610 - ATLANTA, GA 30305	13-1818723	501 C (3)	25,000.	0.			GENERAL FUNDS
ANTI-DEFAMATION LEAGUE, NEW YORK 605 3RD AVE FL 10 NEW YORK, NY 10158-3560	13-1818723	501 C (3)	10,000.	0.			GENERAL FUNDS
ARCHBISHOP'S CHARITIES DRIVE-ABCD 9401 BISCAYNE BLVD. MIAMI SHORES, FL 33138	59-0865839	501 C (3)	75,810.	0.			GENERAL FUNDS
ASIAN PACIFIC COMMUNITY FUND OF SOUTHERN CALIFORNIA - 1145 WILSHIRE BLVD STE 105 - LOS ANGELES, CA 90017	95-4257997	501 C (3)	10,000.	0.			GENERAL FUNDS
ASSOCIATION OF THE BAR OF THE CITY 42 W 44 STREET NEW YORK, NY 10036	13-6003018	501 C (3)	15,000.	0.			GENERAL FUNDS

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ATLANTA JEWISH FILM SOCIETY, INC. 1800 PEACHTREE ST NW ATLANTA, GA 30309	47-1260411	501 C (3)	25,000.	0.			GENERAL FUNDS
ATLANTA-FULTON COUNTY ZOO, INC. 800 CHEROKEE AVE SE ATLANTA, GA 30315	58-1655184	501 C (3)	7,250.	0.			GENERAL FUNDS
AUTISM SPEAKS, INC. 5805 BLUE LAGOON DR SUITE 110 MIAMI, FL 33126	20-2329938	501 C (3)	7,221.	0.			GENERAL FUNDS
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION - 1575 SAN IGNACIO AVE FL 4, SUITE 406 - CORAL GABLES, FL 33143	59-1923401	501 C (3)	434,881.	0.			GENERAL FUNDS
BAPTIST HEALTH SOUTH FLORIDA SUNSHINE FUND - 6855 RED ROAD - CORAL GABLES, FL 33143	65-0267668	501 C (3)	33,788.	0.			GENERAL FUNDS
BARRY UNIVERSITY 11300 NE 2ND AVENUE MIAMI SHORES, FL 33161	59-8993070	501 C (3)	23,985.	0.			GENERAL FUNDS
BELAFONTE TACOLCY CENTER, INC. 6161 NW 9TH AVE. MIAMI, FL 33127-1013	59-1376077	501 C (3)	45,001.	0.			GENERAL FUNDS
BELEN JESUIT PREPARATORY SCHOOL, INC. - 500 S.W. 127TH AVENUE - MIAMI, FL 33184	59-1923401	501 C (3)	56,141.	0.			GENERAL FUNDS
BEST BUDDIES INTERNATIONAL, INC. 100 S.E. 2ND STREET SUITE 2200 MIAMI, FL 33131	52-1614576	501 C (3)	10,000.	0.			GENERAL FUNDS

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BETH TORAH ADATH YESHURUN, INC. 20350 NE 26TH AVENUE NORTH MIAMI BEACH, FL 33180	59-2750308	501 C (3)	6,800.	0.			GENERAL FUNDS
BIG BROTHERS BIG SISTERS OF BROWARD CTY - 4101 RAVENSWOOD RD. SUITE 202 - FT. LAUDERDALE, FL 33312	59-1507595	501 C (3)	10,107.	0.			GENERAL FUNDS
BIG BROTHERS BIG SISTERS OF GREATER MIAMI - 550 NW 42ND AVE - MIAMI, FL 33126	59-6166904	501 C (3)	204,576.	0.			GENERAL FUNDS
BIG BROTHERS BIG SISTERS OF NEW YORK CITY, INC. - 40 RECTOR ST - NEW YORK, NY 10006	13-5600383	501 C (3)	15,000.	0.			GENERAL FUNDS
BIRTHRIGHT ISRAEL FOUNDATION 33 E 33RD ST FL 7 NEW YORK, NY 10016	13-4092050	501 C (3)	18,250.	0.			GENERAL FUNDS
BOCA RATON REGIONAL HOSPITAL FOUNDATION - 745 MEADOWS RD - BOCA RATON, FL 33486	59-2406425	501 C (3)	20,000.	0.			GENERAL FUNDS
BOCA WEST COMMUNITY CHARITABLE FOUNDATION, INC. - 20583 BOCA WEST DR - BOCA RATON, FL 33434	27-3840788	501 C (3)	131,463.	0.			GENERAL FUNDS
BOSTON BAR FOUNDATION 16 BEACON STREET BOSTON, MA 02108	04-6111344	501 C (3)	10,000.	0.			GENERAL FUNDS
BOY SCOUTS OF AMERICA CIRCLE TEN COUNCIL - 8605 HARRY HINES - DALLAS, TX 75235	75-0800615	501 C (3)	10,000.	0.			GENERAL FUNDS

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BOY SCOUTS OF AMERICA, SOUTH FLORIDA COUNCIL, INC. - 15255 NORTHWEST 82ND AVENUE - MIAMI LAKES, FL 33147	59-0637817	501 C (3)	5,409.	0.			GENERAL FUNDS
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST., NE ATLANTA, GA 30309	13-1573954	501 C (3)	10,000.	0.			GENERAL FUNDS
BOYS & GIRLS CLUBS OF METRO ATLANTA - 1275 PEACHTREE ST NE SUITE 500 - ATLANTA, GA 30309	58-0566123	501 C (3)	13,610.	0.			GENERAL FUNDS
BOYS & GIRLS CLUBS OF MIAMI-DADE, INC. - P.O. BOX 330219 - MIAMI, FL 33233-0219	59-0879227	501 C (3)	80,002.	0.			GENERAL FUNDS
BRANCHES, INC. 11500 NW 12TH AVE MIAMI, FL 33168-6217	65-0716969	501 C (3)	1,809,869.	0.			GENERAL FUNDS
BREAKTHROUGH MIAMI, INC. 3250 SW THIRD AVE UNIT 6 MIAMI, FL 33129	26-2105534	501 C (3)	16,777.	0.			GENERAL FUNDS
BRIGHT STEPS ACADEMY 1827 WEST FLAGLER ST MIAMI, FL 33135	45-3831432	501 C (3)	10,000.	0.			GENERAL FUNDS
CALHOUN SCHOOL, INC. 433 W END AVE NEW YORK, NY 10024	13-1623919	501 C (3)	10,000.	0.			GENERAL FUNDS
CAMILLUS HOUSE, INC. 1603 NW 7TH AVE MIAMI, FL 33136	65-0032862	501 C (3)	37,131.	0.			GENERAL FUNDS

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CAMPOUT FOR KIDS 1643 N MILWAUKEE AVE FL 5 CHICAGO, IL 60647	26-3646306	501 C (3)	10,000.	0.			GENERAL FUNDS
CARE ELEMENTARY SCHOOL, INC. 2025 NW 1ST ST MIAMI, FL 33127	46-5269625	501 C (3)	23,500.	0.			GENERAL FUNDS
CARE RESOURCE 3510 BISCAYNE BLVD SUITE 300 MIAMI, FL 33137	59-2564198	501 C (3)	99,968.	0.			GENERAL FUNDS
CARNEGIE HALL CORPORATION 881 SEVENTH AVE NEW YORK, NY 10019	13-1923626	501 C (3)	74,250.	0.			GENERAL FUNDS
CARROLLTON SCHOOL OF THE SACRED HEART - 3747 MAIN HIGHWAY - MIAMI, FL 33133	59-6082015	501 C (3)	135,602.	0.			GENERAL FUNDS
CASA FAMILIA, INC. 1550 S DOUGLAS RD STE 280 CORAL GABLES, FL 33134	47-4734481	501 C (3)	18,965.	0.			GENERAL FUNDS
CATALYST MIAMI, INC. 260 NE 17 TERRACE STE 200 MIAMI, FL 33132	65-0690368	501 C (3)	430,000.	0.			GENERAL FUNDS
CATHOLIC HEALTH CARE FOUNDATION OF THE ARCHDIOCESE OF NY - 205 LEXINGTON AVE FL 2 - NEW YORK, NY 10016	13-4054158	501 C (3)	10,000.	0.			GENERAL FUNDS
CC CHILD DEVELOPMENT SERVICES 970 SW 1ST ST.- STE 205 MIAMI, FL 33130	59-1279497	501 C (3)	157,261.	0.			GENERAL FUNDS

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CC SERVICES FOR THE ELDERLY 9401 BISCAYNE BLVD. MIAMI, FL 33138	59-1279497	501 C (3)	69,630.	0.			GENERAL FUNDS
CCDH, INC. 7990 SW 117 AVE SUITE 135 MIAMI, FL 33138	59-1617964	501 C (3)	100,000.	0.			GENERAL FUNDS
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. STE 2416 LOS ANGELES, CA 90048	95-1644600	501 C (3)	35,000.	0.			GENERAL FUNDS
CENTER FOR FAMILY AND CHILD ENRICHMENT - 1825 N.W. 167TH ST STE 102 - MIAMI GARDENS, FL 33056	59-1775062	501 C (3)	70,000.	0.			GENERAL FUNDS
CENTER FOR URBAN COMMUNITY SERVICES, INC. - 198 E 121ST ST - NEW YORK, NY 10035	13-3687891	501 C (3)	24,400.	0.			GENERAL FUNDS
CENTER OF HOPE HAITI, INC. PO BOX 150 STAMFORD, CT 6904 STANFORD, CT 69040	20-1002278	501 C (3)	23,800.	0.			GENERAL FUNDS
CENTRO CAMPESINO FARMWORKER CENTER P.O. BOX 343449 HOMESTEAD, FL 33034	59-1460598	501 C (3)	445,003.	0.			GENERAL FUNDS
CENTRO MATER CHILD CARE SERVICES, INC. - 8298 NW 103RD STREET - HIALEAH GARDENS, FL 33016	20-8083301	501 C (3)	175,000.	0.			GENERAL FUNDS
CHAPMAN PARTNERSHIP, INC. 1550 NORTH MIAMI AVENUE MIAMI, FL 33136	65-0425069	501 C (3)	66,000.	0.			GENERAL FUNDS

