

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

▶ 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](http://www.irs.gov/form990).**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 20 16																													
<b>B</b> Check if applicable: <input checked="" 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"><b>C</b> Name of organization <b>UNITED WAY OF NORTHEAST FLORIDA INC</b></td> <td><b>D</b> Employer identification number <b>59-0637825</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number <b>904-390-3200</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>40 East Adams Street Suite 200</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>Jacksonville, FL, 32202</b></td> <td><b>G</b> Gross receipts \$ <b>24,703,559</b></td> </tr> <tr> <td colspan="3"> <b>F</b> Name and address of principal officer: <b>Michelle Braun</b>  <b>40 East Adams Street Suite 400, Jacksonville, FL 32202</b> </td> </tr> <tr> <td colspan="3"> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶       </td> </tr> <tr> <td colspan="3"> <b>I</b> 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"> <b>J</b> Website: ▶ <b>www.unitedwaynefl.org</b> </td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶       </td> <td> <b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>FL</b> </td> </tr> </table>	<b>C</b> Name of organization <b>UNITED WAY OF NORTHEAST FLORIDA INC</b>		<b>D</b> Employer identification number <b>59-0637825</b>	Doing business as		<b>E</b> Telephone number <b>904-390-3200</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>40 East Adams Street Suite 200</b>		City or town, state or province, country, and ZIP or foreign postal code <b>Jacksonville, FL, 32202</b>		<b>G</b> Gross receipts \$ <b>24,703,559</b>	<b>F</b> Name and address of principal officer: <b>Michelle Braun</b> <b>40 East Adams Street Suite 400, Jacksonville, FL 32202</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶			<b>I</b> 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			<b>J</b> Website: ▶ <b>www.unitedwaynefl.org</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>FL</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>United Way of Northeast Florida focuses on education, income and health - the building blocks for a quality life. The organization unites contributions to the Community (Continued in Schedule O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>35</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>35</b>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>93</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11,434</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 24,543,185	<b>Current Year</b> 24,334,571
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,574	-1,038
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,561,759	24,333,533
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,216,473
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,432,356	5,381,632
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,290,707</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,922,218	3,315,667
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,571,047	24,759,665
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-9,288	-426,132	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 19,993,364	<b>End of Year</b> 19,524,176
	<b>21</b>	Total liabilities (Part X, line 26)	2,444,952	2,849,161
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	17,548,412	16,675,015

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date			
	Michelle Braun, President & CEO <small>Type or print name and title</small>	11/26/17			
<b>Paid Preparer Use Only</b>	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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

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

- 1 Briefly describe the organization's mission:  
United Way provides leadership, resources and focus to change lives in our community by creating sustainable improvements in education, income and health.
- 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 \$ 6,764,922 including grants of \$ 1,171,409 ) (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 \$ 3,458,738 including grants of \$ 560,532 ) (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 are addressing today's immediate, basic needs including emergency service to help prevent and combat domestic violence and child abuse, and independence for individuals with disabilities while promoting senior independence and engagement. In Northeast Florida, seniors are the fastest growing segment of the population. Through its collaborative focus on seniors known as Life: Act 2, United Way of Northeast Florida is helping seniors recover well at home after hospitalization and engaging seniors in our community. \*Life: Act 2 Achievements - Following a year and one half of planning funded through a Robert Wood Johnson Foundation development and four year implementation grant, the Elder Care Advocate initiative began in Baptist Hospital, Downtown and UF Health (formally Shands Jacksonville) in 2007. Both hospitals have fully sustained the care transition program and have full-time Elder Care Advocates; Baptist hospital has extended the program to another of their facilities, Baptist South with a full-time Elder Care Advocate. In February 2013, the Elder Care Advocate initiative was launched at Memorial Hospital with  
 (Continued on Schedule O, Statement 2)

4c (Code: ) (Expenses \$ 2,550,087 including grants of \$ 748,760 ) (Revenue \$ 0 )  
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. Free financial education classes, free tax preparation and integrated financial services are the core areas of service offered through RealSense partners. RealSense Achievements - During the 2016 Tax Season, 20,166 clients in seven counties filed their Federal income taxes for free, resulting in  
 (Continued on Schedule O, Statement 3)

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 4  
 (Expenses \$ 8,362,615 including grants of \$ 6,511,235 ) (Revenue \$ 0 )

4e Total program service expenses 21,136,362



**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 ✓	
12 a 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	✓
14 a 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
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	✓
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	✓
<b>26</b> 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>	<b>26</b>	✓
<b>27</b> 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>	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	✓
<b>c</b> 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>	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	✓



**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	8
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	93
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: ► . . . . . See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 35		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 35		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		<input checked="" type="checkbox"/>
<b>3</b> 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? . . . . .	<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		<input checked="" type="checkbox"/>

