

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2017****Open to Public
Inspection**

A For the 2017 calendar year, or tax year beginning <u>07/01</u> , 2017, and ending <u>06/30</u> , 20 <u>18</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>UNITED WAY OF NORTHEAST FLORIDA INC</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>40 East Adams Street Suite 200</u> City or town, state or province, country, and ZIP or foreign postal code <u>Jacksonville, FL, 32202</u> D Employer identification number <u>59-0637825</u> E Telephone number <u>904-390-3200</u> G Gross receipts \$ <u>26,576,301</u> F Name and address of principal officer: <u>Michelle Braun</u> <u>40 East Adams Street Suite 200, Jacksonville, FL 32202</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ <u>www.unitedwaynefl.org</u> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ L Year of formation: <u>1964</u> M State of legal domicile: <u>FL</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Founded in 1924, United Way of Northeast Florida, Inc. ("United Way") has earned a reputation as a respected and efficient philanthropic organization. United Way envisions a</u> <u>(Continued on Schedule O)</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	83	
	6	Total number of volunteers (estimate if necessary)	6	10,967	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0	
		Prior Year	Current Year		
8		Contributions and grants (Part VIII, line 1h)	22,974,989	25,959,136	
9		Program service revenue (Part VIII, line 2g)	0	0	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,623	80,899	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,069,612	26,040,035	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,880,596	16,992,217
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,141,856	5,193,063	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,771,361</u>			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,862,045	2,888,864	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	22,884,497	25,074,144	
	19	Revenue less expenses. Subtract line 18 from line 12	185,115	965,891	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	20,303,697	21,519,084	
	21	Total liabilities (Part X, line 26)	3,881,928	3,396,001	
22	Net assets or fund balances. Subtract line 21 from line 20	16,421,769	18,123,083		

Part II Signature Block

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

Sign Here	 Signature of officer	<u>11/20/18</u> Date			
	<u>Michelle Braun, President & CEO</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

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

- 1** Briefly describe the organization's mission:
Solve our community's toughest challenges by connecting people, resources and ideas.
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **Yes** ☐ **No**
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 9,068,345 including grants of \$ 6,445,771) (Revenue \$ 0)
United Way 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 basic needs and disaster services. In 17/18, United Way of Northeast Florida joined and managed the funds of a strategic partnership that included United Way of St. Johns County, The Community Foundation for Northeast Florida, and the Jewish Federation of Jacksonville and known as Florida's First Coast Relief Fund. This collaboration enabled the community to respond more rapidly to assist organizations helping those in Northeast Florida affected by Hurricane Irma. The fund provided resources to meet needs not met by government programs. Distribution of funds was overseen by a committee comprised of representatives of the City of Jacksonville, United Way of Northeast Florida, United Way of St. Johns County, The Community Foundation for Northeast Florida, the Jessie Ball duPont Fund and the Jewish Federation of Jacksonville. Florida's First Coast Relief Fund made grants of nearly \$3.6 million specifically to organizations helping individuals impacted by Hurricane Irma in Baker, Clay, Duval, Nassau, Putnam and St. Johns counties. 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 (Continued on Schedule O, Statement 1)
- 4b** (Code:) (Expenses \$ 5,193,879 including grants of \$ 4,923,563) (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 2)
- 4c** (Code:) (Expenses \$ 2,326,353 including grants of \$ 869,040) (Revenue \$ 0)
Health: New and evolving health issues require utilization of collaborative partnerships. Through donor contributions and various grant funders, United Way advances the common good by creating opportunities for a better life for citizens of all ages. We proudly support twenty health agencies and twenty-two programs that address critical issues such as emergency services to help prevent and combat domestic violence and child abuse; providing access to health care services and nutritious food; helping seniors and individuals with disabilities live independently. 'Full Service Schools Achievements - Full Service Schools of Jacksonville is a collaborative approach to meet the therapeutic, health and social service needs of at-risk students and families in Duval County. Major funding partners are Baptist Health, Chartrand Family Fund, Duval County Public Schools, Duval County Department of Health, Kids Hope Alliance, 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 (Continued on Schedule O, Statement 3)
- 4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 4
 (Expenses \$ 5,509,357 including grants of \$ 4,753,843) (Revenue \$ 0)
- 4e** Total program service expenses **22,097,934**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 83		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 29		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 29		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

