

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2016****Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning 07/01 , 2016, and ending 06/30 , 20 17																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization UNITED WAY OF NORTHEAST FLORIDA INC</td> <td>D Employer identification number 59-0637825</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 904-390-3200</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 East Adams Street Suite 200</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Jacksonville, FL, 32202</td> </tr> <tr> <td colspan="3">F Name and address of principal officer: Michelle Braun 40 East Adams Street Suite 200, Jacksonville, FL 32202</td> </tr> <tr> <td colspan="3"> G Gross receipts \$ 23,346,485 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3">J Website: ▶ www.unitedwayneff.org</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1964 M State of legal domicile: FL</td> </tr> </table>	C Name of organization UNITED WAY OF NORTHEAST FLORIDA INC		D Employer identification number 59-0637825	Doing business as		E Telephone number 904-390-3200	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 East Adams Street Suite 200		City or town, state or province, country, and ZIP or foreign postal code Jacksonville, FL, 32202		F Name and address of principal officer: Michelle Braun 40 East Adams Street Suite 200, Jacksonville, FL 32202			G Gross receipts \$ 23,346,485 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ www.unitedwayneff.org			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1964 M State of legal domicile: FL
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Founded in 1924, United Way of Northeast Florida, Inc. ("United Way") has earned a reputation as a respected and efficient philanthropic organization. United Way envisions a</u> <u>(Continued on Schedule O)</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 30
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 30
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 92
	6	Total number of volunteers (estimate if necessary) 6 10,819
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 24,334,571 22,974,989
	9	Program service revenue (Part VIII, line 2g) 0 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,038 94,623
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,333,533 23,069,612
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 5,381,632 5,141,856
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0 0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,954,442
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 3,315,667 2,862,045
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 24,759,665 22,884,497
19	Revenue less expenses. Subtract line 18 from line 12 -426,132 185,115	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 19,524,176 20,303,697
	21	Total liabilities (Part X, line 26) 2,849,161 3,881,928
	22	Net assets or fund balances. Subtract line 21 from line 20 16,675,015 16,421,769

Part II Signature Block

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

Sign Here		Date 1/26/18			
	Michelle Braun, President & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:
Solve our community's toughest challenges by connecting people, resources and ideas.
- 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 \$ 5,984,292 including grants of \$ 5,671,340) (Revenue \$ 0)
Education: United Way is creating positive, long-lasting change that ultimately prevents problems before they happen. Research and analysis show that when children enter school ready to learn, they succeed and targeted action such as school-based social services and mentoring help students graduate on time. United Way sponsors programs that provide mentoring, counseling, case management, teen parenting prevention and support, after-school activities, tutoring and enrichment activities to help students succeed even when they are faced with obstacles. Improved access to quality early learning through United Way-sponsored programs helps children from birth to five years grow, develop and learn. Achievements of several key United Way-led initiatives include: *Achievers For Life Achievements - A partnership was formed in 2006 to study why students drop out of school. The Partnership's 11 months of research resulted in the development of Achievers For Life, which was implemented in fall 2007 in Ft. Caroline and Arlington Middle Schools. United Way's Achievers For Life (AFL) is a dropout prevention strategy focused on middle school students who are at-risk for academic failure. Dropping out is a gradual process with signs appearing as early as middle school. Warning signs of dropping out in the future include poor attendance, behavior, reading and math grades and reading and
 (Continued on Schedule O, Statement 1)

4b (Code:) (Expenses \$ 3,411,086 including grants of \$ 1,846,959) (Revenue \$ 0)
Health: New and evolving health issues require utilization of collaborative partnerships. Through donor contributions and various grant funders, United Way advances the common good by creating opportunities for a better life for citizens of all ages. We proudly support twenty health agencies and twenty-two programs that address critical issues such as emergency services to help prevent and combat domestic violence and child abuse; providing access to health care services and nutritious food; helping seniors and individuals with disabilities live independently. *Full Service Schools Achievements - Full Service Schools of Jacksonville is a collaborative approach to meet the therapeutic, health and social service needs of at-risk students and families in Duval County. Major funding partners are Duval County Public Schools, Duval County Department of Health, Jacksonville Children's Commission, Lucy Gooding Charitable Foundation Trust, St. Vincent's Mobile Health and Weaver Family Foundation. Led by United Way, these school-based neighborhood centers bring together community resources, neighbors and schools to promote the health and well-being of students, their families, and neighborhood residents. Full Service Schools provides services to 88 Duval County Schools, with 57,000 students eligible to receive services. Since the creation of the first site in the Andrew
 (Continued on Schedule O, Statement 2)

4c (Code:) (Expenses \$ 3,056,276 including grants of \$ 836,972) (Revenue \$ 0)
United Way also funds programs that deliver vital services to the community including a community support network to coordinate planning; information and referral services; volunteer recruitment and engagement; and disaster services. United Way's 2-1-1 is a unique program that offers free, confidential information and referral 24 hours a day, seven days a week for any resident in nine counties of Northeast Florida (Duval, St. Johns, Clay, Nassau, Baker, Putnam, Columbia, Suwannee and Hamilton counties) who may not know where to turn for a variety of health and human service resources including childcare, emergency financial assistance, food, shelter, and counseling. 2-1-1 Achievements - United Way 2-1-1 received 85,335 phone calls in FY2016-17 and made 55,288 referrals for callers who were in need of emergency financial assistance and other related needs - food, shelter, clothing, childcare, counseling, etc.... United Way 2-1-1 Call Center Specialists also assisted 1,927 suicide/crisis callers in FY2016-17. Approximately 84 percent of all calls come from Duval County and 94 percent of callers report they are satisfied with the service. Volunteer Engagement - United Way's call to action is to "Live United." To Live United is being a part of the
 (Continued on Schedule O, Statement 3)

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 4
 (Expenses \$ 7,447,589 including grants of \$ 6,525,325) (Revenue \$ 0)

4e Total program service expenses **▶** 19,899,243

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 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>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 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>	32	✓
33 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>	33	✓
34 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>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	92
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 30		
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 30		
2 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		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
7a 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		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
9 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 in Schedule O	9		✓

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓
13 Did the organization have a written whistleblower policy?	13	✓
14 Did the organization have a written document retention and destruction policy?	14	✓
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a 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	✓
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 ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