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CHILDREN'S BEREAVEMENT CENTER, INC. - 6619 SOUTH DIXIE HWY PMB 302 - SOUTH MIAMI, FL 33143	65-0918564	501 C (3)	10,289.	0.			GENERAL FUNDS
CHILDREN'S HEALTHCARE OF ATLANTA 1577 NE EXPRESSWAY SUITE A ATLANTA, GA 30329	58-1710601	501 C (3)	15,000.	0.			GENERAL FUNDS
CHILDREN'S HOME SOCIETY OF FLORIDA 800 NW 15 STREET MIAMI, FL 33136-1495	59-0192430	501 C (3)	69,978.	0.			GENERAL FUNDS
CHRIST FELLOSHIP BAPTIST CHURCH, INC. - 8900 SW 168TH ST - PALMETTO BAY, FL 33157	59-0942458	501 C (3)	6,403.	0.			GENERAL FUNDS
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87TH AVE. MIAMI, FL 33165	59-0855391	501 C (3)	31,820.	0.			GENERAL FUNDS
CHURCH OF THE EPIPHANY 8081 S.W. 54TH COURT MIAMI, FL 33143	59-0711166	501 C (3)	7,405.	0.			GENERAL FUNDS
CITIZENS BUDGET COMMISSION 2 PENN PLZ FL 5 NEW YORK, NY 10121	13-0576141	501 C (3)	24,350.	0.			GENERAL FUNDS
CITRUS HEALTH NETWORK, INC. 4175 WEST 20TH AVENUE HIALEAH, FL 33012-5835	59-1865751	501 C (3)	129,248.	0.			GENERAL FUNDS
CITY YEAR, INC. 44 W FLAGLER ST. STE 500 MIAMI, FL 33130	22-2882549	501 C (3)	50,000.	0.			GENERAL FUNDS

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COCONUT GROVE CARES, INC. 3870 WASHINGTON AVE. COCONUT GROVE, FL 33133	59-1263934	501 C (3)	85,000.	0.			GENERAL FUNDS
COLEL CHABAD, INC. 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501 C (3)	5,400.	0.			GENERAL FUNDS
COLLIER YOUTH SERVICES P.O. BOX 300 WICKATUNK, NJ 07765	21-0635038	501 C (3)	10,000.	0.			GENERAL FUNDS
COLORADO OPEN GOLF FOUNDATION 20309 E 48TH PL DENVER, CO 80249	20-0377476	501 C (3)	19,390.	0.			GENERAL FUNDS
COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC. - 126 HIGH STREET BOSTON, MA 2110 - BOSTON, MA 21100	04-2103559	501 C (3)	15,500.	0.			GENERAL FUNDS
COMMITTEE OF SEVENTY 123 S BROAD ST STE 1800 PHILADELPHIA, PA 19109	23-0487205	501 C (3)	12,000.	0.			GENERAL FUNDS
COMMON THREADS 3811 BEE CAVE RD STE 108 AUSTIN, TX 78746	20-0106847	501 C (3)	59,981.	0.			GENERAL FUNDS
COMMUNITY HOPE, INC. 959 ROUTE 46 E STE 402 PARSIPPANY, NJ 07054	22-2647038	501 C (3)	10,000.	0.			GENERAL FUNDS
COMMUNITY SERVICE SOCIETY OF NEW YORK - 633 THIRD AVE FL 10 - NEW YORK, NY 10007	13-5562202	501 C (3)	10,000.	0.			GENERAL FUNDS

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COMMUNITY SMILES AKA DADE COUNTY DENTAL - 750 NW 20TH STREET - MIAMI, FL 33127	23-7372819	501 C (3)	69,978.	0.			GENERAL FUNDS
CONCUSSION LEGACY FOUNDATION 361 NEWBURY ST FL 5 BOSTON, MA 02115	77-0689904	501 C (3)	10,000.	0.			GENERAL FUNDS
COREGIVING CO. 10920 VIA FRONTERA SAN DIEGO, CA 92127	83-2359767	501 C (3)	25,000.	0.			GENERAL FUNDS
CORPUS CHRISTI CATHOLIC CHURCH 3220 NW 7TH AVE MIAMI, FL 33127	53-0196617	501 C (3)	5,500.	0.			GENERAL FUNDS
COURT APPOINTED SPECIAL ADVOCATES, INC. - 48 WALL ST NEW YORK, NY 1005 - NEW YORK, NY 10050	13-3172387	501 C (3)	10,000.	0.			GENERAL FUNDS
COVENANT HOUSE GEORGIA, INC. 1559 JOHNSON RD NW ATLANTA, GA 30318	13-3523561	501 C (3)	15,000.	0.			GENERAL FUNDS
CRISTO REY MIAMI HIGH SCHOOL, INC. 11415 NE 2ND AVE MIAMI, FL 33161	82-0761238	501 C (3)	25,000.	0.			GENERAL FUNDS
CROHN'S & COLITIS FOUNDATION OF AMERICA - 21301 POWERLINE ROAD STE 301 - BOCA RATON, FL 33434	13-6193105	501 C (3)	40,195.	0.			GENERAL FUNDS
CUBAN AMERICAN BAR FOUNDATION 201 ALHAMBRA CIR STE 1205 CORAL GABLES, FL 33134	83-0397116	501 C (3)	10,000.	0.			GENERAL FUNDS

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CUBAN AMERICAN NATIONAL COUNCIL, INC. - 1223 S.W. 4TH STREET - MIAMI, FL 33135-2407	23-7269955	501 C (3)	32,500.	0.			GENERAL FUNDS
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 350N BETHESDA, MD 20814	13-1930701	501 C (3)	8,000.	0.			GENERAL FUNDS
DALLAS BAR ASSOCIATION COMMUNITY SERVICE FUND - 2101 ROSS AVE - DALLAS, TX 75201	75-2410525	501 C (3)	5,500.	0.			GENERAL FUNDS
DAVE AND MARY ALPER JCC 11155 S.W. 112 AVENUE MIAMI, FL 33176	59-2736411	501 C (3)	26,050.	0.			GENERAL FUNDS
DAVE THOMAS FOUNDATION FOR ADOPTION - 716 MT. AIRYSHIRE BLVD STE 100 - COLUMBUS, OH 43235	31-1356151	501 C (3)	7,500.	0.			GENERAL FUNDS
DENVER ACTIVE 20-30 CHILDREN'S FOUNDATION - 764 S PEARL ST - DENVER, CO 80209	74-2535078	501 C (3)	10,000.	0.			GENERAL FUNDS
DENVER PUBLIC LIBRARY FRIENDS FOUNDATION - 10 W 14TH AVE PKWY - DENVER, CO 80204	84-6036979	501 C (3)	15,000.	0.			GENERAL FUNDS
DIABETES RESEARCH INSTITUTE FOUNDATION, INC. DRI - 200 S PARK RD STE 100 - HOLLYWOOD, FL 33021	59-1361955	501 C (3)	16,065.	0.			GENERAL FUNDS
DIGESTIVE HEALTH FOUNDATION 251 E HURON ST STE 3-200 CHICAGO, IL 60611	47-4178944	501 C (3)	10,000.	0.			GENERAL FUNDS

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DISABLE SPORTS USA 451 HUNGERFORD DR STE 100 ROCKVILLE, MD 20850	94-6174016	501 C (3)	25,000.	0.			GENERAL FUNDS
DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CENTER - 701 BRICKELL AVE SUITE 550 - MIAMI, FL 33131	59-1923396	501 C (3)	53,983.	0.			GENERAL FUNDS
EAST HARLEM TUTORIAL PROGRAM 2050 2ND AVENUE NEW YORK, NY 10029	23-7439789	501 C (3)	30,000.	0.			GENERAL FUNDS
EASTER SEALS GREATER WASHINGTON 1420 SPRING ST SILVER SPRINGS, MD 20910	53-0212296	501 C (3)	15,000.	0.			GENERAL FUNDS
EASTER SEALS SOUTH FLORIDA, INC. 1475 NW 14TH AVE MIAMI, FL 33125	59-0722783	501 C (3)	240,248.	0.			GENERAL FUNDS
ECONOMIC DEVELOPMENT CORPORATION OF LOS ANGELES COUNTY - 444 S FLOWER ST FL 37 - LOS ANGELES, CA 90071	95-3643339	501 C (3)	25,000.	0.			GENERAL FUNDS
EDGEWOOD RANCH ENDOWMENT, INC. 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	59-3080606	501 C (3)	7,500.	0.			GENERAL FUNDS
EDUCATE TOMORROW, CORP. 1717 N. BAYSHORE DR. SUITE 203 MIAMI, FL 33132	51-0493526	501 C (3)	6,536.	0.			GENERAL FUNDS
EDWARD M. KENNEDY INSTITUTE 210 MORRISSEY BLVD COLUMBIA POINT BOSTON, MA 02125	27-0963869	501 C (3)	25,000.	0.			GENERAL FUNDS