Patricia Kilgore, (904)390-3210

40 East Adams Street Suite 200, Jacksonville, FL 32202

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Pat Geraghty	2.00									
Board of Trustee Chair		✓		✓				0	0	0
Mike Herman	2.00									
Board of Director Chair		✓		✓				0	0	0
Jim Stepnoski	2.00									
Treasurer		✓		✓				0	0	0
Scott Coble	1									
Trustee		✓						0	0	0
Barbara Drake	1.00									
Trustee		✓						0	0	0
Nathaniel Ford	1.00									
Trustee		✓						0	0	0
Robert Hill	1.00									
Trustee		✓						0	0	0
Frank Martire	1.00									
Trustee		✓						0	0	0
Lisa Palmer	1.00									
Trustee		✓						0	0	0
Mike Prendergast	1.00									
Trustee		✓						0	0	0
George Scanlon	1.00									
Trustee		✓						0	0	0
Michael Ward	1.00									
Trustee		✓						0	0	0
Russ Thomas	1.00									
Trustee		✓						0	0	0
John Wilbanks	1.00									
Trustee		✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Melissa Adams	1.00									
Director		✓						0	0	0
Russell E Armistead	1.00									
Director		✓						0	0	0
Henry Brown	1.00									
Director		✓						0	0	0
Jim Flagg	1.00									
Director		✓						0	0	0
Steve Grossman	1.00									
Director		✓						0	0	0
Nathaniel Herring Jr	1.00									
Director		✓						0	0	0
Marianne Hillegass	1.00									
Director		✓						0	0	0
Michael Korn	1.00									
Director		✓						0	0	0
David Miller	1.00									
Director		✓						0	0	0
Ned Peverley	1.00									
Director		✓						0	0	0
Marcus Rowe	1.00									
Director		✓						0	0	0
Darnell Smith	1.00									
Director		✓						0	0	0
Kelly Smith	1.00									
Director		✓						0	0	0
C Brooks Stone	1.00									
Director		✓						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			
Beth Tate Director	1.00	✓						0	0	0
Michelle Braun President, CEO and Board Secretary	55.86			✓				236,560	0	39,583
Patricia Kilgore Vice President - Finance & Administration	54.91			✓				140,283	0	114,285
Taylor Shead Head of Resource Development	41.07					✓		133,209	0	20,585
Phyllis Martin Head of Community Impact & Strategic Investment	43.91					✓		118,372	0	17,796
1b Sub-total								628,424	0	192,249
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								628,424	0	192,249

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 52,768				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 1,054,192				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 24,852,176				
	g	Noncash contributions included in lines 1a-1f: \$	352,036				
	h	Total. Add lines 1a-1f ▶	25,959,136				
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		87,516	0	0	87,516
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
	6a	(i) Real					
		(ii) Personal					
		Gross rents					
		Less: rental expenses					
	c	Rental income or (loss) 0		0			
	d	Net rental income or (loss) ▶					
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory		529,649	0		
		Less: cost or other basis and sales expenses		536,266	0		
	c	Gain or (loss) -6,617		0			
	d	Net gain or (loss) ▶		-6,617	0	0	-6,617
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions. ▶		26,040,035	0	0	80,899	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,965,814	16,965,814		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	26,403	26,403		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	418,417	144,312	102,303	171,802
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	3,631,997	2,339,668	467,568	824,761
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	349,555	227,648	36,011	85,896
9 Other employee benefits	520,487	342,164	54,766	123,557
10 Payroll taxes	272,607	163,148	36,282	73,177
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	7,397	0	7,397	0
c Accounting	47,200	0	47,200	0
d Lobbying	25,367	25,367	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	202,920	82,966	110,414	9,540
12 Advertising and promotion	387,008	296,170	70	90,768
13 Office expenses	338,839	247,103	14,905	76,831
14 Information technology	190,758	87,943	67,807	35,008
15 Royalties	0	0	0	0
16 Occupancy	298,721	138,164	75,688	84,869
17 Travel	57,773	27,497	12,498	17,778
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	67,741	44,968	15,447	7,326
20 Interest	57,642	3,633	42,176	11,833
21 Payments to affiliates	257,067	144,354	44,182	68,531
22 Depreciation, depletion, and amortization	182,878	116,109	26,694	40,075
23 Insurance	57,988	35,951	8,478	13,559
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Awards	13,660	11,014	184	2,462
b Maintenance and Repairs	179,238	120,308	27,159	31,771
c Dues	12,722	3,285	7,620	1,817
d Purchase Services/Program Evaluation	503,945	503,945	0	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	25,074,144	22,097,934	1,204,849	1,771,361
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,177,171	1	6,710,947
	2 Savings and temporary cash investments	0	2	1,987,806
	3 Pledges and grants receivable, net	7,215,832	3	7,358,708
	4 Accounts receivable, net	273,789	4	119,239
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	401,919	9	687,728
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,427,839		
	b Less: accumulated depreciation	10b 1,161,734	10c	1,266,105
	11 Investments—publicly traded securities	1,393,543	11	2,988,551
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	400,000	15	400,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,303,697	16	21,519,084	
Liabilities	17 Accounts payable and accrued expenses	936,419	17	514,272
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	320,000	23	240,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,625,509	25	2,641,729
	26 Total liabilities. Add lines 17 through 25	3,881,928	26	3,396,001
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,724,891	27	12,965,072
	28 Temporarily restricted net assets	3,625,878	28	4,062,471
	29 Permanently restricted net assets	71,000	29	1,095,540
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,421,769	33	18,123,083
	34 Total liabilities and net assets/fund balances	20,303,697	34	21,519,084