Patricia Kilgore, (904)390-3210

40 East Adams Street Suite 200, Jacksonville, FL 32202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Pat Geraghty	2									
Board of Trustee Chair	0	✓		✓				0	0	0
Mike Herman	2									
Board of Director Chair	0	✓		✓				0	0	0
Jim Stepnoski	2									
Treasurer	0	✓		✓				0	0	0
Scott Coble	1									
Trustee	0	✓						0	0	0
Barbara Drake	1									
Trustee	0	✓						0	0	0
Nathaniel Ford	1									
Trustee	0	✓						0	0	0
Robert Hill	1									
Trustee	0	✓						0	0	0
Frank Martire	1									
Trustee	0	✓						0	0	0
Lisa Palmer	1									
Trustee	0	✓						0	0	0
Mike Prendergast	1									
Trustee	0	✓						0	0	0
George Scanlon	1									
Trustee	0	✓						0	0	0
Michael Ward	1									
Trustee	0	✓						0	0	0
Russ Thomas	1									
Trustee	0	✓						0	0	0
John Wilbanks	1									
Trustee	0	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Melissa Adams	1									
Director	0	✓						0	0	0
Russell E Armistead	1									
Director	0	✓						0	0	0
Henry Brown	1									
Director	0	✓						0	0	0
Jim Flagg	1									
Director	0	✓						0	0	0
Steve Grossman	1									
Director	0	✓						0	0	0
Nathaniel Herring Jr	1									
Director	0	✓						0	0	0
Marianne Hillegass	1									
Director	0	✓						0	0	0
Micheael Korn	1									
Director	0	✓						0	0	0
David Miller	1									
Director	0	✓						0	0	0
Jim O'Loughlin	1									
Director	0	✓						0	0	0
Ned Peverley	1									
Director	0	✓						0	0	0
Marcus Rowe	1									
Director	0	✓						0	0	0
Darnell Smith	1									
Director	0	✓						0	0	0
Kelly Smith	1									
Director	0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
C Brooks Stone	1									
Director	0	✓						0	0	0
Beth Tate	1									
Director	0	✓						0	0	0
Michelle Braun	53.02									
President, CEO and Board Secretary	0			✓				217,099	0	33,079
Patricia Kilgore	52.03									
Vice President - Finance & Administration	0			✓				133,122	0	105,946
Taylor Shead	41.50									
Head of Resource Development	0					✓		131,841	0	18,065
Phyllis Martin	41.10									
Head of Community Impact & Strategic Investment	0					✓		109,566	0	15,659
1b Sub-total								591,628	0	172,749
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								591,628	0	172,749

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 **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
None		

- 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**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 50,429				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 1,200,514				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 21,724,046				
	g	Noncash contributions included in lines 1a-1f: \$	122,783				
	h	Total. Add lines 1a-1f ▶		22,974,989			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		99,025	0	0	99,025
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss) 0 0					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory 272,471 0					
	b	Less: cost or other basis and sales expenses 276,873 0					
	c	Gain or (loss) -4,402 0					
	d	Net gain or (loss) ▶		-4,402	0	0	-4,402
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶			0			
12	Total revenue. See instructions. ▶			23,069,612	0	0	94,623

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,858,015	14,858,015		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,581	22,581		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	409,357	141,187	100,088	168,082
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	3,590,191	2,212,824	423,241	954,126
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	369,623	238,265	33,807	97,551
9 Other employee benefits	508,218	326,092	53,853	128,273
10 Payroll taxes	264,467	153,350	31,751	79,366
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	100,570	0	83,570	17,000
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	60,916	30,764	5,696	24,456
12 Advertising and promotion	401,906	356,176	0	45,730
13 Office expenses	389,626	262,549	19,061	108,016
14 Information technology	150,768	62,284	53,878	34,606
15 Royalties	0	0	0	0
16 Occupancy	273,072	124,002	61,513	87,557
17 Travel	47,670	22,919	8,160	16,591
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	59,697	38,906	11,555	9,236
20 Interest	24,429	669	13,592	10,168
21 Payments to affiliates	274,706	149,693	46,347	78,666
22 Depreciation, depletion, and amortization	181,242	113,834	23,276	44,132
23 Insurance	55,496	29,496	12,138	13,862
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Awards	5,195	5,156	27	12
b Dues	13,709	1,254	11,526	929
c Maintenance and Repairs	212,511	138,695	37,733	36,083
d Purchase Services/Program Evaluation	610,532	610,532	0	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,884,497	19,899,243	1,030,812	1,954,442
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,541,810	1	9,177,171
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	7,631,551	3	7,215,832
	4 Accounts receivable, net	322,486	4	273,789
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	170,184	9	401,919
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,420,297		
	b Less: accumulated depreciation	10b 978,854	10c	1,441,443
	11 Investments—publicly traded securities	1,245,807	11	1,393,543
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	400,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,524,176	16	20,303,697	
Liabilities	17 Accounts payable and accrued expenses	520,664	17	936,419
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	320,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,328,497	25	2,625,509
	26 Total liabilities. Add lines 17 through 25	2,849,161	26	3,881,928
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,061,440	27	12,724,891
	28 Temporarily restricted net assets	3,547,575	28	3,625,878
	29 Permanently restricted net assets	66,000	29	71,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,675,015	33	16,421,769
	34 Total liabilities and net assets/fund balances	19,524,176	34	20,303,697

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,069,612
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,884,497
3	Revenue less expenses. Subtract line 2 from line 1	3	185,115
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,675,015
5	Net unrealized gains (losses) on investments	5	42,045
6	Donated services and use of facilities	6	0
7	Investment expenses	7	4,402
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-484,808
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,421,769

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,114,448	20,277,027	20,651,807	20,349,854	18,783,621	101,176,757
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	21,114,448	20,277,027	20,651,807	20,349,854	18,783,621	101,176,757
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,877,453
6 Public support. Subtract line 5 from line 4						97,299,304

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	21,114,448	20,277,027	20,651,807	20,349,854	18,783,621	101,176,757
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,445	93,509	24,281	3,823	99,025	296,083
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0			0
11 Total support. Add lines 7 through 10						101,472,840
12 Gross receipts from related activities, etc. (see instructions)				12		0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	95.89 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.26 %
16a 33⅓% support test—2016. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33⅓% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33⅓% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013 . . .			
c	Excess from 2014 . . .			
d	Excess from 2015 . . .			
e	Excess from 2016 . . .			

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

Area with horizontal dashed lines for supplemental information.

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

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

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 $\frac{1}{3}$ % 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, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

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		\$ 773,491	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 923,328	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 911,790	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 945,153	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 469,064	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,066,630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 701,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**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	Employer identification number
UNITED WAY OF NORTHEAST FLORIDA INC	59-0637825

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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.

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		98,390
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			98,390
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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).