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EPILEPSY FLORIDA, INC. 7300 N KENDALL DR MIAMI, FL 33126	59-2164525	501 C (3)	50,984.	0.			GENERAL FUNDS
EPIPHANY CATHOLIC SCHOOL & CHURCH 8081 S.W. 54TH COURT MIAMI, FL 33143	53-0196617	501 C (3)	6,678.	0.			GENERAL FUNDS
EPSTEIN SCHOOL FOUNDATION, INC. 335 COLEWOOD WAY NW SANDY SPRINGS, GA 30328	58-2022685	501 C (3)	10,000.	0.			GENERAL FUNDS
ESPERANZA MINISTRIES DBA CASA DEL LAGO - P.O. BOX 540342 - DALLAS, TX 75354	38-3934583	501 C (3)	10,000.	0.			GENERAL FUNDS
FAIRCHILD TROPICAL BOTANIC GARDEN 10901 OLD CUTLER RD CORAL GABLES, FL 33156	59-0668480	501 C (3)	6,683.	0.			GENERAL FUNDS
FAMILY PROMISE OF MORRIS COUNTY, INC. - P.O. BOX 1494 - MORRISTOWN, NJ 07962	52-1572014	501 C (3)	20,000.	0.			GENERAL FUNDS
FAMILY RESOURCE CENTER OF SOUTH FLORIDA, INC. - 155 S MIAMI AVE STE 400 - MIAMI, FL 33130-1617	59-1788265	501 C (3)	79,975.	0.			GENERAL FUNDS
FIREFIGHTER CANCER SUPPORT NETWORK 2600 W OLIVE AVE FL 5, PMB 608 BURBANK, CA 91505	20-4192265	501 C (3)	8,703.	0.			GENERAL FUNDS
FIRST DEPARTMENT ASSIGNED COUNSEL CORPORATION - 11 PARK PL SUITE 1601 - NEW YORK, NY 10007	13-3468351	501 C (3)	15,000.	0.			GENERAL FUNDS

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FISHER ISLAND PHILANTHROPIC FUND 3250 S.W. 3RD AVE. MIAMI, FL 33129	20-1841047	501 C (3)	50,963.	0.			GENERAL FUNDS
FLORIDA ATLANTIC UNIVERSITY FOUNDATION - P.O. BOX 3091 - BOCA RATON, FL 33431	59-0917284	501 C (3)	86,000.	0.			GENERAL FUNDS
FLORIDA GRAND OPERA, INC. 8390 NW 25 ST. MIAMI, FL 33122	65-0496477	501 C (3)	75,000.	0.			GENERAL FUNDS
FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC. - 11200 S.W UNIT MARC 531 - MIAMI, FL 33199	23-7047106	501 C (3)	239,621.	0.			GENERAL FUNDS
FLORIDA LEADERSHIP VENTURE, INC. DBA ELEVATE ORLANDO, INC. - 2700 WESTHALL LN STE 138 - MAITLAND, FL 32751	26-3330456	501 C (3)	7,796.	0.			GENERAL FUNDS
FLORIDA TAXWATCH, INC. 106 N BRONOUGH ST TALLAHASSEE, FL 32301	59-1918055	501 C (3)	10,000.	0.			GENERAL FUNDS
FOOD 1ST FOUNDATION 420 LEXINGTON AVE FL 18 NEW YORK, NY 10170	85-0792257	501 C (3)	21,300.	0.			GENERAL FUNDS
FOOD FOR THE POOR, INC. 6401 LYONS RD COCONUT CREEK, FL 33073	59-2174510	501 C (3)	1,400,000.	0.			GENERAL FUNDS
FOSTER CARE REVIEW, INC. DBA FLORIDA FOSTER CARE REVIEW - 4500 BISCAYNE BLVD. STE 100 - MIAMI, FL 33137	65-0118944	501 C (3)	55,252.	0.			GENERAL FUNDS

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FRESH START WOMEN'S FOUNDATION 1130 EAST MCDOWELL ROAD PHOENIX, AZ 85006	86-0762610	501 C (3)	18,400.	0.			GENERAL FUNDS
FRIENDS OF THE COMMODORE TRAIL, INC. - 3109 GRAND AVE STE 288 - COCONUT GROVE, FL 33133	84-3509874	501 C (3)	15,001.	0.			GENERAL FUNDS
FRIENDS OF THE ISRAEL DEFENSE FORCES - 2040 NE 163RD ST STE 207 - NORTH MIAMI BEACH, FL 33162	13-3156445	501 C (3)	67,460.	0.			GENERAL FUNDS
FRIENDS OF THE MARCH OF THE LIVING 7500 SW 120TH ST PINECREST, FL 33156	65-1058975	501 C (3)	5,190.	0.			GENERAL FUNDS
FRIENDS OF THE UNDERLINE, INC. 1172 S DIXIE HWY CORAL GABLES, FL 33146	46-4028150	501 C (3)	25,000.	0.			GENERAL FUNDS
FRIENDSHIP CIRCLE OF MIAMI, INC. 8700 SW 112ST MIAMI, FL 33176	20-5467741	501 C (3)	17,894.	0.			GENERAL FUNDS
FUND FOR THE CITY OF NEW YORK, INC. - 121 AVENUE OF THE AMERICAS FL 6 - NEW YORK, NY 10013	13-2612524	501 C (3)	7,500.	0.			GENERAL FUNDS
GEORGIA ASYLUM & IMMIGRATION NETWORK - P.O. BOX 78425 - ATLANTA, GA 30357	26-1733523	501 C (3)	10,000.	0.			GENERAL FUNDS
GIFT OF LIFE MARROW REGISTRY, INC. 5901 BROKEN SOUND PKWY NW STE 600 BOCA RATON, FL 33487	22-3131232	501 C (3)	6,714.	0.			GENERAL FUNDS

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GIRL POWER ROCKS, INC. 1600 NW 3RD AVE STE 100 MIAMI, FL 33136	65-0737649	501 C (3)	84,000.	0.			GENERAL FUNDS
GIRL SCOUT COUNCIL OF TROPICAL FLORIDA, INC. - 11347 S.W. 160TH STREET - MIAMI, FL 33157-2703	59-0651087	501 C (3)	125,000.	0.			GENERAL FUNDS
GLAMOURGALS FOUNDATION, INC. PO BOX 20488 NEW YORK, NY 10021	01-0565218	501 C (3)	15,000.	0.			GENERAL FUNDS
GOOD SPORTS, INC 1515 HANCOCK STREET STE 301 QUINCY, MA 02169	75-3138664	501 C (3)	15,000.	0.			GENERAL FUNDS
GOODWILL INDUSTRIES OF SOUTH FLORIDA, INC. - 2121 N.W. 21 STREET - MIAMI, FL 33142-7317	59-0866126	501 C (3)	340,000.	0.			GENERAL FUNDS
GREATER MIAMI HILLEL FOUNDATION 1100 STANFORD DR CORAL GABLES, FL 33146	52-1844823	501 C (3)	18,979.	0.			GENERAL FUNDS
GREATER MIAMI SERVICE CORPS 810 NW 28TH ST MIAMI, FL 33127	65-0221820	501 C (3)	25,000.	0.			GENERAL FUNDS
GREATER MIAMI YOUTH FOR CHRIST 9350 SW 79TH AVE MIAMI, FL 33156	59-6033466	501 C (3)	8,972.	0.			GENERAL FUNDS
GROVE PARK FOUNDATION, INC. 1566 DONALD LEE HOLLOWELL PKWY NW S ATLANTA, GA 30318	82-1913260	501 C (3)	10,000.	0.			GENERAL FUNDS

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HAPPINESS IS CAMPING 62 SUNSET LAKE RD BLAIRSTOWN, NJ 07825	13-2556242	501 C (3)	10,000.	0.			GENERAL FUNDS
HEADSTRONG PROJECT, INC. 655 MADISON AVE FL 18 NEW YORK, NY 10065	45-5261907	501 C (3)	50,000.	0.			GENERAL FUNDS
HEALTH FOUNDATION OF SOUTH FLORIDA 2 SOUTH BISCAYNE BLVD. STE 1710 MIAMI, FL 33131	65-0005384	501 C (3)	25,000.	0.			GENERAL FUNDS
HEALTHY START COALITION OF MIAMI-DADE - 7205 NW 19TH STREET STE 500 - MIAMI, FL 33125	65-1102736	501 C (3)	52,733.	0.			GENERAL FUNDS
HEARING AND SPEECH CENTER OF FLORIDA, INC. - 9425 SW 72ND STREET SUITE 261 - MIAMI, FL 33173	59-0668488	501 C (3)	168,203.	0.			GENERAL FUNDS
HEART GALLERY OF BROWARD COUNTY, INC. - 827 S STATE RD 7 BLDG 1 - NORTH LAUDERDALE, FL 33068	06-1799263	501 C (3)	7,500.	0.			GENERAL FUNDS
HEARTLAND ALLIANCE FOR HUMAN NEEDS & HUMAN RIGHTS - 208 S LA SALLE ST STE 1818 - CHICAGO, IL 60604	36-1877640	501 C (3)	20,000.	0.			GENERAL FUNDS
HEARTS OF GOLD, INC. 11 W 25TH ST NEW YORK, NY 10010	13-4194879	501 C (3)	15,000.	0.			GENERAL FUNDS
HER JUSTICE, INC. 100 BROADWAY FL 10 NEW YORK, NY 10005	13-3688519	501 C (3)	45,000.	0.			GENERAL FUNDS