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,040,035
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,074,144
3	Revenue less expenses. Subtract line 2 from line 1	3	965,891
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,421,769
5	Net unrealized gains (losses) on investments	5	47,682
6	Donated services and use of facilities	6	0
7	Investment expenses	7	6,616
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	681,125
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,123,083

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**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 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,277,027	20,651,807	20,349,854	18,783,621	22,891,578	102,953,887
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	20,277,027	20,651,807	20,349,854	18,783,621	22,891,578	102,953,887
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,346,381
6 Public support. Subtract line 5 from line 4						98,607,506

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	20,277,027	20,651,807	20,349,854	18,783,621	22,891,578	102,953,887
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	93,509	24,281	3,823	99,025	87,516	308,154
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						103,262,041
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	95.49 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	95.89 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33⅓% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33⅓% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . .			
b Excess from 2014 . . .			
c Excess from 2015 . . .			
d Excess from 2016 . . .			
e Excess from 2017 . . .			

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

OMB No. 1545-0047

2017**Name of the organization**

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 995,616	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,152,750	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 892,143	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 581,119	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,475,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 650,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number

59-0637825

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization UNITED WAY OF NORTHEAST FLORIDA INC	Employer identification number 59-0637825
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 60%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		77,345
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			77,345
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<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	494,962	440,257	439,545	446,309	435,745
b Contributions	1,018,115	5,000	1,000	0	10,000
c Net investment earnings, gains, and losses	69,805	52,722	2,453	-6,044	599
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	20,502	0	0	0	0
f Administrative expenses	10,993	3,017	2,741	720	35
g End of year balance	1,551,387	494,962	440,257	439,545	446,309

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

- a** Board designated or quasi-endowment **▶** 29.38 %
- b** Permanent endowment **▶** 70.62 %
- c** Temporarily restricted endowment **▶** 0 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	1,636,006	409,836	1,226,170
d Equipment	0	791,833	751,898	39,935
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,266,105

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Designations Payable	2,030,883
(3) Deferred Lease Incentive	610,846
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,641,729

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	21,990,984
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	6,616
e	Add lines 2a through 2d	2e	6,616
3	Subtract line 2e from line 1	3	21,984,368
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	4,055,667
c	Add lines 4a and 4b	4c	4,055,667
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,040,035

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

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

1	Total expenses and losses per audited financial statements	1	20,376,796
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	20,376,796
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	4,697,348
c	Add lines 4a and 4b	4c	4,697,348
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,074,144

Part XIII Supplemental Information.

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

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

Schedule D, Part X, Line 2 - United Way is exempt from federal and state income taxes under Internal Revenue Code Section 501 (c)(3). Accordingly, the accompanying financial statements do not reflect a provision or liability for federal and state income taxes. United Way has determined that it does not have any material unrecognized tax benefits or obligations as of June 30, 2018.