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Frank Martire	2									
Board of Trustee Chair		✓		✓				0	0	0
Mike Herman	2									
Board of Director Chair		✓		✓				0	0	0
George Scanlon	2									
Treasurer July - December		✓		✓				0	0	0
Jim Stepnoski	2									
Treasurer January - June		✓		✓				0	0	0
Scott Coble	1									
Trustee		✓						0	0	0
Barbara Drake	1									
Trustee		✓						0	0	0
Nathaniel Ford	1									
Trustee		✓						0	0	0
Pat Geraghty	1									
Trustee		✓						0	0	0
Robert Hill	1									
Trustee		✓						0	0	0
Barbara Jaffe	1									
Trustee		✓						0	0	0
Mike Prendergast	1									
Trustee		✓						0	0	0
R Travis Storey	1									
Trustee		✓						0	0	0
Michael Ward	1									
Trustee		✓						0	0	0
Melissa Adams	1									
Director		✓						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			
Russell E Armistead Director	1	✓						0	0	0
Quentin QJ Arnold Director	1	✓						0	0	0
Henry Brown Director	1	✓						0	0	0
Jim Flagg Director	1	✓						0	0	0
Becky Gay Director	1	✓						0	0	0
Steve Grossman Director	1	✓						0	0	0
Nathaniel Herring Jr Director	1	✓						0	0	0
Marianne Hillegass Director	1	✓						0	0	0
Kenneth James Director	1	✓						0	0	0
Micheael Korn Director	1	✓						0	0	0
C A McDonald Director	1	✓						0	0	0
David Miller Director	1	✓						0	0	0
Jim O'Loughlin Director	1	✓						0	0	0
Lisa Palmer Director	1	✓						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			
Ned Peverley	1									
Director		✓						0	0	0
Marcus Rowe	1									
Director		✓						0	0	0
Darnell Smith	1									
Director		✓						0	0	0
Kelly Smith	1									
Director		✓						0	0	0
C Brooks Stone	1									
Director		✓						0	0	0
Beth Tate	1									
Director		✓						0	0	0
Tana Welch	1									
Director		✓						0	0	0
Michelle Braun	60.56			✓				233,626	0	26,138
President, CEO and Board Secretary										
Patricia Kilgore	56.30			✓				139,347	0	126,814
Vice President - Finance & Administration										
Taylor Shead	43.94					✓		138,508	0	17,168
Head of Resource Development										
Lisa Daniel	48.07					✓		103,924	0	13,596
Vice President - Marketing & Communications										
<b>1b Sub-total</b>								<b>615,405</b>	<b>0</b>	<b>183,716</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>615,405</b>	<b>0</b>	<b>183,716</b>

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       | 3   | ✓  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4   | ✓  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | ✓  |

**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		0

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 57,398				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 1,104,001				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 23,173,172				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	339,360				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	24,334,571				
<b>Program Service Revenue</b>	<b>2a</b> Business Code						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			0		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,823	3,823	0	0
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0
	<b>5</b>	Royalties . . . . .		0	0	0	0
	<b>6a</b>	(i) Real					
		(ii) Personal					
		Gross rents . . . . .					
		Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .		0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory . . . . .		365,165	0		
		Less: cost or other basis and sales expenses . . . . .		370,026	0		
	<b>c</b>	Gain or (loss) . . . . .		-4,861	0		
	<b>d</b>	Net gain or (loss) . . . . .		-4,861	-4,861	0	0
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			0			
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			24,333,533	-1,038	0	0



**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	16,030,053	16,030,053		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	32,313	32,313		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	401,125	138,348	98,075	164,702
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	3,777,108	2,345,640	364,588	1,066,880
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	405,777	257,829	31,057	116,891
<b>9</b> Other employee benefits . . . . .	528,806	344,871	69,130	114,805
<b>10</b> Payroll taxes . . . . .	268,816	161,175	27,204	80,437
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	0	0	0	0
<b>c</b> Accounting . . . . .	83,800	0	66,800	17,000
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	130,858	61,123	56,780	12,955
<b>12</b> Advertising and promotion . . . . .	288,493	120,247	2,000	166,246
<b>13</b> Office expenses . . . . .	419,154	265,380	24,122	129,652
<b>14</b> Information technology . . . . .	336,228	54,350	248,365	33,513
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	392,501	164,389	94,393	133,719
<b>17</b> Travel . . . . .	60,946	30,019	8,156	22,771
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	81,681	46,968	22,321	12,392
<b>20</b> Interest . . . . .	21,442	270	12,740	8,432
<b>21</b> Payments to affiliates . . . . .	274,487	149,095	45,764	79,628
<b>22</b> Depreciation, depletion, and amortization . . . . .	300,190	175,486	45,882	78,822
<b>23</b> Insurance . . . . .	52,160	28,491	10,234	13,435
<b>24</b> 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.)				
<b>a</b> Awards . . . . .	9,307	6,556	231	2,520
<b>b</b> Maintenance & Repairs . . . . .	268,923	142,950	91,798	34,175
<b>c</b> Purchase Services/Evaluation & Partnership . . . . .	582,150	578,400	3,750	0
<b>d</b> Dues . . . . .	13,347	2,409	9,206	1,732
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	24,759,665	21,136,362	1,332,596	2,290,707
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	9,936,793	1	8,541,810
	2 Savings and temporary cash investments . . . . .	268,977	2	0
	3 Pledges and grants receivable, net . . . . .	8,256,334	3	7,631,551
	4 Accounts receivable, net . . . . .	247,392	4	322,486
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		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 . . . . .		6	0
	7 Notes and loans receivable, net . . . . .		7	0
	8 Inventories for sale or use . . . . .		8	0
	9 Prepaid expenses and deferred charges . . . . .	176,867	9	170,184
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 2,415,097		
	b Less: accumulated depreciation . . . . .	10b 802,759	10c	1,612,338
	11 Investments—publicly traded securities . . . . .	880,000	11	1,245,807
	12 Investments—other securities. See Part IV, line 11 . . . . .		12	0
	13 Investments—program-related. See Part IV, line 11 . . . . .		13	0
	14 Intangible assets . . . . .		14	0
	15 Other assets. See Part IV, line 11 . . . . .		15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19,993,364	16	19,524,176	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	396,081	17	520,664
	18 Grants payable . . . . .		18	0
	19 Deferred revenue . . . . .		19	0
	20 Tax-exempt bond liabilities . . . . .		20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		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 . . . . .		22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		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 . . . . .	2,048,871	25	2,328,497
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,444,952	26	2,849,161
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	13,256,522	27	13,061,440
	28 Temporarily restricted net assets . . . . .	4,226,890	28	3,547,575
	29 Permanently restricted net assets . . . . .	65,000	29	66,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 . . . . .	17,548,412	33	16,675,015
	34 <b>Total liabilities and net assets/fund balances . . . . .</b>	19,993,364	34	19,524,176