	1	2	3	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 (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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	

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1 - United Way established a volunteer Public Policy Committee and hired staff to develop and implement its overall public policy strategy to build non-partisan/non-divisive relationships that advance its community impact work in Education, Income and Health.

**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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
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 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 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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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 8/17/06, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- 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	440,257	439,545	446,309	435,745	434,838
b Contributions	5,000	1,000	0	10,000	0
c Net investment earnings, gains, and losses	52,722	2,453	-6,044	599	907
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	3,017	2,741	720	35	0
g End of year balance	494,962	440,257	439,545	446,309	435,745

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

- a** Board designated or quasi-endowment ▶ 85.66 %
- b** Permanent endowment ▶ 14.34 %
- c** Temporarily restricted endowment ▶ 0 %

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)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	1,636,006	245,824	1,390,182
d Equipment	0	784,291	733,030	51,261
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,441,443

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Designations Payable	1,960,877	
(3) Deferred Lease Incentive	664,632	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,625,509	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,346,467
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	4,402
e	Add lines 2a through 2d	2e	4,402
3	Subtract line 2e from line 1	3	17,342,065
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	5,727,547
c	Add lines 4a and 4b	4c	5,727,547
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,069,612

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

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

1	Total expenses and losses per audited financial statements	1	17,809,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	17,809,577
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	5,074,920
c	Add lines 4a and 4b	4c	5,074,920
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,884,497

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.

Schedule D, Part V, Line 4 - As part of its Planned Giving Program, United Way established and will grow endowment funds to provide income for sustaining operations against fluctuations in the annual campaign revenue; to enhance annual campaign revenue from income generated by the endowed gifts; and to provide program funding flexibility not possible through annual campaign revenue including emergency funding, venture grants, administrative costs, challenge grants and infrastructure need.

Schedule D, Part X, Line 2 - United Way is exempt from federal and state income taxes under Internal Revenue Code Section 501 (c)(3). Accordingly, the accompanying financial statements do not reflect a provision or liability for federal and state income taxes. United Way has determined that it does not have any material unrecognized tax benefits or obligations as of June 30, 2017.

Schedule D, Part XI, Line 2d - Lose due to cost incurred to sale stock donors contributed.

Schedule D, Part XI, Line 4b - United Way receives numerous contributions and pledges to specific health and human service organizations.

Schedule D, Part XII, Line 4b - Distributions of numerous contributions designated to specific agencies by donors.

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							148
3 Enter total number of other organizations listed in the line 1 table							1

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Emergency Rent and Mortgage	13	18,510	0		
2 Emergency Electric Assistance	8	4,071			
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Because funding is reported by purpose, agencies may be listed more than once. However, the dollars are not duplicated. Approximately 53 volunteers participated in the review process to allocate United Way's Community Impact Fund dollars to programs requesting funding. They review applications and score them to determine the effectiveness of the programs before making their decisions. In addition, a volunteer committee of accounting professionals reviews the financial statements of the agencies requesting funding to ensure proper use of United Way funds. Funding is granted based on the criticality of the need being addressed by the program, the program's impact on addressing the need, the participants' results in the program, the utilization of the program's capacity and the importance of United Way funding to the success of the program. Funding is granted through targeted Notice of Funding Opportunities (NOFO) with formal review processes occurring annually. Annual reports of performance measures and utilization of capacity are reviewed by staff and volunteers. In addition, United Way of Northeast Florida is an open donor choice organization and distributes donor designations as requested. These agencies' programs are not subject to any United Way oversight.

Schedule I, Part III - In conjunction with 211 assessments, a committee utilized donor directed funds to purchase services for individuals who presented a unique health and human service need that cannot be met through traditional United Way resources.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	All Saints Early Learning and Community Care 4171 Hendricks Avenue Jacksonville, FL 32207	59-1500774	50,700	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Senior and Child Care			
Name and address	American Cancer Society Florida Division 1430 Prudential Drive Jacksonville, FL 32207	59-0657320	10,904	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Donor Directed Contr			
Name and address	American Heart Association of Jacksonville 5851 St Augustine Road Jacksonville, FL 32207	13-5613797	5,316	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Donor Directed Contr			
Name and address	American Lung Association of Florida 6852 Belfort Oaks Place Jacksonville, FL 32216	59-0662271	23,750	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Asthma Mgt Education			
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	45,000	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	CPR and Safety Training			
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	195,000	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Disaster Basic Needs			
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	75,000	
IRC code section	501 (c) (3)			
Method of valuation				

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	39,066
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Angelwood Inc PO Box 24925 Jacksonville, FL 32241	59-3212078	8,644
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Association for Retarded Citizens of Nassau County 86051 Hamilton Street Yulee, FL 32097	59-1404429	26,630
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Adult Day Training

Name and address	Association for Retarded Citizens of Nassau County 86051 Hamilton Street Yulee, FL 32097	59-1404429	6,163
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Baker County Council on Aging 9264 Buck Starling Rd MacClenny, FL 32063	59-1596339	35,683
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Senior and Disable Meals

Name and address	Baptist Health Foundation of Jacksonville 841 Prudential Dr Ste 1300 Jacksonville, FL 32207	59-2487135	38,992
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	25,000
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	Barnabas Center Inc	59-2920275	39,800
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UNITED WAY OF NORTHEAST FLORIDA INC

	1303 Jamine Street Ste 101 Fernandina Beach, FL 32034		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Housing Emergency Assistance		
Name and address	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	15,885
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Beaches Habitat for Humanity 1671 Francis Ave Atlantic Beach, FL 32233	65-0234544	98,439
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	BEAM 850 6th Avenue S Suite 400 Jacksonville Beach, FL 32250	59-2564222	21,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	BEAM 850 6th Avenue S Suite 400 Jacksonville Beach, FL 32250	59-2564222	13,041
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	307,430
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Achievers for Life		
Name and address	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	237,450
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	28,000
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant OneToOne Mentoring Nassau

Name and address	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	15,465
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Boggy Creek Gang Inc 30500 Brantley Branch Rd Eustis, FL 32736	59-3012889	10,000
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	138,454
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Scouting Support

Name and address	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	101,332
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Boys & Girls Club of Nassau PO Box 16003 Fernandina Beach, FL 32035	59-3672345	6,847
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	439,194
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Traditional Clubs

Name and address	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	20,890
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Builders Care	59-3742789	5,130
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UNITED WAY OF NORTHEAST FLORIDA INC