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HFS CHICAGO SCHOLARS 1074 W TAYLOR ST STE 201 CHICAGO, IL 60607	36-3922345	501 C (3)	10,000.	0.			GENERAL FUNDS
HINDU AMERICAN FOUNDATION, INC. 910 17TH ST NW STE 316-A WASHINGTON, DC 20006	68-0551525	501 C (3)	50,001.	0.			GENERAL FUNDS
HIS HOUSE CHILDREN'S HOME 20000 N.W. 47TH AVENUE BUILDING # 2 MIAMI, FL 33055-1543	65-0145994	501 C (3)	38,941.	0.			GENERAL FUNDS
HISPANIC UNITY OF FLORIDA, INC. 5840 JOHNSON ST. HOLLYWOOD, FL 33021-5636	59-2230272	501 C (3)	280,000.	0.			GENERAL FUNDS
HISTORIC HAMPTON HOUSE COMMUNITY TRUST - 5400 NW 22ND AVE STE 705 - MIAMI, FL 33142	30-0120658	501 C (3)	10,027.	0.			GENERAL FUNDS
HISTORICAL SOCIETY OF THE NEW YORK COURTS - 140 GRAND ST STE 701 - WHITE PLAINS, NY 10601	82-0554364	501 C (3)	10,000.	0.			GENERAL FUNDS
HOLLAND & KNIGHT CHARITABLE FOUNDATION, INC. - 201 N FRANKLIN ST STE 1200 - TAMPA, FL 33602	31-1472972	501 C (3)	10,300.	0.			GENERAL FUNDS
HOSPICE OF PALM BEACH COUNTY, INC. 5300 EAST AVE WEST PALM BEACH, FL 33407	59-1825937	501 C (3)	7,500.	0.			GENERAL FUNDS
HOUSTON LIVESTOCK SHOW AND RODEO, INC. - 8334 FANNIN ST - HOUSTON, TX 77054	74-1142851	501 C (3)	7,100.	0.			GENERAL FUNDS

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HUMAN OPTIONS, INC 5540 TRABUCO RD IRVINE, CA 92620	95-3667817	501 C (3)	8,500.	0.			GENERAL FUNDS
HUMANE SOCIETY OF GREATER MIAMI & ADOPT A PET - 16101 W DIXIE HWY - NORTH MIAMI BEACH, FL 33160	59-0711176	501 C (3)	5,120.	0.			GENERAL FUNDS
INSTITUTE FOR CHILD AND FAMILY HEALTH, INC. - 15490 N.W. 7TH AVE.- STE 200 - MIAMI, FL 33169-6201	59-0866060	501 C (3)	95,106.	0.			GENERAL FUNDS
INSTITUTE FOR INCLUSION IN THE LEGAL PROFESSION - 321 S PLYMOUTH FL 7 - CHICAGO, IL 60604	27-0888460	501 C (3)	10,000.	0.			GENERAL FUNDS
INSTITUTE OF CONTEMPORARY ART MIAMI - 61 NE 41ST ST - MIAMI, FL 33137	47-1251523	501 C (3)	70,450.	0.			GENERAL FUNDS
INTERNATIONAL JUSTICE MISSION P.O. BBOX 58147 WASHINGTON, DC 20037	54-1722887	501 C (3)	11,820.	0.			GENERAL FUNDS
ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC - PO BOX 61227 - PALO ALTO, CA 94306	46-2118225	501 C (3)	300,000.	0.			GENERAL FUNDS
JACKSON HEALTH FOUNDATION, INC. 1501 NW NORTH RIVER DR FL 1 MIAMI, FL 33125	65-0077727	501 C (3)	88,262.	0.			GENERAL FUNDS
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA, INC. - 12000 BISCAYNE BLVD - NORTH MIAMI, FL 33181	59-0637867	501 C (3)	970,802.	0.			GENERAL FUNDS

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JEWISH EDUCATIONAL LOAN FUND, INC. 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 30324	58-0568686	501 C (3)	15,000.	0.			GENERAL FUNDS
JEWISH FEDERATION COUNCIL OF GTR. LOS ANGELES - 6505 WILSHIRE BLVD. STE 1025 - LOS ANGELES, CA 90048	95-1643388	501 C (3)	100,000.	0.			GENERAL FUNDS
JEWISH FEDERATION OF GREATER ATLANTA - 1440 SPRING ST NW, - ATLANTA, GA 30309	58-1021791	501 C (3)	20,000.	0.			GENERAL FUNDS
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BLVD. - BOCA RATON, FL 33428	59-1945109	501 C (3)	50,000.	0.			GENERAL FUNDS
JEWISH LEADERSHIP INSTITUTE 925 ARTHUR GODFREY RD STE 101 MIAMI BEACH, FL 33140	65-0180927	501 C (3)	7,092.	0.			GENERAL FUNDS
JEWISH NATIONAL FUND - NEW YORK 42 E 69TH ST NEW YORK, NY 10021	13-1659627	501 C (3)	6,000.	0.			GENERAL FUNDS
JEWISH UNITED FUND OF METROPOLITAN CHICAGO - 30 S WELLS ST - CHICAGO, IL 60606	36-2167034	501 C (3)	160,000.	0.			GENERAL FUNDS
JOE DIMAGGIO CHILDREN'S HOSPITAL FOUND. INC. - 3711 GARFIELD ST. - HOLLYWOOD, FL 33021	65-0492343	501 C (3)	9,954.	0.			GENERAL FUNDS
JORGE M. PEREZ ART MUSEUM OF MIAMI-DADE COUNTY, INC. - 1103 BISCAYNE BLVD. - MIAMI, FL 33132	59-2048869	501 C (3)	52,621.	0.			GENERAL FUNDS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDGES AND LAWYERS BREAST CANCER ALERT, INC. - 100 CROSBY ST STE 303 - NEW YORK, NY 10012	13-3679981	501 C (3)	47,000.	0.			GENERAL FUNDS
JUNIOR ACHIEVEMENT OF GREATER MIAMI - 301 71ST ST - MIAMI BEACH, FL 33141	59-0807486	501 C (3)	10,000.	0.			GENERAL FUNDS
KEY BISCAYNE COMMUNITY FOUNDATION 240 CRANDON BLVD STE 108 KEY BISCAYNE, FL 33149	30-0239421	501 C (3)	749,396.	0.			GENERAL FUNDS
KIND, INC. 1300 L ST NW STE 1100 WASHINGTON, DC 20005	26-2763038	501 C (3)	15,000.	0.			GENERAL FUNDS
KOLLEL OHEL TORAH AN ILLINOIS NOT FOR PROFIT CORPORATION - 3635 W DEVON AVE - CHICAGO, IL 60659	27-0158099	501 C (3)	50,000.	0.			GENERAL FUNDS
KRISTI HOUSE, INC. 1265 NW 12TH AVE. MIAMI, FL 33136	65-0576650	501 C (3)	11,157.	0.			GENERAL FUNDS
LA LIGA CONTRA EL CANCER 2180 S.W. 12TH AVE. MIAMI, FL 33129	59-1629554	501 C (3)	6,847.	0.			GENERAL FUNDS
LAKE GEORGE OPERA FESTIVAL ASSOCIATION - 19 ROOSEVELT DR STE 215 - SARATOGA SPRINTS, NY 12866	13-2505803	501 C (3)	10,000.	0.			GENERAL FUNDS
LAMBDA LEGAL DEFENSE AND EDUCATION FUND - 120 WALL ST STE 1900 - NEW YORK, NY 10005	23-7395681	501 C (3)	12,450.	0.			GENERAL FUNDS

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LAS AMERICAS LEARNING CENTER 910 SW 35 AVE MIAMI, FL 33135	65-0251602	501 C (3)	10,000.	0.			GENERAL FUNDS
LAW FOUNDATION OF SILICON VALLEY 152 N 3RD ST FL 3 SAN JOSE, CA 95112	52-1014754	501 C (3)	10,000.	0.			GENERAL FUNDS
LAW ROCKS, INC. 1600 ROSECRANS AVE MEDIA CENTER STE 400 - MANHATTAN BEACH, CA 90266	45-3264456	501 C (3)	10,000.	0.			GENERAL FUNDS
LAWYERS ALLIANCE FOR NEW YORK 171 MADISON AVE FL 6 NEW YORK, NY 10016	13-2666432	501 C (3)	60,000.	0.			GENERAL FUNDS
LAWYERS COMMITTEE FOR CIVIL RI SUITE 400 1401 NEW YORK AVE. N.W. WASHINGTON, DC 20005	52-0799246	501 C (3)	100,000.	0.			GENERAL FUNDS
LEGAL SERVICES OF GREATER MIAMI, INC. - 4343 WEST FLAGLER ST STE 100 - MIAMI, FL 33137	59-1227481	501 C (3)	50,000.	0.			GENERAL FUNDS
LEISURE ACCESS FOUNDATION 18851 NE 29TH AVE. STE 1010 AVENTURA, FL 33180	65-0281274	501 C (3)	10,508.	0.			GENERAL FUNDS
LESBIAN & GAY COMMUNITY SERVICES CENTER - 208 W 13TH ST - NEW YORK , NY 10011	13-3217805	501 C (3)	27,520.	0.			GENERAL FUNDS
LESBIAN AND GAY LAW ASSOCIATION 601 W 26TH ST STE 325-20 NEW YORK, NY 10001	13-3828712	501 C (3)	8,000.	0.			GENERAL FUNDS