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	24,333,533
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	24,759,665
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-426,132
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	17,548,412
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-7,327
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	4,861
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-444,799
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	16,675,015

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

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



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

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 11, 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1–9 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)						
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	20,927,362	21,114,448	20,277,027	20,651,807	20,349,854	103,320,498
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	20,927,362	21,114,448	20,277,027	20,651,807	20,349,854	103,320,498
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						3,655,594
<b>6 Public support.</b> Subtract line 5 from line 4.						99,664,904

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .	20,927,362	21,114,448	20,277,027	20,651,807	20,349,854	103,320,498
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	24,760	75,445	93,509	24,281	3,823	221,818
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0		0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0		0
<b>11 Total support.</b> Add lines 7 through 10						103,542,316
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .				12		0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.26 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.49 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b> Did the activities described in (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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			



**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 for supplemental information with horizontal lines.

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

OMB No. 1545-0047

**2015**

▶ 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](http://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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>UNITED WAY OF NORTHEAST FLORIDA INC</b>	Employer identification number <b>59-0637825</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 886,839	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,136,496	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,122,388	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,872,395	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,021,536	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,604,451	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

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		\$ 883,579	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 965,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).**

**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.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . .

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		106,357
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			106,357
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

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.	
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	439,545	446,309	435,745	434,838	434,200
b Contributions	1,000	0	10,000	0	0
c Net investment earnings, gains, and losses	2,453	-6,044	599	907	638
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	2,741	720	35	0	0
g End of year balance	440,257	439,545	446,309	435,745	434,838

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

- a Board designated or quasi-endowment ☒ 85.01 %
- b Permanent endowment ☒ 14.99 %
- 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

- 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	81,814	1,554,192
d Equipment	0	779,091	720,945	58,146
e Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,612,338

**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		
(2) Designations Payable	1,585,673	
(3) Deferred lease incentive	742,824	
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		2,328,497

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	17,781,312
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	4,861
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,861
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,776,451
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	6,557,082
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	6,557,082
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	24,333,533

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	18,633,230
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	0
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0
<b>c</b>	Other losses . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	18,633,230
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	6,126,435
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	6,126,435
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	24,759,665

**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 - The Endowment Fund will further the organization's mission, goals and objectives in the most ethical and unencumbered manner. It will provide a long-term source of additional revenues to supplement the annual campaign funds for programs delivering essential services that address United Way's community impact focus issues. In addition, it will provide flexibility to fund programs not possible through annual campaign revenue to include: emergency funding, venture grants, administrative costs, challenge grants and infrastructure needs.

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, 2016.

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.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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 non-cash 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 ▶ 145
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> Emergency Rent Assistance	22	25,703	0		
<b>2</b> Emergency Electric Assistance	19	5,970	0		
<b>3</b> Emergency Household Furnishings	1	640	0		
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**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 visit programs to hear from staff, volunteers and clients regarding 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 annually with a formal review process occurring annually or every three years depending on the level of success of the program. Semi-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.
<b>Name and address</b>	All Saints Early Learning and Community Care 4171 Hendricks Avenue Jacksonville, FL 32207	59-1500774	50,700	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Senior/Child Care			
<b>Name and address</b>	Alzheimer's Association of Northeast Florida 378 Center Pointe Circle Ste1280 Altamonte, FL 32701	36-3487166	6,116	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Directed Contr			
<b>Name and address</b>	American Cancer Society-Florida Division 1430 Prudential Drive Jacksonville, FL 32207	59-0657320	10,405	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Directed Contr			
<b>Name and address</b>	American Heart Association of Jacksonville 5851 St Augustine Road Jacksonville, FL 32207	13-5613797	15,857	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Directed Contr			
<b>Name and address</b>	American Lung Association of Florida 6852 Belfort Oaks Place Jacksonville, FL 32216	59-0662271	23,750	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Asthma Mgt Education			
<b>Name and address</b>	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3008	53-0196605	45,000	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	CPR/Safety Training			
<b>Name and address</b>	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3008	53-0196605	195,000	
<b>IRC code section</b>	501 (c) (3)			

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Disaster Basic Needs

<b>Name and address</b>	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3008	53-0196605	42,298
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<b>IRC code section</b>	501 (c) (3)
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## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	Angelwood Inc PO Box 24925 Jacksonville, FL 32241	59-3212078	15,641
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<b>IRC code section</b>	501 (c) (3)
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## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

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

## Desc. of Non-Cash Asst.

## Purpose of grant

Adult Day Training

<b>Name and address</b>	Association for Retarded Citizens of Nassau County 86051 Hamilton Street Yulee, FL 32097	59-1404429	12,761
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<b>IRC code section</b>	501 (c) (3)
-------------------------	-------------