	103 Century 21 Drive Ste 108 Jacksonville, FL 32216		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Carpenter's Shop Center 1601 University Blvd N Jacksonville, FL 32211	20-2828807	25,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Cathedral Arts Project Inc 4063 Salisbury Road Ste 107 Jacksonville, FL 32216	59-3672453	12,312
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	77,452
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Comp Emerg Scvs		
Name and address	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	155,666
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Neighbor To Neighbor		
Name and address	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	129,976
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Catholic Charities Bureau of St Augustine 3940 Lewis Speedway Ste 2103 St Augustine, FL 32084	59-1660798	33,384
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Challenge Enterprises of NEFL 3530 Enterprise Way Green Cove Springs, FL 32043	59-1478621	11,264
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	CHILD Cancer Fund 4811 Atlantic Blvd Jacksonville, FL 32207	59-3359840	22,977
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Child Guidance Center Inc 5776 St Augustine Road Jacksonville, FL 32207	59-0704727	24,567
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Mental Health Svcs		
Name and address	Children's Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	141,592
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Adoption Services		
Name and address	Children's Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	42,294
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Fam Life Education		
Name and address	Children's Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	46,469
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Teen Parent Program		
Name and address	Children's Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	41,186
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Christ Episcopal Church 400 San Juan Drive Ponte Vedra Beach, FL 32082	59-0806965	8,328
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	City Rescue Mission	59-1009115	34,552

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UNITED WAY OF NORTHEAST FLORIDA INC

	PO Box 60291 Jacksonville, FL 32236		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	City Rescue Mission PO Box 60291 Jacksonville, FL 32236	59-1009115	11,370
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	City Year Inc 287 Columbus Ave Boston, MA 02116	22-2882549	200,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Whole School Whole Child		
Name and address	City Year Inc 287 Columbus Ave Boston, MA 02116	22-2882549	27,625
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	91,481
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Comp Emerg Scvs		
Name and address	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	28,569
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Clay Behavioral Health Center 1726 Kingsley Ave Ste 2 Orange Park, FL 32073	59-2219317	19,023
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Rehab Services		
Name and address	Communities in Schools of Jacksonville One Riverside Ave Ste 400 Jacksonville, FL 32202	59-3027895	678,000
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant Achievers for Life

Name and address	Communities in Schools of Jacksonville One Riverside Ave Ste 400 Jacksonville, FL 32202	59-3027895	36,905
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-3511	59-3191350	62,986
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Student Enrichment

Name and address	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-3511	59-3191350	9,129
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Community Connections of Jacksonville PO Box 41086 Jacksonville, FL 32203	59-0624472	134,418
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Homeless Services

Name and address	Community Connections of Jacksonville PO Box 41086 Jacksonville, FL 32203	59-0624472	7,927
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Community Hospice of Northeast Florida 4266 Sunbeam Road Jacksonville, FL 32257	59-1940256	20,036
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Concerns of Police Survivors Inc PO Box 3199 Camdenton, MO 65020	52-1354370	14,328
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	County United Way	52-0695477	9,893
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UNITED WAY OF NORTHEAST FLORIDA INC

	PO Box 307 Cumberland, MD 21501		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Daniel Inc 4203 Southpoint Boulevard Jacksonville, FL 32216	59-3067752	57,475
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Housing for Youth		
Name and address	Daniel Inc 4203 Southpoint Boulevard Jacksonville, FL 32216	59-3067752	26,125
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Delores Barr Weaver Policy Center 40 E Adams St Ste 130 Jacksonville, FL 32202	46-0938295	25,611
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	DLC Nurse and Learn Inc 4101 1 College Street Jacksonville, FL 32205	59-3618761	62,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Developmental Learning Center		
Name and address	DLC Nurse and Learn Inc 4101 1 College Street Jacksonville, FL 32205	59-3618761	32,816
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Downtown Ecumenical Services Council 215 North Ocean St Jacksonville, FL 32202	59-2437003	50,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Dreams Come True of Jacksonville Inc 6803 Southpoint Parkway Jacksonville, FL 32216	59-2967803	19,350
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	Duval County Public Schools 1701 Prudential Drive Jacksonville, FL 32207	59-6000589	208,756
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Early Learning CoalitionJAX 8301 Cypress Plaza Drive Ste 201 Jacksonville, FL 32256	59-3688924	1,501,383
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Success by 6		
Name and address	ElderSource 10688 Old St Augustine Rd Jacksonville, FL 32257	27-1456179	100,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Meals on Wheels		
Name and address	Emergency Services & Homeless of St Johns P O Box 3422 St Augustine, FL 32085	59-3547712	10,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Episcopal Children's Services 8443 Baymeadows Road Ste 1 Jacksonville, FL 32256	59-1146765	322,499
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Success by 6		
Name and address	Episcopal Children's Services 8443 Baymeadows Road Ste 1 Jacksonville, FL 32256	59-1146765	11,510
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Evangel Temple AOG Church 5755 Ramona Blvd Jacksonville, FL 32205	59-1516022	5,392
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Exchange Club Family Center	59-3060241	11,922

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UNITED WAY OF NORTHEAST FLORIDA INC

	3119 Spring Glen Road Ste 111 Jacksonville, FL 32207		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	495,349
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Family Counseling		
Name and address	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	116,368
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Financial Stability		
Name and address	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	9,643
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Feeding Northeast Florida 1116 Edgewood Ave North Unit E D Jacksonville, FL 32254	46-5014769	50,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Emergency Funding		
Name and address	Feeding Northeast Florida 1116 Edgewood Ave North Unit E D Jacksonville, FL 32254	46-5014769	30,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	First Congregation Sons of Isreal 161 Cordova St St Augustine, FL 32084	46-5500770	7,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	First Tee of North Florida 475 West Town Place St Augustine, FL 32092	59-3577327	10,752
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	Florida Institute of Education 12000 Alumni Dr UNF Jacksonville, FL 32224	59-2976169	35,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Achievers for Life		
Name and address	Fresh Ministries 1131 North Laura Street Jacksonville, FL 32206	59-2967898	5,418
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	GHM Inc 5606 Chirping Way West Jacksonville, FL 32222	47-5512856	5,300
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Love Me Stop Bullying		
Name and address	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	120,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Leadership Experience		
Name and address	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	6,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth Summer Camps		
Name and address	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	8,844
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Girls Incorporated of Jax 100 Festival Park Ave Jacksonville, FL 32202	59-1317196	140,180
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth After School		
Name and address	Girls Incorporated of Jax	59-1317196	12,291

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UNITED WAY OF NORTHEAST FLORIDA INC