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LINK UNLIMITED SCHOLARS 2221 S STATE ST CHICAGO, ILL 60616 CHICAGO, IL 60616	23-7386928	501 C (3)	10,000.	0.			GENERAL FUNDS
LITTLE HAVANA ACTIVITIES AND NUTRITION CTRS. OF DADE COUNTY - 700 SW 8TH STREET - MIAMI, FL 33130-3311	23-7378008	501 C (3)	136,282.	0.			GENERAL FUNDS
LKAS VEGAS PERFORMING ARTS CENTER FOUNDATION - 361 SYMPHONY PARK AVE - LAS VEGAS, NV 89103	88-0361875	501 C (3)	25,000.	0.			GENERAL FUNDS
LOTUS HOUSE WOMEN'S SHELTER 3921 ALTON ROAD, #468 MIAMI BEACH, FL 33140	81-0652266	501 C (3)	13,300.	0.			GENERAL FUNDS
MAESTRO CARES FOUNDATION 1459 W HUBBARD ST CHICAGO, IL 60642	45-3706112	501 C (3)	15,000.	0.			GENERAL FUNDS
MAKE A WISH FOUNDATION OF SOUTHERN FLORIDA, INC. - 4491 S STATE RD 7 STE 201 - FT LAUDERDALE, FL 33314	59-2620322	501 C (3)	6,233.	0.			GENERAL FUNDS
MAKE-A-WISH FOUNDATION SOUTHERN NEVADA - 9950 COVINGTON CROSS DR - LAS VEGAS, NV 89144	88-0371088	501 C (3)	15,000.	0.			GENERAL FUNDS
MARC COMMUNITY RESOURCES, INC. 924 N COUNTRY CLUB DR MESA, AZ 85201	86-0137109	501 C (3)	10,000.	0.			GENERAL FUNDS
MARCH OF DIMES, INC. 1550 CRYSTAL DR STE 1300 ARLINGTON, VA 22202	13-1846366	501 C (3)	10,000.	0.			GENERAL FUNDS

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MEXICAN AMERICAN BAR FOUNDATION PO BOX 862127 LOS ANGELES, CA 90086	95-4358513	501 C (3)	6,000.	0.			GENERAL FUNDS
MIAMI BRIDGE YOUTH & FAMILY SERVICES - 2810 NW SOUTH RIVER DR - MIAMI, FL 33125	59-2569847	501 C (3)	175,221.	0.			GENERAL FUNDS
MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC. - 3100 SW 62ND AVE - MIAMI, FL 33155	46-1784918	501 C (3)	20,000.	0.			GENERAL FUNDS
MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3100 S.W. 62ND AVENUE STE 300 - MIAMI, FL 33155	59-1720704	501 C (3)	30,064.	0.			GENERAL FUNDS
MIAMI CHILDREN'S MUSEUM, INC. 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	59-2396999	501 C (3)	11,440.	0.			GENERAL FUNDS
MIAMI DADE COLLEGE FOUNDATION, INC. - 300 NE 2ND AVENUE - MIAMI, FL 33132	59-6169745	501 C (3)	34,516.	0.			GENERAL FUNDS
MIAMI HEART RESEARCH INSTITUTE, INC. - 4770 BISCAYNE BLVD. STE. 500 - MIAMI, FL 33137	59-0674260	501 C (3)	5,043.	0.			GENERAL FUNDS
MIAMI LIGHTHOUSE FOR THE BLIND & VISUALLY IMPAIRED, INC. - 601 SW 8TH AVE - MIAMI, FL 33130	59-0637847	501 C (3)	29,797.	0.			GENERAL FUNDS
MIAMI SHORES PRESBYTERIAN CHURCH 602 NE 96TH ST MIAMI SHORES, FL 33138	23-6393377	501 C (3)	5,335.	0.			GENERAL FUNDS

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MICHAEL-ANN RUSSELL JCC 18900 NE 25TH AVE NORTH MIAMI BEACH, FL 33180	59-2791269	501 C (3)	85,420.	0.			GENERAL FUNDS
MOBILIZATION FOR JUSTICE, INC. 100 WILLIAM ST FL 6 NEW YORK, NY 10038	13-2622748	501 C (3)	37,500.	0.			GENERAL FUNDS
MOUNT SINAI MEDICAL CENTER FOUNDATION - 4300 ALTON RD STE 100 - MIAMI BEACH, FL 33140	59-1711400	501 C (3)	400,250.	0.			GENERAL FUNDS
MOUNT ST. MICHAEL ACADEMY 4300 MURDOCK AVE BRONX, NY 10466	13-1740475	501 C (3)	20,000.	0.			GENERAL FUNDS
MUJER 28905 S DIXIE HWY HOMESTEAD, FL 33033	65-0534682	501 C (3)	315,606.	0.			GENERAL FUNDS
MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	04-2103916	501 C (3)	12,500.	0.			GENERAL FUNDS
MUSICARES FOUNDATION, INC. 3030 OLYMPIC BLVD. SANTA MONICA, CA 90404	95-4470909	501 C (3)	35,000.	0.			GENERAL FUNDS
MUSICIANS ON CALL, INC. 110 W 40TH ST STE 702 NEW YORK, NY 10018	13-4067116	501 C (3)	10,000.	0.			GENERAL FUNDS
NATIONAL BLACK ARTS FESTIVAL, INC. 235 PEACHTREE ST NE STE 1725 ATLANTA, GA 30303	58-1736780	501 C (3)	16,900.	0.			GENERAL FUNDS

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NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS (NFAA) - 2100 BISCAYNE BLVD. - MIAMI, FL 33137	59-2141837	501 C (3)	20,000.	0.			GENERAL FUNDS
NATIONAL JEWISH HEALTH - NEW YORK 271 MADISON AVE. FL 19 NEW YORK, NY 10016	74-2044647	501 C (3)	33,408.	0.			GENERAL FUNDS
NATIONAL JEWISH POLICY CENTER 50 F STREET, NW STE 100 WASHINGTON, DC 20001	52-1433850	501 C (3)	15,000.	0.			GENERAL FUNDS
NATIONAL LGBTQ TASK FORCE 801 ARTHUR GODFREY RD STE 402 MIAMI BEACH, FL 33140	52-1624852	501 C (3)	7,500.	0.			GENERAL FUNDS
NEVADA BALLET THEATRE, INC 1651 INNER CIR LAS VEGAS, NV 89134	94-2427112	501 C (3)	6,000.	0.			GENERAL FUNDS
NEW HORIZONS COMMUNITY MENTAL HEALTH CTR. - 1469 NW 36TH ST STE 400 - MIAMI, FL 33142	59-2055751	501 C (3)	51,000.	0.			GENERAL FUNDS
NEW JERSEY PERFORMING ARTS CENTER CORPORATION - 1 CENTER ST. - NEWARK, NJ 07102	22-2889703	501 C (3)	100,000.	0.			GENERAL FUNDS
NEW WORLD SYMPHONY 500 17TH ST MIAMI BEACH, FL 33139	59-2809056	501 C (3)	50,000.	0.			GENERAL FUNDS
NEW YORK COUNTY LAWYERS' ASSOCIATION - 14 VESEY ST - NEW YORK, NY 10007	13-5273040	501 C (3)	15,800.	0.			GENERAL FUNDS

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NEW YORK LAWYERS FOR THE PUBLIC INTEREST, INC. - 151 W 30TH ST FL 11 - NEW YORK, NY 10001	18-2860703	501 C (3)	50,000.	0.			GENERAL FUNDS
NEW YORK LEAGUE OF CONSERVATION VOTERS EDUCATION FUND, INC. - 30 BROAD ST FL 30 - NEW YORK, NY 10004	13-3727122	501 C (3)	7,540.	0.			GENERAL FUNDS
NEW YORK LEGAL ASSISTANCE GROUP, INC. - 450 W 33RD ST FL 11 - NEW YORK, NY 10001	13-3505428	501 C (3)	25,000.	0.			GENERAL FUNDS
NEW YORK UNIVERSITY 25 W 4TH ST FL 4 NEW YORK, NY 10012	13-5562308	501 C (3)	45,500.	0.			GENERAL FUNDS
NEWARK BOYS CHORUS SCHOOL 1016 BROAS ST NEWARK, NJ 07102	22-1893378	501 C (3)	15,000.	0.			GENERAL FUNDS
NJ LEEP, INC. 570 BROAD ST STE 700 NEWARK, NJ 07102	51-0591204	501 C (3)	25,000.	0.			GENERAL FUNDS
NOVA SOUTHEASTERN UNIVERSITY, INC. 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314	59-1083502	501 C (3)	10,000.	0.			GENERAL FUNDS
NSORO FOUNDATION, INC. PO BOX 724445 ATLANTA, GA 31139	87-0758361	501 C (3)	25,000.	0.			GENERAL FUNDS
ONEJUSTICE 1055 WILSHIRE BLVD STE 1660 LOS ANGELES, CA 90017	94-2589423	501 C (3)	57,450.	0.			GENERAL FUNDS

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ONLY MAKE BELIEVE, INC. 1133 BROADWAY STE 723 NEW YORK, NY 10010	13-4133410	501 C (3)	10,000.	0.			GENERAL FUNDS
OPEN DOOR HEALTH CENTER, INC. P.O. BOX 901642 HOMESTEAD, FL 33030	83-0375996	501 C (3)	49,984.	0.			GENERAL FUNDS
OPEN DOORS SOLUTIONS, INC. 321 W HILL ST STE 2E DECATUR, GA 30030	83-0841949	501 C (3)	50,000.	0.			GENERAL FUNDS
ORLANDO LAND TRUST, INC. PO BOX 532075 ORLANDO, FL 32853	84-3379161	501 C (3)	10,000.	0.			GENERAL FUNDS
OUR LADY OF LOURDES ACADEMY 5525 SW 84TH ST MIAMI, FL 33143	53-0196617	501 C (3)	6,222.	0.			GENERAL FUNDS
OVERTOWN YOUTH CENTER, INC. 450 N.W. 14TH STREET MIAMI, FL 33136	65-1048896	501 C (3)	320,342.	0.			GENERAL FUNDS
PACE CENTER FOR GIRLS, INC - MIAMI-DADE - 1400 NW 36TH ST STE 200 - MIAMI, FL 33142	59-2414492	501 C (3)	19,500.	0.			GENERAL FUNDS
PALMER TRINITY PRIVATE SCHOOL, INC. - 7900 S.W. 176 TH STREET - PALMETTO BAY, FL 33157	23-7098500	501 C (3)	51,274.	0.			GENERAL FUNDS
PAWS 4 YOU RESCUE, INC PO BOX 561163 MIAMI, FL 33256	77-0676135	501 C (3)	10,000.	0.			GENERAL FUNDS