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	Baker County Council on Aging 101 E MacClenny Avenue MacClenny, FL 32063	59-1596339	35,683
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<b>IRC code section</b>	501 (c) (3)
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## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Senior/Disable Meals

<b>Name and address</b>	Baptist Health Foundation of Jacksonville 841 Prudential Dr Ste 1300 Jacksonville, FL 32207	59-2487135	136,482
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<b>IRC code section</b>	501 (c) (3)
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## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	Barnabas Center Inc 1303 Jamine Street Fernandina Beach, FL 32034	59-2920275	13,743
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<b>IRC code section</b>	501 (c) (3)
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## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr



## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	BEAM 850 6th Avenue S Suite 400 Jacksonville Beach, FL 32250	59-2564222	11,090
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Bethel Baptist Institutional Church 215 Bethel Baptist Street Jacksonville, FL 32202	59-0718484	8,243
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Big Brothers Big Sisters of Northeast Florida 3100 University Blvd S 120 Jacksonville, FL 32216	59-0683256	307,430
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Achievers for Life		
<b>Name and address</b>	Big Brothers Big Sisters of Northeast Florida 3100 University Blvd S 120 Jacksonville, FL 32216	59-0683256	28,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	OneToOne Mentoring-Nassau		
<b>Name and address</b>	Big Brothers Big Sisters of Northeast Florida 3100 University Blvd S 120 Jacksonville, FL 32216	59-0683256	13,750
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	FSS Community Programs		
<b>Name and address</b>	Big Brothers Big Sisters of Northeast Florida 3100 University Blvd S 120 Jacksonville, FL 32216	59-0683256	16,432
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Blessings in a Backpack 4121 Shelbyville Road Louisville, KY 40207	26-1964620	6,739
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	138,454
<b>IRC code section</b>	501 (c) (3)		

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## UNITED WAY OF NORTHEAST FLORIDA INC

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Scouting Support

Name and address	Boselli Foundation	33-0664018	25,000
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P O Box 16385  
Jacksonville, FL 32245

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	59-0637816	62,511
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521 S Edgewood Avenue  
Jacksonville, FL 32205

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	59-3672345	7,160
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County Foundation  
Fernandina Beach, FL 32035

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	59-6167630	17,371
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555 W 25th Street  
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	Builders Care	59-3742789	13,630
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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	Cathedral Arts Project Inc	59-3672453	30,489
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4063 Salisbury Road Ste 107  
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	Catholic Charities Bureau of Jacksonville	59-0624375	79,762
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134 E Church Street Ste 2  
Jacksonville, FL 32202-3008

IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Comp Emerg Scvs

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3008	59-0624375	126,209
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3008	59-0624375	154,672
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Neighbor To Neighbor		
<b>Name and address</b>	Challenge Enterprises of NEFL 3530 Enterprise Way Green Cove Springs, FL 32043	59-1478621	8,975
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	CHILD Cancer Fund 4811 Atlantic Blvd Jacksonville, FL 32207	59-3359840	14,267
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Child Guidance Center Inc 5776 St Augustine Road Jacksonville, FL 32207	59-0704727	31,881
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	Children's Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	141,592
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Adoption Services		
<b>Name and address</b>	Children's Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	42,294
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Fam Life Education		
<b>Name and address</b>	Children's Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	46,469
<b>IRC code section</b>	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	51,749
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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	Children's Miracle Network 580 W 8th Street Tower 1 Ste 3510 Jacksonville, FL 32209	59-2622323	5,020
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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	City Rescue Mission PO Box 60291 Jacksonville, FL 32236	59-1009115	7,806
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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	City Year Inc 287 Columbus Ave Boston, MA 02116	22-2882549	200,000
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Whole School, Whole Child

Name and address	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	91,481
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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	39,531
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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	Clay Behavioral Health Center 1726 Kingsley Ave Ste 2 Orange Park, FL 32073	59-2219317	19,023
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Rehab Services

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## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Communities in Schools of Jacksonville One Riverside Ave Jacksonville, FL 32202	59-3027895	718,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Achievers for Life		
<b>Name and address</b>	Communities in Schools of Jacksonville One Riverside Ave Jacksonville, FL 32202	59-3027895	33,380
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-4008	59-3191350	62,986
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Student Enrichment		
<b>Name and address</b>	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-4008	59-3191350	8,389
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Community Connections of Jacksonville PO Box 41086 Jacksonville, FL 32203	59-0624472	206,505
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Homeless Services		
<b>Name and address</b>	Community Connections of Jacksonville PO Box 41086 Jacksonville, FL 32203	59-0624472	14,004
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Community Hospice of Northeast Florida 4266 Sunbeam Road Jacksonville, FL 32257	59-1940256	15,680
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	County United Way PO Box 307 Cumberland, MD 21501	52-0695477	13,733
<b>IRC code section</b>	501 (c) (3)		



Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Daniel Inc	59-3067752	57,475
	4203 Southpoint Boulevard		
	Jacksonville, FL 32216		
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	59-3067752	24,270
	4203 Southpoint Boulevard		
	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	DLC Nurse and Learn Inc	59-3618761	29,055
	4101 College Street		
	Jacksonville, FL 32205		
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	59-2437003	76,037
	of Jacksonville		
	Jacksonville, FL 32204		
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	59-2967803	26,681
	6803 Southpoint Parkway		
	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	Duval County Public Schools	59-6000589	77,858
	1701 Prudential Drive		
	Jacksonville, FL 32207		
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Early Learning CoalitionJAX	59-3688924	1,690,114
	8301 Cypress Plaza Drive Ste 201		
	Jacksonville, FL 32256		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Success by 6		