	100 Festival Park Ave Jacksonville, FL 32202		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Girls on the Run of NE Florida 3986 Boulevard Center Dr Ste 102 Jacksonville, FL 32207	16-1695973	5,512
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Habitat for Humanity of Jacksonville 2404 Hubbard Street Jacksonville, FL 32202	59-2880071	107,526
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Hands on Jacksonville 40 East Adams St Ste LL30 Jacksonville, FL 32202	59-1466484	10,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Volunteer Support		
Name and address	Heart of Florida United Way 1940 Traylor Blvd Orlando, FL 32804	59-0808854	13,074
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Hope Haven Inc 4600 Beach Boulevard Jacksonville, FL 32207	59-0668485	17,531
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Access to Success		
Name and address	Hope Haven Inc 4600 Beach Boulevard Jacksonville, FL 32207	59-0668485	13,632
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	49,389
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant Emergency Shelter

Name and address	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	34,817
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Youth Counseling

Name and address	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	25,408
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Improve your Tomorrow 4800 Westlake Pkwy Ste 19009 Sacramento, CA 95835	46-2981774	25,000
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant NFL Program

Name and address	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	74,522
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Civil Legal Services

Name and address	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	26,470
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Jacksonville Humane Society 8464 Beach Boulevard Jacksonville, FL 32216	59-0624410	7,588
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Jacksonville Jewish Federation 8505 San Jose Boulevard Suite A Jacksonville, FL 32217	59-0637864	97,786
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Jacksonville Public Education Fund	59-2756660	67,107
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UNITED WAY OF NORTHEAST FLORIDA INC

	40 East Adams St Ste 110 Jacksonville, FL 32202		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Parent Engagement		
Name and address	Jacksonville Regional Chamber of Commerce 3 Independent Drive Jacksonville, FL 32202	59-1867407	31,840
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Workforce Training		
Name and address	Jacksonville School for Autism 9000 Cypress Green Drive Jacksonville, FL 32256	20-2632111	12,297
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Speech & Hearing 1128 Laura Street Jacksonville, FL 32206	59-0970718	51,371
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Adult Hearing disorders		
Name and address	Jacksonville Speech & Hearing 1128 Laura Street Jacksonville, FL 32206	59-0970718	88,694
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Speech Services		
Name and address	Jacksonville Speech & Hearing 1128 North Laura St Jacksonville, FL 32206	59-0970718	8,535
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Symphony Association 300 Water St Ste 200 Jacksonville, FL 32202	59-6002520	10,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Urban League 903 West Union Street Jacksonville, FL 32204	59-0637865	87,780
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant Community Partnership

Name and address	Jacksonville Urban League 903 West Union Street Jacksonville, FL 32204	59-0637865	12,267
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Jacksonville Zoological Society 370 Zoo Parkway Jacksonville, FL 32218	59-1319010	7,724
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	JASMYN 923 Peninsular Place Jacksonville, FL 32205	59-3284175	15,192
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208	27,471
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Balance Prevention

Name and address	Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208	125,558
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Senior Engagement

Name and address	Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208	12,853
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32256	59-0637868	1,089,250
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Achievers for Life

Name and address	Jewish Family & Community Service	59-0637868	17,500
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UNITED WAY OF NORTHEAST FLORIDA INC

	8540 Baycenter Rd Jacksonville, FL 32256		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32256	59-0637868	17,726
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Jewish Family & Community Service 6261 DuPont Station Ct E Jacksonville, FL 32217-2519	59-0637868	14,881
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jim & Tabitha Furyk Foundation PO Box 2867 Ponte Vedra Beach, FL 32004	30-0659382	6,967
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Junior Achievement of North Florida 4049 Woodcock Dr Ste 200 Jacksonville, FL 32207	59-1021800	6,072
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Juvenile Diabetes Foundation North Florida Chapter 9700 Phillips Highway Suite 106 Jacksonville, FL 32256	23-1907729	8,300
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	46,233
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Literacy Education		
Name and address	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	11,171
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	LISC 10 West Adams Ste 100 Jacksonville, FL 32202	13-3030229	25,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Financial Education		
Name and address	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-1514	59-1965600	59,820
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Food Bank		
Name and address	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-1514	59-1965600	15,525
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	MaliVai Washington Foundation 1096 West 6th Street Jacksonville, FL 32209	59-3559150	8,319
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Mental Health America of Northeast Florida 8280 Princeton Sq Blvd Ste 8 Jacksonville, FL 32256	59-0721416	8,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Bullying Prevention Program		
Name and address	Mental Health America of Northeast Florida 8280 Princeton Sq Blvd Ste 8 Jacksonville, FL 32256	59-0721416	60,803
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Mental Health Svcs		
Name and address	Mercy Support Services PO Box 1526 Orange Park, FL 32067	45-2580048	7,410
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Methodist Children's Village	59-3414968	6,042

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UNITED WAY OF NORTHEAST FLORIDA INC

	7915 Herlong Road Jacksonville, FL 32223		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Mission House 800 Shetter Avenue Jacksonville Beach, FL 32250	59-3376704	19,808
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	MOCA Jacksonville 333 North Laura Street Jacksonville, FL 32202	59-0689705	6,528
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Morning Star School 725 Mickler Road Jacksonville, FL 32211	59-0860468	5,943
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Multiple Sclerosis Society North Florida Chapter 4237 Salisbury Road Bldg 4 Ste 406 Jacksonville, FL 32216	59-6167728	6,288
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	53,447
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Senior Food Transportation		
Name and address	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	10,055
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Nassau County Volunteer Center 1303 Jasmine Street Ste 104A Fernandina Beach, FL 32034	59-3050887	5,872
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Volunteer Services		
Name and address	New Heights of Northeast Florida 3311 Beach Blvd Jacksonville, FL 32207-3704	59-0718304	123,739
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Disability Therapy		
Name and address	North Florida School of Special Education 223 Mill Creek Rd Jacksonville, FL 32211	59-3126545	8,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Northeast Florida Area Agency on Aging 10688 Old St Augustine Rd Jacksonville, FL 32257	59-1569867	79,280
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	OneJax 1 UNF Dr Bldg 53 Ste 2750 Jacksonville, FL 32224	20-2719059	23,810
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Diversity Education		
Name and address	PACE Center for Girls Inc 2933 University Blvd N Jacksonville, FL 32211	59-2414492	46,388
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Dropout Prevention		
Name and address	PACE Center for Girls Inc 2933 University Blvd N Jacksonville, FL 32211	59-2414492	25,861
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Pine Castle 4911 Spring Park Road Jacksonville, FL 32207	59-0704733	112,684
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Group Home Services		
Name and address	Pine Castle	59-0704733	23,429

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UNITED WAY OF NORTHEAST FLORIDA INC