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PEMBROKE PINES CHARTER SCHOOL FOUNDATION, INC. - 10100 PINES BLVD - PEMBROKE PINES, FL 33026	20-1192922	501 C (3)	6,070.	0.			GENERAL FUNDS
PHILANTHROPY MASSACHUSETTS 133 FEDERAL ST SUITE 802 BOSTON, MA 02110	04-2457605	501 C (3)	30,000.	0.			GENERAL FUNDS
PINK AID, INC. PO BOX 5157 WESTPORT, CT 06881	47-1031835	501 C (3)	10,000.	0.			GENERAL FUNDS
PLANNED PARENTHOOD FEDERATION OF AMERICA AKA PPFA - 123 WILLIAM ST FL 10 - NEW YORK, NY 10038	13-1644147	501 C (3)	5,256.	0.			GENERAL FUNDS
PLYMOUTH CONGREGATIONAL CHURCH 3440 DEVON RD MIAMI, FL 33133	13-1957221	501 C (3)	14,663.	0.			GENERAL FUNDS
POLICE OFFICERS ASSISTANCE TRUST, INC. - 1030 NW 111TH AVE. STE 232 - DORAL, FL 33172	65-0164129	501 C (3)	144,196.	0.			GENERAL FUNDS
POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE STE 100 MOUNTAIN VIEW, CA 94043	77-0485946	501 C (3)	9,850.	0.			GENERAL FUNDS
PRESBYTERIAN COMMUNITIES AND SERVICES FOUNDATION - 12467 MERIT DR STE 225 - DALLAS, TX 75251	75-1910084	501 C (3)	18,917.	0.			GENERAL FUNDS
PRO BONO INSTITUTE 1001 G STREET NW STE 305 W WASHINGTON, DC 20001	52-1991509	501 C (3)	29,730.	0.			GENERAL FUNDS

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PROJECT SUNSHINE, INC. 211 E 43RD ST STE 401 NEW YORK, NY 10017	22-3607512	501 C (3)	8,600.	0.			GENERAL FUNDS
PROJECT YES, INC. DBA YES INSTITUTE - 5275 SUNSET DRIVE - MIAMI, FL 33143	65-0646667	501 C (3)	12,654.	0.			GENERAL FUNDS
PROJECTO POR AMOR A JESUS P.O. BOX 531032 MIAMI SHORES, FL 33153	32-0286587	501 C (3)	16,194.	0.			GENERAL FUNDS
PROVINCETOWN COMMONS 46 BRADFORD ST PROVINCETOWN, MA 02657	81-4915644	501 C (3)	12,500.	0.			GENERAL FUNDS
PUBLIC COUNSEL 610 S ARDMORE AVE LOS ANGELES, CA 90005	23-7105149	501 C (3)	15,000.	0.			GENERAL FUNDS
QUEENS COMMUNITY HOUSE, INC. 1825 62ND DR FOREST HILLS, NY 11375	11-2375583	501 C (3)	15,000.	0.			GENERAL FUNDS
R.A.S.G. GREATER MIAMI HEBREW ACADEMY - 2400 PINE TREE DRIVE - MIAMI BEACH, FL 33140	59-0651086	501 C (3)	9,850.	0.			GENERAL FUNDS
RABBI HARRY H EPSTEIN, INC. 335 COLEWOOD WAY NW SANDY SPRINGS, GA 30328	58-1164034	501 C (3)	8,640.	0.			GENERAL FUNDS
RAINBOW DAYS, INC. 8150 N CENTRAL EXPWY DALLAS, TX 75206	75-1844908	501 C (3)	10,000.	0.			GENERAL FUNDS

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RANDALL'S ISLAND PARK ALLIANCE, INC. - 24 W 61ST ST FL 4 - NEW YORK, NY 10023	13-3787630	501 C (3)	10,000.	0.			GENERAL FUNDS
RANSOM EVERGLADES SCHOOL 3575 MAIN HIGHWAY COCONUT GROVE, FL 33133	59-0659070	501 C (3)	13,792.	0.			GENERAL FUNDS
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN ROAD HIGHLAND PARK, IL 60035	36-6002273	501 C (3)	45,000.	0.			GENERAL FUNDS
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 WEST MAIN STREET - IMMOKALEE, FL 34142	59-1221966	501 C (3)	147,559.	0.			GENERAL FUNDS
RICHMOND-PERRINE OPTIMIST CLUB, INC. - 18055 HOMESTEAD AVENUE - MIAMI, FL 33157	59-2664308	501 C (3)	90,000.	0.			GENERAL FUNDS
RIVERSIDE PARK CONSERVANCY, INC. 475 RIVERSIDE DRIVE STE 455 NEW YORK, NY 10115	13-3443825	501 C (3)	40,000.	0.			GENERAL FUNDS
ROBERT F KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS - 515 MADISON AVE STE 718 - NEW YORK, NY 10022	13-2522784	501 C (3)	30,000.	0.			GENERAL FUNDS
ROBERT W. WOODRUFF ARTS CENTER, INC. - 1280 PEACHTREE ST. NE - ATLANTA, GA 30309	58-0633971	501 C (3)	11,000.	0.			GENERAL FUNDS
ROOT AND REBOUND 1730 FRANKLIN ST. STE 301 OAKLAD, CA 94126	46-3876220	501 C (3)	200,000.	0.			GENERAL FUNDS

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ROUNDAABOUT THEATRE COMPANY, INC. 231 W 39TH STE 1200 NEW YORK, NY 10018	13-6192346	501 C (3)	60,000.	0.			GENERAL FUNDS
RUTH & NORMAN RALES JEWISH FAMILY SERVICE, INC. - 21300 RUTH & BARON COLEMAN BLVD - BOCA RATON, FL 33428	65-1115689	501 C (3)	6,000.	0.			GENERAL FUNDS
SAFE & SOUND 1757 WALLER ST SAN FRANCISCO, CA 94117	94-2455072	501 C (3)	10,000.	0.			GENERAL FUNDS
SALVATION ARMY - MIAMI AREA COMMAND - 1907 N.W. 38TH STREET - MIAMI, FL 33142	58-0660607	501 C (3)	75,000.	0.			GENERAL FUNDS
SANT LA/HAITIAN NEIGHBORHOOD CENTER, - 5000 BISCAYNE BLVD. STE 110 - MIAMI, FL 33137	65-1080680	501 C (3)	204,692.	0.			GENERAL FUNDS
SECURED FINANCE FOUNDATION 370 7TH AVE. STE 1801 NEW YORK, NY 10001	13-3577148	501 C (3)	40,000.	0.			GENERAL FUNDS
SHALOM PARK 14800 E BELLEVIEW DR AURORA, CO 80015	74-2376546	501 C (3)	10,000.	0.			GENERAL FUNDS
SHALOM TORAH CENTERS PO BOX 1545 LAKEWOOD, NJ 08701	22-2259792	501 C (3)	10,000.	0.			GENERAL FUNDS
SILENCE THE SHAME, INC. 3000 OLD ALABAMA RD ALPHARETTA, GA 30022	82-2004573	501 C (3)	10,000.	0.			GENERAL FUNDS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH FLORIDA PBS, INC. 14901 NE 20TH AVE MIAMI, FL 33181	59-0737868	501 C (3)	95,000.	0.			GENERAL FUNDS
SOUTHWEST SOCIAL SERVICES PROGRAM, INC. - 25 TAMIAAMI BLVD. - MIAMI, FL 33144	59-2102294	501 C (3)	90,578.	0.			GENERAL FUNDS
SPECIAL OLYMPICS FLORIDA, INC. 1915 DON WICKHAM DR CLERMONT, FL 34711	23-7181560	501 C (3)	10,000.	0.			GENERAL FUNDS
SPECIAL OLYMPICS NEW JERSEY, INC. 1 EUNICE KENNEDY SHRIVER WAY LAWRECEVILLE, NJ 08648	23-7448729	501 C (3)	23,560.	0.			GENERAL FUNDS
SPONSORS FOR EDUCATIONAL OPPORTUNITY - 55 EXCHANGE PL - NEW YORK, NY 10005	13-2578670	501 C (3)	50,000.	0.			GENERAL FUNDS
ST. ALBAN'S CHILD ENRICHMENT CENTER - 3465 BROOKER ST. - MIAMI, FL 33133	59-0766992	501 C (3)	6,000.	0.			GENERAL FUNDS
ST. ALBANS DAY NURSERY, INC. 3465 BROOKER ST MIAMI, FL 33133	59-0766992	501 C (3)	9,000.	0.			GENERAL FUNDS
ST. AUGUSTINE CHURCH 1400 MILLER RD CORAL GABLES, FL 33146	53-0196617	501 C (3)	50,657.	0.			GENERAL FUNDS
ST. CHRISTOPHER'S BY-THE-SEA EPISCOPAL CHURCH - 95 HARBOR DRIVE - KEY BISCAVAYNE, FL 33149	59-1219573	501 C (3)	6,000.	0.			GENERAL FUNDS