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## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Early Learning CoalitionJAX 8301 Cypress Plaza Drive Ste 201 Jacksonville, FL 32256	59-3688924	6,641
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	ElderSource 4160 Woodcock Drive 2nd Floor Jacksonville, FL 32207	27-1456179	17,837
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Meals on Wheels		
<b>Name and address</b>	Episcopal Children's Services 8443 Baymeadows Road Jacksonville, FL 32256	59-1146765	12,171
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Episcopal Children's Services 8443 Baymeadows Road Jacksonville, FL 32256	59-1146765	452,707
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Success by 6		
<b>Name and address</b>	Exchange Club Family Center 3119 Spring Glen Road Ste 111 Jacksonville, FL 32207	59-3060241	11,773
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	116,368
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Financial Stability		
<b>Name and address</b>	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	150,382
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Counseling		
<b>Name and address</b>	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	15,669
<b>IRC code section</b>	501 (c) (3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	First Baptist Church of Jacksonville	59-0823939	5,131
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124 W Ashley Street  
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	First Tee of North Florida	59-3577327	19,289
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475 West Town Place  
St Augustine, FL 32092

IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Fresh Ministries	59-2967898	5,400
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1131 North Laura Street  
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	Gateway Community Service	59-1881828	11,167
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555 Stockton Street  
Jacksonville, FL 32204  
501 (c) (3)

IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Girl Scouts of Gateway Council	59-0637857	120,000
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1000 Shearer Street  
Jacksonville, FL 32205

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	59-0637857	6,000
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1000 Shearer Street  
Jacksonville, FL 32205

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	59-0637857	15,998
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1000 Shearer Street  
Jacksonville, FL 32205

IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

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## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Girls Incorporated of Jax 1627 Rogero Road Jacksonville, FL 32211	59-1317196	140,180
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Youth After School		
<b>Name and address</b>	Habitat for Humanity of Jacksonville 2404 Hubbard Street Jacksonville, FL 32202	59-2880071	65,325
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Beaches Habitat for Humanity 1671 Francis Ave Atlantic Beach, FL 32233	65-0234544	80,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Hands on Jacksonville 6817 Southpoint Parkway Suite 1902 Jacksonville, FL 32216	59-1466484	10,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Volunteer Support		
<b>Name and address</b>	Hands on Jacksonville 6817 Southpoint Parkway Suite 1902 Jacksonville, FL 32216	59-1466484	11,092
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Heart of Arkansas United Way PO Box 3257 Little Rock, AR 72203	71-0329790	9,663
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Heart of Florida United Way 1940 Traylor Blvd Orlando, FL 32804	59-0808854	10,232
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Hope Haven Inc 4600 Beach Boulevard Jacksonville, FL 32207	59-0668485	17,531
<b>IRC code section</b>	501 (c) (3)		

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

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	23,392
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			
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
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	26,142
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	28,275
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Community Council Inc 2434 Atlantic Boulevard Suite 100 Jacksonville, FL 32207	59-1163905	67,773
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Community Research		
Name and address	Jacksonville Humane Society 8464 Beach Boulevard Jacksonville, FL 32216	59-0624410	13,320
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		



## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Jacksonville Jewish Federation 8505 San Jose Boulevard Suite A Jacksonville, FL 32217	59-0637864	84,897
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Public Education Fund 245 Riverside Ave 310 Jacksonville, FL 32202	59-2756660	54,008
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Parent Engagement		
<b>Name and address</b>	Jacksonville Public Education Fund 245 Riverside Ave 310 Jacksonville, FL 32202	59-2756660	7,237
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Regional Chamber of Commerce 3 Independent Drive Jacksonville, FL 32202	59-1867407	31,840
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Workforce Training		
<b>Name and address</b>	Jacksonville School for Autism 9000 Cypress Green Drive Jacksonville, FL 32256	20-2632111	13,947
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Speech & Hearing 1128 Laura Street Jacksonville, FL 32206	59-0970718	51,371
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Adult Hearing disorders		
<b>Name and address</b>	Jacksonville Speech & Hearing 1128 Laura Street Jacksonville, FL 32206	59-0970718	88,694
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Speech Services		
<b>Name and address</b>	Jacksonville Urban League 903 West Union Street Jacksonville, FL 32204	59-0637865	83,160
<b>IRC code section</b>	501 (c) (3)		

Method of valuation			
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	10,340
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 Jacksonville Zoo Train Jacksonville, FL 32218	59-1319010	88,405
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	15,966
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
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
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	15,361
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 6261 DuPont Station Ct E Jacksonville, FL 32217-3008	59-0637868	1,139,250
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Achievers for Life		