	4911 Spring Park Road Jacksonville, FL 32207		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Police Athletic League 3450 Monument Road Jacksonville, FL 32225	23-7323006	60,865
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Project SOS 7845 Baymeadows Way Jacksonville, FL 32256	59-3179894	12,600
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	71,019
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Emergency Shelter		
Name and address	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	16,612
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Reading Equates to Success 787 S 12th St San Jose, CA 95112	45-3340564	25,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	NFL Program		
Name and address	River Garden Hebrew Home 11401 Old St Augustine Road Jacksonville, FL 32258	59-0624438	26,667
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Ronald McDonald House of Jacksonville 824 Childrens Way Jacksonville, FL 32207	59-2625008	17,074
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	Rotary International 1560 Sherman Ave Evanston, IL 60201	36-3245072	6,750
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	24,238
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Basic Needs Clay		
Name and address	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	144,258
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Basic Needs Duval		
Name and address	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	25,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	177,931
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Homeless Shelter		
Name and address	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	24,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth Summer Camps		
Name and address	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	53,927
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Southern Scholarship Foundation Inc	59-0939481	5,400

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UNITED WAY OF NORTHEAST FLORIDA INC

	322 Stadium Drive Tallahassee, FL 32304		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	St Augustine Society 70 Washington St St Augustine, FL 32084	59-2475614	25,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	St Johns Country Day 3100 Doctors Lake Drive Orange Park, FL 32073-6926	59-0700127	9,888
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	St Johns Housing Partnership P O Box 1086 St Augustine, FL 32085	59-3422856	69,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	41,885
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Homeless Health Care		
Name and address	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	178,942
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Homeless Shelter		
Name and address	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	60,002
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Teach for America 315 West 36th Street 7th Floor New York, NY 10018	13-3541913	9,000
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	The ARC of Jacksonville 1050 Davis Street North Jacksonville, FL 32209	59-6209603	82,280
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Disability Training		
Name and address	The ARC of Jacksonville 1050 Davis Street North Jacksonville, FL 32209	59-6209603	44,664
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The Bridge of Northeast Florida PO Box 43126 Jacksonville, FL 32203	59-1406016	88,482
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Bridge Urban Springfield		
Name and address	The Bridge of Northeast Florida PO Box 43126 Jacksonville, FL 32203	59-1406016	30,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth Summer Camps		
Name and address	The Bridge of Northeast Florida PO Box 43126 Jacksonville, FL 32203	59-1406016	19,136
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The Community Foundation 245 Riverside Ave Ste 310 Jacksonville, FL 32202	59-6150746	117,994
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The Sanctuary on 8th Street PO Box 3301 Jacksonville, FL 32206	59-3108041	55,347
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth Happens		
Name and address	The Sanctuary on 8th Street	59-3108041	18,707

	PO Box 3301 Jacksonville, FL 32206		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Trinity Rescue Mission 622 West Union Street Jacksonville, FL 32202	59-6152373	6,830
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	UF Health Jacksonville PO Box 52508 Jacksonville, FL 32202	51-0153878	7,749
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Broward County 1300 S Andrews Ave Ft Lauderdale, FL 33316	59-0624402	16,568
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Buffalo & Erie 742 Delaware Ave Buffalo, NY 14209	16-0743969	5,454
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Central Indiana PO Box 88409 Indianapolis, IN 46208-0409	35-1007590	50,798
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Central Maryland PO Box 1576 Baltimore, MD 21203	52-0591543	6,393
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Greater Milwaukee 225 W Vine Street Milwaukee, WI 53212-3935	39-0806190	5,060
IRC code section	501 (c) (3)		
Method of valuation			

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UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	United Way of Madison County 701 Andrew Jackson Way Huntsville, AL 35801	63-0366294	25,295
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Metropolitan Dallas 1800 North Lamar Street Dallas, TX 75202	75-6005352	24,218
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Miami Dade 3250 SW 3rd Ave Miami, FL 33129	59-0830840	58,195
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of New York City 205 42nd St New York, NY 10017	13-2617681	7,596
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Palm Beach County 2600 Quantum Boulevard Boynton Beach, FL 33426-8627	59-0683258	20,053
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of St Johns County PO Box 625 St Augustine, FL 32085	59-6018986	31,831
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of the Capital Region 2235 Millennium Way Enola, PA 17025	23-1352095	44,911
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Volusia Flagler County	59-1099774	7,891

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UNITED WAY OF NORTHEAST FLORIDA INC

	3747 Intl Speedway Blvd Daytona Beach, FL 32124		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way Suncoast 5201 W Kennedy Blvd Tampa, FL 33609	59-3725701	34,618
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	University of North Florida Foundation 1 UNF Drive Jacksonville, FL 32224	23-7167701	11,782
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	USO of Greater Jacksonville PO Box 108 Jacksonville, FL 32212	59-1052424	30,795
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Vision is Priceless 3 Shircliff Way Suite 546 Jacksonville, FL 32204	59-3386495	8,417
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Way Free Medical Clinic 479 Houston Street Green Cove Springs, FL 32043	76-0828154	19,839
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	155,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Access to Healthcare		
Name and address	Wounded Warrior Project 4899 Belfort Road Ste 300 Jacksonville, FL 32256	20-2370934	9,072
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.				
Purpose of grant				
Donor Directed Contr				
Name and address	YMCA of Florida's First Coast	59-0638514	220,031	
	40 East Adams St Ste 210			
	Jacksonville, FL 32202			
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Youth After School				
Name and address	YMCA of Florida's First Coast	59-0638514	35,000	
	40 East Adams St Ste 210			
	Jacksonville, FL 32202			
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Youth Summer Camps				
Name and address	YMCA of Florida's First Coast	59-0638514	95,712	
	40 East Adams St Ste 210			
	Jacksonville, FL 32202			
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Donor Directed Contr				
Name and address	Youth Crisis Center	59-2176287	62,927	
	3015 Parental Home Road			
	Jacksonville, FL 32216			
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
TIDES				
Name and address	Youth Crisis Center	59-2176287	6,276	
	3015 Parental Home Road			
	Jacksonville, FL 32216			
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Donor Directed Contr				
Name and address	Us and Our Children	06-1690984	15,500	0
	PO Box 18761			
	Jacksonville, FL 32229			
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Kash Kids				
Name and address	St Johns County School District	59-6000824	10,000	
	40 Orange Street			
	St Augustine, FL 32084			
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Floridas First Coast Relief Fund				

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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)?		