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ST. JOHN'S UNIVERSITY 800 UTOPIA PKWY JAMAICA, NY 11439	11-1630830	501 C (3)	10,000.	0.			GENERAL FUNDS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 SAINT JUDE PL - MEMPHIS, TN 38105	35-1044585	501 C (3)	24,228.	0.			GENERAL FUNDS
ST. STEPHEN'S EPISCOPAL DAY SCHOOL 3439 MAIN HIGHWAY MIAMI, FL 33133	59-0638488	501 C (3)	13,000.	0.			GENERAL FUNDS
ST. THOMAS UNIVERSITY 16401 N.W. 37TH AVENUE MIAMI GARDENS, FL 33054	59-0949880	501 C (3)	116,250.	0.			GENERAL FUNDS
STREET LAW, INC 1010 WAYNE AVE STE 870 SILVER SPRINGS, MD 20910	52-2015256	501 C (3)	10,000.	0.			GENERAL FUNDS
SUNNY ISLES BEACH PTSA 201 182 DR. SUNNY ISLES BEACH, FL 33160	36-4637613	501 C (3)	5,986.	0.			GENERAL FUNDS
SUNSYSTEM DEVELOPMENT CORPORATION 550 E ROLLINS ST FL 6 ORLANDO, FL 32803	59-2219301	501 C (3)	10,000.	0.			GENERAL FUNDS
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 5005 LYNDON B JOHNSON FWY, SUITE 526 - DALLAS, TX 75244	75-2844638	501 C (3)	5,334.	0.			GENERAL FUNDS
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD STE 300 FALL CHURCH, VA 22042	54-1858176	501 C (3)	30,000.	0.			GENERAL FUNDS

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TALMUDIC COLLEGE OF FLORIDA, INC. 400 ALTON RD MIAMI BEACH, FL 33140	59-1571122	501 C (3)	500,000.	0.			GENERAL FUNDS
TAMPA METROPOLITAN AREA YMCA, INC. 110 E OAK AVE TAMPA, FL 33602	59-1742909	501 C (3)	25,000.	0.			GENERAL FUNDS
TEACH FOR AMERICA-MIAMI 3100 NW 5TH AVE 3 FL MIAMI, FL 33132	13-3541913	501 C (3)	30,500.	0.			GENERAL FUNDS
TEMPLE BETH AM 5950 SW 88TH ST MIAMI, FL 33156	13-1663143	501 C (3)	38,690.	0.			GENERAL FUNDS
TEMPLE BETH SHOLOM 4144 CHASE AVENUE MIAMI BEACH, FL 33140	59-0714828	501 C (3)	41,546.	0.			GENERAL FUNDS
TEMPLE ISRAEL OF GREATER MIAMI 137 N.E. 19TH ST MIAMI, FL 33132	59-0683270	501 C (3)	11,241.	0.			GENERAL FUNDS
TEMPLE JUDEA 5500 GRANADA BLVD. CORAL GABLES, FL 33146	59-0791048	501 C (3)	9,469.	0.			GENERAL FUNDS
TEMPLE MENORAH 620 75TH STREET MIAMI BEACH, FL 33141	59-0737893	501 C (3)	28,625.	0.			GENERAL FUNDS
TERRY'S FOUNDATION FOR MUSCULAR DYSTROPHY - 1575 TREMONT ST UNIT 1107 - BOSTON, MA 02120	82-2473513	501 C (3)	22,500.	0.			GENERAL FUNDS

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TEXAS ACCESS TO JUSTICE FOUNDATION P.O. BOX 12886 AUSTIN, TX 78711	74-2354575	501 C (3)	20,000.	0.			GENERAL FUNDS
TEXAS LYCEUM ASSOCIATION, INC. 3305 STECK AVE STE 200 AUSTIN, TX 78757	75-1720024	501 C (3)	10,000.	0.			GENERAL FUNDS
TEXAS STATE HISTORY MUSEUM FOUNDATION - PO BOX 12456 - AUSTIN, TX 78711	74-2916783	501 C (3)	10,000.	0.			GENERAL FUNDS
TEXAS SUPREME COURT HISTORICAL SOCIETY, INC. - PO BOX 12673 - AUSTIN, TX 78711	76-0326907	501 C (3)	8,600.	0.			GENERAL FUNDS
THE ADMINISTRATORS OF THE TULANE 6823 ST CHARLES AVE NEW ORLEANS, LA 70118	72-0423889	501 C (3)	145,000.	0.			GENERAL FUNDS
THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE STE 1205 BOSTON, MA 02109	25-1306992	501 C (3)	10,000.	0.			GENERAL FUNDS
THE ARC OF SOUTH FLORIDA P.O. BOX 371333 MIAMI, FL 33137	59-0839562	501 C (3)	177,991.	0.			GENERAL FUNDS
THE BOARD OF TRUSTEES OF THE LELAND - 326 GALVEZ STREET - STANFORD, CA 94305	94-1156365	501 C (3)	53,000.	0.			GENERAL FUNDS
THE CENTER FOR GREAT EXPECTATIONS, INC. - 19 DELLWOOD LANE - SOMERSET, NJ 08873	22-3560158	501 C (3)	10,000.	0.			GENERAL FUNDS

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THE CHILD CENTER OF NY 118-35 QUEENS BLVD FL 6 FOREST HILLS, NY 11375	11-1733454	501 C (3)	44,900.	0.			GENERAL FUNDS
THE EDUCATION FUND 6713 MAIN ST STE 240 MIAMI LAKES, FL 33014	59-2468114	501 C (3)	52,543.	0.			GENERAL FUNDS
THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER RD STE 625 PALMETTO BAY, FL 33157	59-3228899	501 C (3)	10,000.	0.			GENERAL FUNDS
THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA, INC. - 14701 N.W. 7TH AVENUE - MIAMI, FL 33168-3103	59-2371125	501 C (3)	134,470.	0.			GENERAL FUNDS
THR FOOD PROJECT 10 LEWIS ST LINCOLN, MA 17730	04-3262532	501 C (3)	14,550.	0.			GENERAL FUNDS
THE HONORABLE TINA BROZMAN FOUNDATION, INC. - 31 WEST 52ND ST STE 4-22 - NEW YORK, NY 10019	26-0413943	501 C (3)	50,000.	0.			GENERAL FUNDS
THE IMPAC FUND 121 ALHAMBRA PLAZA SUITE 1100 MIAMI, FL 33134	82-1512029	501 C (3)	10,000.	0.			GENERAL FUNDS
THE JULIANA GREENFIELD FAMILY FOUNDATION - 300 E RANDOLPH ST STE 5000 - CHICAGO, IL 60601	83-3830498	501 C (3)	100,000.	0.			GENERAL FUNDS
THE LEARNING EXPERIENCE SCHOOL, INC. - 5651 SW 82ND AVENUE RD - MIAMI, FL 33143	59-1913861	501 C (3)	10,848.	0.			GENERAL FUNDS

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THE LEUKEMIA & LYMPHOMA SOCIETY 200 SOUTH PARK RD STE 140 HOLLYWOOD, FL 33021	13-5644916	501 C (3)	10,000.	0.			GENERAL FUNDS
THE MELISSA INSTITUTE FOR VIOLENCE PREVENTION AND TREATMENT, - 1507 LEVANTE AVE STE 331 - CORAL GABLES, FL 33146	65-0683088	501 C (3)	7,247.	0.			GENERAL FUNDS
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	13-1624086	501 C (3)	10,000.	0.			GENERAL FUNDS
THE MIAMI FOUNDATION, INC. 40 NW 3RD STREET STE 305 MIAMI, FL 33128	65-0350357	501 C (3)	99,572.	0.			GENERAL FUNDS
THE SALVATION ARMY 5550 PRAIRIE STONE PKWY SCHAUMBURG, IL 60192	36-2167910	501 C (3)	10,700.	0.			GENERAL FUNDS
THE WISH FOUNDATION INC. P.O. BOX 170364 HIALEAH, FL 33017	65-0060285	501 C (3)	5,298.	0.			GENERAL FUNDS
THEATRE UNDER THE STARS, INC. 800 BAGBY STE 200 HOUSTON, TX 77002	74-1621647	501 C (3)	11,604.	0.			GENERAL FUNDS
TINY KINGDOM LEARNING CENTER 700 NW 10TH AVE HOMESTEAD, FL 33030	81-3263242	501 C (3)	10,000.	0.			GENERAL FUNDS
TINY SMILE LEARNING CENTER II, INC. - 5605 NW 32ND AVE - MIAMI, FL 33142	84-3500496	501 C (3)	10,000.	0.			GENERAL FUNDS

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TORAS EMES ACADEMY OF MIAMI, INC. 1025 NE MIAMI GARDENS DR. NORTH MIAMI BEACH, FL 33179	59-1870702	501 C (3)	10,000.	0.			GENERAL FUNDS
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 113TH ST MC 4524 NEW YORK, NY 10025	13-5598093	501 C (3)	100,000.	0.			GENERAL FUNDS
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET 433 FRANKLIN BLDG. - PHILADELPHIA, PA 19104-6205	23-1352685	501 C (3)	7,500.	0.			GENERAL FUNDS
UJA - FEDERATION OF NEW YORK 130 E 59TH ST NEW YORK, NY 10022	51-0172429	501 C (3)	36,000.	0.			GENERAL FUNDS
UNITED HOME CARE SERVICES, INC. 8400 NW 33RD ST STE 400 MIAMI, FL 33122	59-1523943	501 C (3)	494,770.	0.			GENERAL FUNDS
UNITED JEWISH APPEAL 4200 BISCAYNE BLVD. MIAMI, FL 33137	59-0624404	501 C (3)	20,000.	0.			GENERAL FUNDS
UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC. - 5890 S PINE ISLAND RD - DAVIE, FL 33328	59-0967823	501 C (3)	18,935.	0.			GENERAL FUNDS
UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 100 RAOUL WALLENBERG PL SW - WASHINGTON, DC 20024-2126	52-1309391	501 C (3)	16,000.	0.			GENERAL FUNDS
UNITY ON THE BAY 411 NE 21ST ST MIAMI, FL 33137-5113	59-0816468	501 C (3)	8,742.	0.			GENERAL FUNDS