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Jewish Family & Community Service 6261 DuPont Station Ct E Jacksonville, FL 32217-3008	59-0637868	27,167
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	FSS Community Programs		
<b>Name and address</b>	Jewish Family & Community Service 6261 DuPont Station Ct E Jacksonville, FL 32217-3008	59-0637868	14,123
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Juvenile Diabetes Foundation North Florida Chapter 9700 Phillips Highway Suite 106 Jacksonville, FL 32256	23-1907729	7,620
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	46,233
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Literacy Education		
<b>Name and address</b>	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	10,478
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	LISC Local Initiative Support 10 W Adams Street Ste 100 Jacksonville, FL 32202	13-3030229	19,316
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-2008	59-1965600	59,820
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Food Bank		
<b>Name and address</b>	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-2008	59-1965600	13,195
<b>IRC code section</b>	501 (c) (3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	MaliVai Washington Foundation 1096 West 6th Street Jacksonville, FL 32209	59-3559150	17,069
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	Memories of Love Foundation 4932 Sunbeam Road Jacksonville, FL 32257-6008	13-4298184	7,650
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	Mental Health America of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207	59-0721416	9,200
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Mental Health Svcs

<b>Name and address</b>	Mental Health America of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207	59-0721416	60,803
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Bullying Prevention Program

<b>Name and address</b>	Methodist Children's Village 7915 Herlong Road Jacksonville, FL 32223	59-3414968	5,056
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	Mission House 800 Shelter Avenue Jacksonville Beach, FL 32250	59-3376704	7,127
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

<b>Name and address</b>	Morning Star School 725 Mickler Road Jacksonville, FL 32211	59-0860468	5,674
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IRC code section 501 (c) (3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor Directed Contr

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Multiple Sclerosis Society North Florida Chapter 4237 Salisbury Road Bldg 4 Suite 406 Jacksonville, FL 32216	59-6167728	15,114
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	53,447
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Senior Food/Trans		
<b>Name and address</b>	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	9,477
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Nassau County Volunteer Center 1303 Jasmine Street Ste 104A Fernandina Beach, FL 32034	59-3050887	5,872
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Volunteer Services		
<b>Name and address</b>	Nassau County Volunteer Center 1303 Jasmine Street Ste 104A Fernandina Beach, FL 32034	59-3050887	5,866
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	New Heights of Northeast Florida 3311 Beach Blvd Jacksonville, FL 32207-4008	59-0718304	123,739
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Disability Therapy		
<b>Name and address</b>	Northwest Behavioral Health Service PO Box 9373A Jacksonville, FL 32208	59-3128476	24,257
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	OneJax 1022 Park Street Suite 302 Jacksonville, FL 32204	20-2719059	23,810



## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Diversity Education

Name and address	Operation New Hope 1830 North Main Street Jacksonville, FL 32206	59-3590360	13,791
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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	PACE Center for Girls Inc 2933 University Blvd Jacksonville, FL 32211	59-2414492	47,055
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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 Jacksonville, FL 32211	59-2414492	29,487
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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	Pine Castle 4911 Spring Park Road Jacksonville, FL 32207	59-0704733	112,684
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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 4911 Spring Park Road Jacksonville, FL 32207	59-0704733	22,318
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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	Police Athletic League 3450 Monument Road Jacksonville, FL 32225	23-7323006	109,098
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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	Project SOS 7845 Baymeadows Way Jacksonville, FL 32256	59-3179894	13,500
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	71,019
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Emergency Shelter		
<b>Name and address</b>	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	13,817
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	River Garden Hebrew Home 11401 Old St Augustine Road Jacksonville, FL 32258	59-0624438	39,312
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Ronald McDonald House of Jacksonville 824 Childrens Way Jacksonville, FL 32207	59-2625008	14,757
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32202	58-0660607	24,238
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Basic Needs Clay		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32202	58-0660607	144,258
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Basic Needs Duval		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32202	58-0660607	177,931
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Homeless Shelter		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32202	58-0660607	24,000

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## UNITED WAY OF NORTHEAST FLORIDA INC

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Youth Summer Camps

<b>Name and address</b>	Salvation Army of Northeast Florida	58-0660607	76,283
	PO Box 52508		
	Jacksonville, FL 32202		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	UF Health Jacksonville	51-0153878	5,048
	PO Box 52508		
	Jacksonville, FL 32202		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	Shiloh Metropolitan Baptist Church	59-2320691	20,983
	1118 West Beaver Street		
	Jacksonville, FL 32202		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	Southern Scholarship Foundation Inc	59-0939481	5,683
	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

<b>Name and address</b>	St Gerard Campus Inc	59-2483955	7,257
	P O Box 4382		
	St Augustine, FL 32085		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	St Johns Country Day	59-0700127	9,000
	3100 Doctors Lake Drive		
	Orange Park, FL 32073-7008		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	St Mark Episcopal Church	59-0823953	8,051
	4129 Oxford Avenue		
	Jacksonville, FL 32210		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	St Vincents Foundation PO Box 41564 Jacksonville, FL 32203	59-2219923	11,088
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	178,942
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Homeless Shelter		
<b>Name and address</b>	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	41,885
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Homeless Health Care		
<b>Name and address</b>	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	44,764
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Teach for America 315 West 36th Street 7th Floor New York, NY 10018	13-3541913	32,100
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Team Focus 10435 Midtown Parkway 459 Jacksonville, FL 32246	27-0015821	7,525
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	The ARC of Jacksonville 1050 Davis Street North Jacksonville, FL 32209	59-6209603	82,280
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Disability Training		
<b>Name and address</b>	The ARC of Jacksonville 1050 Davis Street North Jacksonville, FL 32209	59-6209603	41,208

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	The Bridge of Northeast Florida	59-1406016	88,482
	PO Box 43126		
	Jacksonville, FL 32203		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Bridge Urban Springfield

<b>Name and address</b>	The Bridge of Northeast Florida	59-1406016	30,000
	PO Box 43126		
	Jacksonville, FL 32203		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Youth Summer Camps