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 Michelle Braun, President, CEO and Board Secretary	(i) 208,333 (ii) 0	0 0	8,766 0		13,079 0	18,272 0	248,450 0	0 0
2 Patricia Kilgore, Vice President - Finance & Administration	(i) 133,122 (ii) 0	0 0	0 0		95,317 0	8,000 0	236,439 0	0 0
3	(i) (ii)							
4	(i) (ii)							
5	(i) (ii)							
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (ii)							
16	(i) (ii)							

Part III **Supplemental Information**

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

Schedule J, Part I, Line 3 - The Board of Trustees established the benefits package that includes health insurance, a defined benefit plan and a defined contribution plan. All United Way employees may elect to participate in available plans that fit their individual requirements. Compensation reported includes funding of the defined contribution plan; the estimated increase in actuarial value of the defined benefit plan; key components of the calculation include years of service, salary and employee age; and premiums paid for health insurance.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**
► **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

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	✓	9	122,783	Donor Pledge
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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.		

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 M, Part I, Line 32b - United Way uses several brokers to sell stock. Stock is sold immediately upon receipt.

Schedule M, Part I, Line 33 - Nine stock sales occurred between July 1, 2016 and June 30, 2017 that were payments to pledges made and reported as revenue during a previous fiscal year.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

Form 990, Part I, Line 1 - community of opportunity where everyone has hope and can reach their full potential. Because change doesn't happen alone, United Way's mission is to solve Northeast Florida's toughest challenges by connecting people, resources and ideas. The nonprofit organization's long tradition of addressing the human-service needs in Duval, Baker, Clay, Nassau and Northern St. Johns counties is made possible through the commitment of thousands of volunteers, donors and community partners. To learn more, visit unitedwaynefl.org or follow @unitedwaynefl on Facebook, Twitter and Instagram. United Way's strategic priorities are to ensure basic needs are met for all throughout the region; produce meaningful and measurable results in the areas of youth success, financial stability and health; and to invest in historically challenged neighborhoods connecting efforts to impact generational poverty. United Way volunteers carefully review all funded programs, evaluate initiatives, hold United Way and its partners accountable for results and make strategic funding recommendations to continuously improve outcomes. As part of its community impact work, United Way leads several initiatives and collaborations to improve community results in education, income and health: Success By 6 - provides access to high-quality early learning for hardworking families who would not otherwise be able to afford a strong foundation for their preschool children (ages 3 and 4); offers parent engagement and educational opportunities to increase early childhood development. Achievers For Life - identifies middle school students who are exhibiting the warning signs of dropping out of school and connects them to mentors, counselors, tutors and family advocates to get them back on track to graduation. o United Way 2-1-1 - offers 24-hour access to critical resources, and serves as the area's suicide intervention helpline. Real Sense - increases financial stability of Northeast Florida's hardworking families through strategies that increase income, knowledge and assets. Full Service Schools -provides therapeutic, health, and social services to students and their families in eight neighborhoods throughout Jacksonville

Form 990, Part VI, Section B, Line 11b - United Way's Board of Trustees established an Audit Committee to assist the Trustees in fulfilling its oversight responsibilities. The Audit Committee met with the independent auditors on November 2, 2017. They discussed the audit process; reviewed and accepted the audit; and met in executive session with the audit team. At the November 13, 2017 Board of Trustee meeting, the audit was reviewed. The IRS Form 990 was reviewed at the January 18, 2018 Trustee meeting.

Form 990, Part VI, Section B, Line 12c - Annually all Trustees, Directors, Audit and Finance Committee Members and Staff Members review the conflict of interest policy included in the Code of Ethics and certify they recognize and understand their obligations and disclose any conflicts. Should situations arise during the course of the year, the individual immediately discloses the new situation.

Form 990, Part VI, Section B, Line 15 - Compensation is reviewed and approved with the budget. The most recent national United Way compensation study and local market data are part of the analysis process. In addition organizational growth, strategic direction and individual responsibilities and performance are considered when the President determines annual compensation for each Leadership Team member. The President's compensation is evaluated and set annually by the Board of Trustees.

Form 990, Part VI, Section C, Line 19 - United Way provides governing documents and its conflict of interest policy upon request. Audited financial statements are available on request. Audits for both the June 30, 2017, and June 30, 2016, fiscal years will be posted electronically on United Way's website www.unitedwaynefl.org.

Form 990, Part VII, Section A, Line 1a - The Board of Trustees established the benefits package that includes health insurance, a defined benefit plan and a defined contribution plan. All United Way employees may elect to participate in available plans that fit their individual requirements. Compensation reported includes funding of the defined contribution plan; the estimated increase in actuarial value of the defined benefit plan; and premiums paid for health insurance.

Form 990, Part IX, Line 25 - In keeping with United Way Worldwide's efforts to increase comparability, consistency and transparency of United Way financial reporting, overhead rates are calculated from IRS Form 990 based on the following formula: -----(Part IX, Line 25, Column C, M&G Expense of \$1,030,812 + Part IX, Line 25, Column D, Fundraising Expense of \$1,954,442) divided by Part VIII, Line 12, Column A - Total Revenue of \$23,069,612 = 12.94%----

Form 990, Part XI, Line 9 - Net change between Contributions and pledges designated to agencies of \$5,727,547 and Distributions of specific agency designations of \$5,074,920, and the net change in the actuarial values of the pension plan of \$167,819.