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

59-0637825

UNITED WAY OF NORTHEAST FLORIDA INC

Part I General Information on Grants and Assistance

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

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

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

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	161
3	Enter total number of other organizations listed in the line 1 table	3

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <u>Emergency Rent & Mortgage</u>	16	20,286	0		
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Because funding is reported by purpose, agencies may be listed more than once. However, the dollars are not duplicated. Approximately 49 volunteers participated in the review process to allocate United Way's Community Impact Fund dollars to programs requesting funding. They review applications and score them to determine the effectiveness of the programs before making their decisions. In addition, a volunteer committee of accounting professionals reviews the financial statements of the agencies requesting funding to ensure proper use of United Way funds. Funding is granted based on the criticality of the need being addressed by the program, the program's impact on addressing the need, the participants' results in the program, the utilization of the program's capacity and the importance of United Way funding to the success of the program. Funding is granted through targeted Notice of Funding Opportunities (NOFO) with formal review processes occurring annually. Bi-Annual reports of performance measures and utilization of capacity are reviewed by staff and volunteers. In addition, United Way of Northeast Florida is an open donor choice organization and distributes donor designations as requested. These agencies' programs are not subject to any United Way oversight.

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

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Ability Housing of Northeast Florida 3740 Beach Blvd Jacksonville, FL 32207	59-3087085	12,500	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Housing First			
Name and address	All Saints Early Learning and Community Care 4171 Hendricks Avenue Jacksonville, FL 32207	59-1500774	46,644	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Intergenerational Care Center			
Name and address	Aloha United Way 200 N Vineyard Blvd Ste 700 Honolulu, HI 96817	99-0073494	5,542	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Donor Directed Contr			
Name and address	Alzheimers Association of North Florida 2180 W State Road 434 Longwood, FL 32779	36-3487166	8,622	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Donor Directed Contr			
Name and address	American Cancer Society Florida Division 1430 Prudential Drive Jacksonville, FL 32207	59-0657320	7,972	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Donor Directed Contr			
Name and address	American Lung Association of Florida 6852 Belfort Oaks Place Jacksonville, FL 32216	59-0662271	21,850	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Open Airways for Schools			
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	41,400	
IRC code section	501 (c) (3)			
Method of valuation				

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Health and Safety Services		
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	183,885
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Disaster Services		
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	26,948
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Special Disaster Relief		
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	37,010
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Donor Directed Contr		
Name and address	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	553,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Floridas First Coast Relief Fund		
Name and address	Angelwood Inc PO Box 24925 Jacksonville, FL 32241	59-3212078	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Residential Group Home		
Name and address	Angelwood Inc PO Box 24925 Jacksonville, FL 32241	59-3212078	12,360
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Donor Directed Contr		
Name and address	Association for Retarded Citizens of Nassau County 86051 Hamilton Street Yulee, FL 32097	59-1404429	12,250
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Adult Day Training		
Name and address	Association for Retarded Citizens of Nassau County	59-1404429	12,618

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	86051 Hamilton Street Yulee, FL 32097		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Life Skills Level 3		
Name and address	Association for Retarded Citizens of Nassau County 86051 Hamilton Street Yulee, FL 32097	59-1404429	13,134
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Baker County Council on Aging 9264 Buck Starling Rd MacClenny, FL 32063	59-1596339	16,414
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Access To Nutrition		
Name and address	Baker County Council on Aging 9264 Buck Starling Rd MacClenny, FL 32063	59-1596339	17,071
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Home Delivered Meals Program		
Name and address	Baptist Health Foundation of Jacksonville 841 Prudential Dr Ste 1300 Jacksonville, FL 32207	59-2487135	227,707
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	16,847
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	33,080
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	18,308
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Housing Emergency Assistance		
Name and address	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	18,308
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Crisis Assistance		
Purpose of grant	Crisis Assistance		
Name and address	BASCA Inc 352 Stowe Avenue Orange Park, FL 32073	59-3318252	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Direct Programs and Services		
Purpose of grant	Direct Programs and Services		
Name and address	BASCA Inc 352 Stowe Avenue Orange Park, FL 32073	59-3318252	6,189
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Floridas First Coast Relief Fund		
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	BEAM 850 6th Avenue S Suite 400 Jacksonville Beach, FL 32250	59-2564222	9,059
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Donor Directed Contr		
Purpose of grant	Donor Directed Contr		
Name and address	BEAM 850 6th Avenue S Suite 400 Jacksonville Beach, FL 32250	59-2564222	63,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Floridas First Coast Relief Fund		
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	493,850
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Achievers for Life		
Purpose of grant	Achievers for Life		
Name and address	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	15,253
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Donor Directed Contr		
Purpose of grant	Donor Directed Contr		
Name and address	Big Brothers Big Sisters of Northeast Florida	59-0683256	158,750