<b>Name and address</b>	The Bridge of Northeast Florida	59-1406016	20,974
	PO Box 43126		
	Jacksonville, FL 32203		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	The Community Foundation	59-6150746	192,623
	245 Riverside Ave Ste 310		
	Jacksonville, FL 32202		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	The DePaul School of Northeast Florida	59-2112091	26,200
	3044 S San Pablo Road		
	Jacksonville, FL 32224		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	The Sanctuary on 8th Street	59-3108041	55,347
	PO Box 3301		
	Jacksonville, FL 32206		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Youth Happens

<b>Name and address</b>	The Sanctuary on 8th Street	59-3108041	34,471
	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

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Tom Coughlin Jay Fund P O Box 50798 Jacksonville Beach, FL 32240	59-3426937	7,398
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Trinity Rescue Mission 622 West Union Street Jacksonville, FL 32202	59-6152373	6,745
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Negro College Fund 1080 Woodcock Rd Suite 280 Orlando, FL 32803	13-1624241	6,651
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Broward County 1300 S Andrews Ave Ft Lauderdale, FL 33316	59-0624402	13,611
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Central Indiana PO Box 88409 Indianapolis, IN 46208-0409	35-1007590	33,299
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Central Maryland PO Box 1576 Baltimore, MD 21203	52-0591543	9,194
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Greater Milwaukee 225 W Vine Street Milwaukee, WI 53212-3935	39-0806190	6,587
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Madison County 701 Andrew Jackson Way Huntsville, AL 35801	63-0366294	25,015

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## UNITED WAY OF NORTHEAST FLORIDA INC

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way of Metropolitan Dallas 1800 North Lamar Street Dallas, TX 75202	75-6005352	13,862
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way of Miami Dade 3250 SW 3rd Ave Miami, FL 33129	59-0830840	64,389
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way of Palm Beach County 2600 Quantum Boulevard Boynton Beach, FL 33426-8627	59-0683258	15,659
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way of St Johns County PO Box 625 St Augustine, FL 32085	59-6018986	38,047
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way Suncoast 5201 W Kennedy Blvd Tampa, FL 33609	59-3725701	41,992
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way of the Big Bend 307 E 7th Avenue Tallahassee, FL 32303	59-6011150	27,506
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way of the River Cities 820 Madison Avenue Hungington, WV 25704-2551	55-0384704	5,912
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr



## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	University of North Florida Foundation 1 UNF Drive Jacksonville, FL 32224	23-7167701	15,045
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	USO of Greater Jacksonville PO Box 108 Jacksonville, FL 32212	59-1052424	37,825
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Vision is Priceless 3 Shircliff Way Suite 546 Jacksonville, FL 32204	59-3386495	8,700
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	155,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Access to Healthcare		
<b>Name and address</b>	Women's Help Center 4209 University Blvd South Jacksonville, FL 32216	59-3046444	10,422
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Wounded Warrior Project 4899 Belfort Road Ste 300 Jacksonville, FL 32256	20-2370934	20,739
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	YMCA of Florida's First Coast 12735 Gran Bay Parkway Suite 250 Jacksonville, FL 32258	59-0638514	220,031
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Youth After School		
<b>Name and address</b>	YMCA of Florida's First Coast 12735 Gran Bay Parkway Suite 250 Jacksonville, FL 32258	59-0638514	35,000

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Youth Summer Camps

<b>Name and address</b>	YMCA of Florida's First Coast 12735 Gran Bay Parkway Suite 250 Jacksonville, FL 32258	59-0638514	86,391
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	57,341
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TIDES

<b>Name and address</b>	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	5,834
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	United Way of the Capital Region 2235 Millennium Way Enola, PA 17025	14-1364505	34,177
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	Way Free Medical Clinic 479 Houston Street Green Cove Springs, FL 32043	76-0828154	14,372
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	MOCA Jacksonville 333 North Laura Street Jacksonville, FL 32202	59-0689705	6,300
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

<b>Name and address</b>	Randolph-Macon College P O Box 5005 Ashland, VA 23005	54-0505940	7,757
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

<b>Name and address</b>	Hospice Satilla Hospice Satilla Waycross, GA 31501	58-1741612	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Beaches Community Kitchen P O Box 51373 Jacksonville, FL 32240	59-3085418	5,394
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Jewish Center 3662 Crown Point Rd Jacksonville, FL 32257	59-0624411	8,660
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Us and Our Children P O Box 18761 Jacksonville, FL 32229	06-1690984	11,500
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Kash Kids		
<b>Name and address</b>	Barnabas Center Inc 1303 Jamine Street Fernandiana Beach, FL 32034	59-2920278	39,800
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Housing Emergency Assistance		
<b>Name and address</b>	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	438,527
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Traditional Clubs		
<b>Name and address</b>	Jacksonville Area Legal Aid 126 west Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	79,142
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Civil Legal Services		

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

59-0637825

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., 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 in 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"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | <b>4a</b> | ✓ |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | <b>4b</b> | ✓ |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?    | <b>4c</b> | ✓ |

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:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>5a</b> | ✓ |
| <b>b</b> Any related organization? | <b>5b</b> | ✓ |

If "Yes" to 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:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>6a</b> | ✓ |
| <b>b</b> Any related organization? | <b>6b</b> | ✓ |