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UNIVERSITY OF CENTRAL FLORIDA FOUNDATION - 12424 RESEARCH PKWY STE 140 - ORLANDO, FL 32826	59-6211832	501 C (3)	10,000.	0.			GENERAL FUNDS
UNIVERSITY OF FLORIDA FOUNDATION, INC. - P.O. BOX 14425 - GAINESVILLE, FL 32604	59-0974739	501 C (3)	6,960.	0.			GENERAL FUNDS
UNIVERSITY OF MIAMI CONTROLLERS OFFICE P.O. BOX 025405 MIAMI, FL 33102-5405	59-0624458	501 C (3)	136,500.	0.			GENERAL FUNDS
URBAN LEAGUE OF BROWARD COUNTY, INC. - 560 NW 27TH AVE - FORT LAUDERDALE, FL 33311	59-1564384	501 C (3)	280,000.	0.			GENERAL FUNDS
URBAN LEAGUE OF GREATER MIAMI, INC. - 8500 NW 25TH AVE - MIAMI, FL 33147	59-0699445	501 C (3)	187,000.	0.			GENERAL FUNDS
VALLEYWISE HEALTH FOUNDATION 2901 E CAMELBACK RD STE 100 PHOENIX, AZ 85016	86-0777567	501 C (3)	7,400.	0.			GENERAL FUNDS
VISITING NURSE SERVICE OF NEW YORK 107 E 70TH ST NEW YORK, NY 10021	13-3189926	501 C (3)	5,500.	0.			GENERAL FUNDS
VOICES FOR CHILDREN FOUNDATION, INC. - 601 NW 1ST CT FL 10 - MIAMI, FL 33136	59-2746076	501 C (3)	25,602.	0.			GENERAL FUNDS
VOLUNTEER LAWYERS FOR THE ARTS, INC. - 1 E 53RD ST FL 6 - NEW YORK, NY 10022	13-2936291	501 C (3)	8,500.	0.			GENERAL FUNDS

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WELLSPRING LIVING, INC. 1040 BOULEVARD STE M ATLANTA, GA 30312	58-2614182	501 C (3)	10,000.	0.			GENERAL FUNDS
WESTER CENTER ON LAW & POVERTY 3701 WILSHIRE BLVD STE 208 LOS ANGELES, CA 90010	95-2897721	501 C (3)	10,000.	0.			GENERAL FUNDS
WGBH EDUCATIONAL FOUNDATION 1 GUEST ST BOSTON, MA 02135	04-2104397	501 C (3)	10,000.	0.			GENERAL FUNDS
WINDOW TO THE WORLD COMMUNICATIONS, INC. - 5400 N ST LOUIS AVE - CHICAGO, IL 60625	36-2246703	501 C (3)	11,000.	0.			GENERAL FUNDS
WOMEN FIRST INTERNATIONAL FUND 11 BROADWAY STE 510 NEW YORK, NY 10004	23-7068080	501 C (3)	10,000.	0.			GENERAL FUNDS
WOMEN'S FUND OF MIAMI-DADE COUNTY 1330 SW 22ND ST STE 208 MIAMI, FL 33145	65-0436923	501 C (3)	11,417.	0.			GENERAL FUNDS
WOMEN'S JUSTICE NOW 150 W 28TH ST STE 304 NEW YORK, NY 10001	13-3083202	501 C (3)	10,000.	0.			GENERAL FUNDS
YMCA OF SOUTH FLORIDA 730 NW 107 AVENUE STE 200 MIAMI, FL 33172	59-0624464	501 C (3)	57,967.	0.			GENERAL FUNDS
YOUNG ISRAEL OF GREATER MIAMI 990 NE 171ST ST NORTH MIAMI BEACH, FL 33162	59-6033985	501 C (3)	10,000.	0.			GENERAL FUNDS

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YOUNG MUSICIANS UNITE, INC. 4400 PALM LN MIAMI, FL 33137	46-2610764	501 C (3)	7,500.	0.			GENERAL FUNDS
YOUTH CO-OP, INC. 5040 NW 7 STREET, SUITE 300 MIAMI, FL 33126	23-7320351	501 C (3)	383,929.	0.			GENERAL FUNDS
YWCA SOUTH FLORIDA, INC. 351 NW 5TH ST MIAMI, FL 33128-1615	59-0624450	501 C (3)	239,979.	0.			GENERAL FUNDS
YWPA PTSA 1150 SW 1ST STREET MIAMI, FL 33130	87-0783789	501 C (3)	13,985.	0.			GENERAL FUNDS
ZOO MIAMI FOUNDATION, INC. 12400 SW 152ND ST MIAMI, FL 33177	59-6192814	501 C (3)	28,000.	0.			GENERAL FUNDS
9 DOTS COMMUNITY LEARNING CENTER 931 N HIGHLAND AVE LOS ANGELES, CA 90038	45-2834070	501 C (3)	20,000.	0.			GENERAL FUNDS
A NEW WORLD ACADEMY 1452 NW 79TH ST MIAMI, FL 33147	45-4514859	501 C (3)	45,000.	0.			GENERAL FUNDS
ALZHEIMER'S ASSOCIATION ILLINOIS CHAPTER - 8430 W BRYN MAWR AVE STE 800 - CHICAGO, IL 60631	13-3039601	501 C (3)	6,000.	0.			GENERAL FUNDS
AMERICAN FRIENDS OF KOLEL BIRKAT ABRAHAM CORP - 1111 KANE CONCOURSE STE 610 - BAY HARBOR ISLANDS, FL 33154	82-5011391	501 C (3)	6,531.	0.			GENERAL FUNDS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE FUNDS ARE MONITORED BY THE COMMUNITY IMPACT GROUP AND A COMMITTEE OF  
VOLUNTEERS THAT REVIEW THE PROGRAMMATIC DELIVERABLES AND ALSO THE FISCAL  
HEALTH OF THE ORGANIZATION.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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

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

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

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

- |   |   |
|---|---|
| <input 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2020

## UNITED WAY OF MIAMI-DADE, INC.

Schedule J (Form 990) 2020

C/O CARLOS G MOLINA

59-0830840

Page 2

**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 AND CEO	(i)	362,599.	0.	10,972.	17,100.	6,265.	396,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARLOS G. MOLINA CHIEF FINANCIAL OFFICER	(i)	201,565.	10,418.	22,532.	21,106.	8,743.	264,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY DONWORTH SENIOR VP	(i)	181,276.	8,527.	3,947.	17,437.	6,244.	217,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CRISTINA BLANCO KULISIC CHIEF COMMUNICATIONS OFFICER	(i)	179,135.	8,000.	0.	5,456.	6,099.	198,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NORIE DEL VALLE SENIOR VP	(i)	171,346.	8,527.	1,500.	10,882.	6,230.	198,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CELIO ROMANACH CHIEF MARKETING OFFICER	(i)	161,955.	6,250.	7,602.	10,548.	1,821.	188,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GLADYS MONTES GROUP VP	(i)	148,391.	5,100.	1,500.	13,174.	6,267.	174,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020



[illegible]

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**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	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(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
MIAMI DADE COUNTY A INDUSTRIAL DEVELOPMENT A		59-1662816	NONE	12/12/12	15415000.	MIAMI DADE INDUSTRIAL DEVELO		X		X		X
B												
C												
D												

<b>Part II Proceeds</b>									
		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							

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

Schedule K (Form 990) 2020

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

Schedule K (Form 990) 2020

59-0830840

Page 2

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? ...								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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? .....		X						

**Part IV Arbitrage**

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

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

Schedule K (Form 990) 2020

59-0830840

Page 3

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MIAMI DADE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: MIAMI DADE INDUSTRIAL DEVELOPMENT

**SCHEDULE K, PART II**

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

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

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  
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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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Inspection

- ▶ **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](http://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 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	148,269	4,317,778.	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 V, Donee Acknowledgement .....

29

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

## 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA	Employer identification number 59-0830840
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ANOTHER.

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

FISCAL AGENT PROJECTS

EXPENSES \$ 25,386. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER COMMUNITY PROJECTS

EXPENSES \$ 57,578,115. INCLUDING GRANTS OF \$ 57,495,610. REVENUE \$ 0.

MISSION UNITED

EXPENSES \$ 622,083. INCLUDING GRANTS OF \$ 34,875. REVENUE \$ 0.

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

PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE TREASURER AND PRESIDENT  
FOR ACCURACY.

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

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

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

Schedule O (Form 990 or 990-EZ) 2020



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

Employer identification number  
59-0830840

TO THE BOARD.

FORM 990, PART VI, SECTION C, LINE 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 6/30/2021 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 THE INDEPENDENT ACCOUNTANT.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <b>UNITED WAY OF MIAMI-DADE, INC. C/O CARLOS G MOLINA</b>	Employer identification number <b>59-0830840</b>
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**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
CENTER FOR EXCELLENCE LLC - 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	CHILDREN PROGRAM	FLORIDA			UNITED WAY
CHILDREN'S ADVOCACY COMPLEX LLC - 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	PARKING	FLORIDA			UNITED WAY
3250 REAL ESTATE HOLDINGS LLC - 59-0830840 3250 SW 3RD AVENUE MIAMI, FL 33129	PROPERTY MAIN	FLORIDA			UNITED WAY
UNITED WAY REAL PROPERTY HOLDINGS LLC - 59-0830840, 3250 SW 3RD AVENUE, MIAMI, FL 33129	FUNDRAISING	FLORIDA			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

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

Schedule R (Form 990) 2020

[illegible]

## Part III

**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.

032162 10-28-20

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	
<b>2</b> 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.

[illegible]

<b>Part VII</b>	<b>Supplemental Information</b>
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Provide additional information for responses to questions on Schedule R. See instructions.