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	40 East Adams St Ste 220 Jacksonville, FL 32202		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	25,760
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	OneToOne Mentoring Nassau		
Name and address	Booming Learning Center 731 Duval Station Road Jacksonville, FL 32218	46-2366149	6,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Early Learning		
Name and address	Boselli Foundation P O Box 16385 Jacksonville, FL 32245	33-0664018	25,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	120,080
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	127,378
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Scouting Support		
Name and address	Boys & Girls Club of Nassau PO Box 16003 Fernandina Beach, FL 32035	59-3672345	31,894
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Scouting Support-Nassau		
Name and address	Boys & Girls Club of Nassau PO Box 16003 Fernandina Beach, FL 32035	59-3672345	6,992
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	34,493
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Donor Directed Contr		
Purpose of grant	Donor Directed Contr		
Name and address	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	402,165
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Traditional Clubs		
Purpose of grant	Traditional Clubs		
Name and address	Cathedral Arts Project Inc 4063 Salisbury Road Ste 107 Jacksonville, FL 32216	59-3672453	33,031
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Donor Directed Contr		
Purpose of grant	Donor Directed Contr		
Name and address	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	35,628
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Comprehensive Emergency Services		
Purpose of grant	Comprehensive Emergency Services		
Name and address	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	37,409
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Emergency Financial Assistance		
Purpose of grant	Emergency Financial Assistance		
Name and address	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	138,138
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Donor Directed Contr		
Purpose of grant	Donor Directed Contr		
Name and address	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	152,608
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.	Neighbor To Neighbor		
Purpose of grant	Neighbor To Neighbor		
Name and address	Catholic Charities Bureau of Jacksonville	59-0624375	376,000

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	134 E Church Street Ste 2 Jacksonville, FL 32202-3130		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Catholic Charities Bureau of St Augustine 3940 Lewis Speedway Ste 2103 St Augustine, FL 32084	59-1660798	100,152
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Challenged Athletes Foundation 9591 Waples St San Diego, CA 92121	33-0739596	18,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	CHILD Cancer Fund 4811 Atlantic Blvd Jacksonville, FL 32207	59-3359840	10,870
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Child Guidance Center Inc 5776 St Augustine Road Jacksonville, FL 32207	59-0704727	7,356
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Mental Health Svcs		
Name and address	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	130,265
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Adoption Services		
Name and address	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	35,427
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	38,910
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant		Family Life Education	
Name and address	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	42,751
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Teen Parent Program	
Name and address	Christ Episcopal Church 400 San Juan Drive Ponte Vedra Beach, FL 32082	59-0806965	7,388
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Donor Directed Contr	
Name and address	City of Jacksonville Military Affairs Veterans 117 West Duval Street Suite 175 Jacksonville, FL 32202	59-6000344	16,056
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Floridas First Coast Relief Fund	
Name and address	City Rescue Mission PO Box 60291 Jacksonville, FL 32236	59-1009115	7,114
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	43,773
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Floridas First Coast Relief Fund	
Name and address	City Year Inc 287 Columbus Ave Boston, MA 02116	22-2882549	5,455
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	184,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Whole School Whole Child	
Name and address	Clara White Mission	59-6002104	42,081