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 non-fixed 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" to 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 are not 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) 208,693	(ii) 14,700	(iii) 10,233	12,565	13,573	259,764	0
		(ii) 0	0	0	0	0	0	0
2	Patricia Kilgore, Vice President - Finance & Administration	(i) 130,847	(ii) 8,500	(iii) 0	119,477	7,337	266,161	0
		(ii) 0	0	0	0	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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

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 . . . . .	✓	13	339,360	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 is not 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 non-standard 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 did not 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 - Three stock sales occurred between July 1, 2015 and June 30, 2016 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF NORTHEAST FLORIDA INC**

Employer identification number

**59-0637825**

Form 990, Part I, Line 1 - Impact Fund to address critical issues, such as kindergarten readiness, high school graduation rates, financial stability and guiding people to healthy productive lives. 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: o 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 o 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 o Real Sense - increases financial stability of Northeast Florida's hardworking families through strategies that increase income, knowledge and assets o Full Service Schools - provides therapeutic, health, and social services to students and their families in eight neighborhoods throughout Jacksonville o Elder Care Advocate Initiative - focuses on keeping seniors independent and engaged by coordinating care and services for older patients when they are discharged from the hospital United Way has been impacting the lives of Northeast Florida residents since 1924. Future plans include expansion of the initiatives listed above and increasing opportunities to engage community members in the important work in our community through volunteerism and advocacy as well as giving.

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 3, 2016. They discussed the audit process; reviewed and accepted the audit; and met in executive session with the audit team. At the November 14, 2016 Board of Trustee meeting, the audit was reviewed. The IRS Form 990 was reviewed at the January 11, 2017 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, 2016, and June 30, 2015, fiscal years will be posted electronically on United Way's website [www.unitedwaynefl.org](http://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 \$1,332,596 + Part IX, Line 25, Column D, Fundraising Expense of \$2,290,707) divided by Part VIII, Line 12, Column A - Total Revenue of \$24,333,533 = 14.89%----- Overhead as a percent of net revenue for fiscal year 15/16 is higher by 1% because United Way incurred \$242,912 in one-time costs to move to the new duPont Center. It is estimated that United Way will save \$1 million over the 10 year lease.

Form 990, Part XI, Line 9 - Net change between Contributions and pledges designated to agencies of \$6,557,082 and Distributions of specific agency designations of \$6,126,434, and the net change in the actuarial values of the pension plan of \$14,151.

**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, 5,541 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 2014-15: 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, more than 1400 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 1500 children with over 700 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**

funding from VITAS Innovative Hospice. In December 2013, the program was launched at St. Vincent's Healthcare. Two Elder Care Advocates were trained and hired. Over the last 12 months July 1, 2015-June 30, 2016, the Elder Care Advocate at St. Vincent's Healthcare assisted more than 970 vulnerable patients in Duval County and has provided information, referral, and purchased services to much needed community resources, promoting better outcomes for seniors. Over 3,880 meals and 16 hours of housekeeping services were provided. 971 toolkit bags were distributed to patients that provided older patients and their families' local senior agency information. \*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 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. Results for the 2015-16 school year include 4,767 students were referred for services and 34,484 people were served by Full Service Schools. Evaluation conducted in 2011-12 showed the following results for students who received counseling through Full Service Schools: 20% improvement in attendance, 32% increase in language arts grades, 31% increase in math grades, and half as likely to be retained two consecutive years as students who didn't participate in counseling but needed it. 90% of students completing therapeutic treatment were promoted to the next grade in 2015-16. "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

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**Third Program Service Accomplishments Description**

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**Description**

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\$27.4 million in total refund dollars returned to our local economy at no cost to the clients. As a result, clients saved an estimated \$5.4 million in preparation fees alone, while \$8 million in federal EITC funds were funneled into our local economy (a local economic impact of \$13.4 million). Free tax services save families money only once a year, while free financial education programs help save families money year-round. In 2015, more than 10,000 student hours were logged in all workshops. Surveys completed six months after participating in a financial education workshop indicate that 32% of participants decreased their debt, an improvement of 15 percentage points, and 65% developed a written budget.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>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 Northern Florida who may not know where to turn for a variety of health and human service resources including childcare, food, shelter, and counseling. 2-1-1 Achievements - United Way 2-1-1 received 102,382 phone calls in 2015-16 and made 58,610 referrals to callers who were in need of emergency financial assistance and other related needs - food, shelter and clothing. 2-1-1 call center specialists also assisted more than 1,800 suicide callers in 2015-16. Approximately 80% of all calls come from Duval County and 94% of callers report they are satisfied with the service. Volunteer Engagement - United Way's call to action is "Live United". Living United means being a part of the change-being part of something bigger than yourself and making a difference in people's lives through gifts of money and time. United Way offers volunteer opportunities for individuals interested in providing impact and sustainable change in the areas of Education, Income or Health in Northeast Florida. Also, United Way offers an employee volunteer program which provides business groups opportunities for teambuilding activities within United Way's three impact areas and is an excellent way for people to learn how their contributions are invested. Activities range from mentoring a sixth grade student to planting a school garden. United Way's Volunteer and Community Engagement office generated more than 200 group projects that involved more than 6,000 workplace volunteers and a total of more than 11,000 volunteers across the organization who helped impact our work in education, income and health.</p>	2,390,853	539,473	0
	<p>Donor Designations - In addition to funding for all of the aforementioned programs, United Way processed \$6.0 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>	5,971,762	5,971,762	0
<b>Total:</b>		<b>8,362,615</b>	<b>6,511,235</b>	<b>0</b>