First Program Service Accomplishments Description

Description

math standardized test scores. Components include one-on-one weekly mentoring, tutoring, and counseling for students, family support services, as well as parent training to help principals increase families' engagement at school. AFL addresses the challenges associated with keeping students on track for high school graduation. AFL includes a whole school initiative called the Parent Engagement Project that provides innovative opportunities for school staff to involve parents more fully in the academic lives of their students. Since implementing Achievers For Life in 2007, 4,971 students and their families have participated in the initiative, and we have consistently measured the results of AFL students. This initiative in collaboration with our impact and community partners has, on average, resulted in promotion rates of 98.5%, attendance rates of 98% and GPAs reaching 2.75 for students who were struggling in school before additional support. In addition, after three years of support Achievers For Life: 76% of students had an A, B, or C in Math; 78% of students had an A, B, or C in English; 96% of students had 2 or fewer school suspensions; and stabilize families - 99% of AFL families did not move, either planned or unplanned, during the school year. Communities In Schools of Jacksonville, Big Brothers Big Sisters of NE FL and Jewish Family and Community Services are United Way's lead partners in implementing this initiative. In May 2009, Achievers For Life was recognized by United Way Worldwide as a best practice in Education Innovation. Michael Ward's \$1 million pledge during 2008, Oscar and Cathy Munoz's pledge of \$1 million during 2010, Availity's \$500,000 pledge in 2011 and FNF's \$500,000 pledge in 2012 and \$500,000 from the Duval County Public Schools are indicative of donor interest in improving graduation rates through initiatives like Achievers For Life. Achievers For Life was in ten middle schools in Duval County in 2016-17: Arlington, Ft. Caroline, Mathew Gilbert, Northwestern, JEB Stuart, Jefferson Davis, Eugene Butler, Jean Ribault, Highlands and Joseph Stilwell. *Success By 6 Achievements - A partnership was formed in 2006 to study why preschoolers are not prepared for school. Following 11 months of research, the Success By 6 initiative was developed. Success By 6, a partnership between United Way and the Early Learning Coalition of Duval and the Early Learning Coalition of North Florida, provides two-year scholarships to working families with three-year-old children. The children are placed in high-quality early education centers and receive two years of year-round, full-day education and care. Since Success By 6 began in 2007, 1572 preschoolers have received grants to attend two years of high-quality early learning. Because Success By 6 funding supports the high quality education programming at the centers, more than 2,500 preschoolers benefit each year. The Florida Institute of Education (FIE) at UNF evaluated Success By 6 during the first six years with two standardized tests: the Test of Preschool Early Literacy that evaluates pre-literacy skills, and the Bracken Basic Concept Scale that measures school readiness. The results showed that after two years of high quality early learning: 94% of preschoolers were ready for school compared to 79% ready before participating in Success By 6. ReadingPals Accomplishments - United Way of NE FL is one of 15 Florida United Ways sharing a multi-million dollar grant from Carol & Barney Barnett of Publix Super Markets. The goal is to ensure that more children in our community start kindergarten ready to learn to read. ReadingPals matches volunteers with four year-old VPK students for reading and activities to build oral language skills and vocabulary. In the past four years ReadingPals has served over 1650 children with over 850 volunteers. ReadingPals provided approximately 16,000 books to students and volunteers gave over 10,000 hours of reading time. Traditionally, ReadingPals students start further behind than their peers. In last year's evaluation, Reading Pals students had a 40% increase on Oral Language/Vocabulary assessments from Fall to Spring compared to a 22% increase for Non-ReadingPals students.

Second Program Service Accomplishments Description**Description**

Jackson feeder pattern in 1991, Full Service Schools of Jacksonville has grown to eight targeted neighborhoods in Duval County. They are: Arlington Family Resource Center, Beaches Resource Center, Englewood Family Resource Center, Greater Springfield Family Resource Center, Historic James Weldon Johnson Family Resource Center, Ribault Family Resource Center, Sandalwood Family Resource Center and Westside Family Resource Center. Services are delivered within the neighborhood and schools to remove the barrier of transportation and are free of charge and include the following: counseling, family therapy, behavior management, substance abuse counseling, parenting classes, medical treatment and follow-up, psychological testing, tutoring, legal consultation, and outside referrals to other agencies. The National Center for School Engagement, conducted an evaluation (2011-12) of Full Service Schools that showed the following results for students who received counseling: 20% improvement in attendance, 32% increase in language arts grades and 31% increase in math grades. Full Service School students were half as likely to be retained two consecutive years compared to students who didn't participate in counseling but needed it. Results for the 2016-17 school year include 4,775 students were referred for services, 4,132 students were provided medical services, 2,070 students received mental health treatment and 34,402 people were served by Full Service Schools. 98% of students completing counseling demonstrated a measurable increase in overall functioning, and 92% of students were promoted to the next grade level. Statements made by individuals benefitting from the services of Full Service Schools: "The counseling made a difference because if it was up to me, I would have dropped out when I was 18." - High school student who received counseling "My child has made the honor roll, and he has not done that since probably kindergarten." - Parent of student who received counseling

Third Program Service Accomplishments Description**Description**

change-being part of something bigger than ourselves and making a difference in people's lives through gifts of money and time. United Way brings leaders and organizations from all sectors together and we invite them to be a part of the change to help solve community challenges together. Through volunteerism, individuals can connect with their corporate teams or get involved in a committed assignment to impact youth success, financial stability and health in some of our most underserved communities. In 2016-17, United Way's Volunteer and Community Engagement office generated more than 160 group projects that involved more than 5,800 company volunteers and a total of more than 19,000 volunteers across the organization, including close to 1,000 ReadingPals, Achievers for Life mentors and RealSense volunteers.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>Income - Combating poverty: Poverty is identified as a root cause of many social ills - violence, substance abuse, depression, and failure in school. One in five children in Northeast Florida lives in poverty. In today's society, simply having a job no longer stops people from being poor. Indeed many hard-working families work multiple jobs to avoid the cycle of poverty, yet the rising costs of basic necessities, coupled with changes in the economy, leave many hard-working individuals struggling to make ends meet. Many are forced to choose between paying bills and buying groceries. To further combat the impact of poverty, United Way invests in services that promote financial stability and independence such as the RealSense initiative. Since 2003, RealSense's mission has been to proactively provide resources to improve the prosperity of our community's most economically-challenged and vulnerable citizens, therefore making our local economy and its citizens stronger. Financial education classes, tax preparation assistance and integrated financial services are the core areas of service offered through RealSense and its partners.</p> <p>RealSense Achievements - During the 2017 Tax Season, volunteers and seasonal paid staff assisted 22,384 clients in seven counties throughout Northeast Florida with preparing their Federal income taxes, resulting in \$28.1 million in total refund dollars returned to our local economy at no cost to the clients. As a result, clients saved an estimated \$4.7 million in preparation fees alone, while \$8.8 million in federal EITC funds were funneled into our local economy (an estimated local economic impact of \$42 million). RealSense tax services save families money only once a year, while our financial education programs help save families money year-round. In 2016/2017, more than 10,000 student hours were logged in all workshops. Surveys completed six months after participating in a RealSense financial education workshop indicate that 35% of participants had decreased their debt thanks to knowledge gained and 67% developed a written budget.</p>	2,521,361	1,599,097	0
	<p>Donor Designations - In addition to funding for all of the aforementioned programs, United Way processed approximately \$5.0 million in specific, donor designated funds. For donor convenience, United Way of Northeast Florida enables contributors to direct a portion of their donation to a specific health and human service nonprofit organization with which they are affiliated. In these transactions, United Way acts as an agent that collects, processes, and disburses the funds. It is not a mission-oriented function; consequently United Way does not monitor or require the recipient organizations to provide information relative to the use and results of these contributions.</p>	4,926,228	4,926,228	0
Total:		7,447,589	6,525,325	0