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	613 W Ashley Street Jacksonville, FL 32202		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Comprehensive Emergency Services		
Name and address	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	42,081
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Daily Feeding Program		
Name and address	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	42,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Special Disaster Relief		
Name and address	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	29,071
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	17,501
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Rehab & Vocational Services		
Name and address	Communities in Schools of Jacksonville One Riverside Ave Ste 400 Jacksonville, FL 32202	59-3027895	678,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Achievers for Life		
Name and address	Communities in Schools of Jacksonville One Riverside Ave Ste 400 Jacksonville, FL 32202	59-3027895	5,800
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Student Enrichment		
Name and address	Communities in Schools of Jacksonville One Riverside Ave Ste 400 Jacksonville, FL 32202	59-3027895	34,861
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-3511	59-3191350	13,922
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-3511	59-3191350	57,947
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Student Enrichment		
Name and address	Community Hospice of Northeast Florida 4266 Sunbeam Road Jacksonville, FL 32257	59-1940256	18,794
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Concerns of Police Survivors Inc PO Box 3199 Camdenton, MO 65020	52-1354370	32,571
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Cultural Center at Ponte Vedra 50 Executive Way Ponte Vedra Beach, FL 32082	59-3238148	14,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Daniel Inc 4203 Southpoint Boulevard Jacksonville, FL 32216	59-3067752	27,357
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Daniel Inc 4203 Southpoint Boulevard Jacksonville, FL 32216	59-3067752	53,177
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Project Prepare		
Name and address	Delores Barr Weaver Policy Center	46-0938295	12,957

	40 E Adams St Ste 130 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	DLC Nurse and Learn Inc 4101 1 College Street Jacksonville, FL 32205	59-3618761	28,750
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Developmental Learning Center		
Name and address	DLC Nurse and Learn Inc 4101 1 College Street Jacksonville, FL 32205	59-3618761	29,900
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Specialized Childrens Program		
Name and address	DLC Nurse and Learn Inc 4101 1 College Street Jacksonville, FL 32205	59-3618761	35,607
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Downtown Ecumenical Services Council 215 North Ocean St Jacksonville, FL 32202	59-2437003	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Rent and Electric Assistance		
Name and address	Downtown Ecumenical Services Council 215 North Ocean St Jacksonville, FL 32202	59-2437003	30,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Dreams Come True of Jacksonville Inc 6803 Southpoint Parkway Jacksonville, FL 32216	59-2967803	14,416
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 1701 Prudential Drive Jacksonville, FL 32207	59-6000589	59,239
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	FSS Community Programs		
Name and address	Early Learning CoalitionJAX 8301 Cypress Plaza Drive Ste 201 Jacksonville, FL 32256	59-3688924	1,265,049
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Success by 6		
Name and address	ElderSource 10688 Old St Augustine Rd Jacksonville, FL 32257	27-1456179	100,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Meals on Wheels		
Name and address	ElderSource 10688 Old St Augustine Rd Jacksonville, FL 32257	27-1456179	50,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Episcopal Childrens Services 8443 Baymeadows Road Ste 1 Jacksonville, FL 32256	59-1146765	12,252
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Episcopal Childrens Services 8443 Baymeadows Road Ste 1 Jacksonville, FL 32256	59-1146765	267,099
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Success by 6		
Name and address	Episcopal School of Jacksonville 4455 Atlantic Blvd Jacksonville, FL 32207	59-1147278	5,769
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Evangel Temple AOG Church 5755 Ramona Blvd Jacksonville, FL 32205	59-1516022	5,840
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Exchange Club Family Center	59-3060241	12,628

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	3119 Spring Glen Road Ste 111 Jacksonville, FL 32207		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	160,538
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Family Counseling		
Name and address	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	107,059
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Financial Stability		
Name and address	Family Support Services of North Florida 1300 Riverplace Blvd Ste 700 Jacksonville, FL 32207	59-3759863	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Special Disaster Relief		
Name and address	FarmShare Inc 1502 Jessie St Jacksonville, FL 32206	65-0342192	50,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Feeding Northeast Florida 1116 Edgewood Ave North Unit E D Jacksonville, FL 32254	46-5014769	101,386
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Emergency Funding		
Name and address	Feeding Northeast Florida 1116 Edgewood Ave North Unit E D Jacksonville, FL 32254	46-5014769	200,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	First Baptist Church of Jacksonville 124 W Ashley St Jacksonville, FL 32202	59-0823939	5,006
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	Fitness and Character Education 1015 Atlantic Blvd 297 Atlantic Beach, FL 32233	20-0590790	5,500
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Health and Education		
Name and address	FIVE Star Veterans Center 40 Acme Street Jacksonville, FL 32211	45-3545974	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Veterans Living Independantly		
Name and address	FIVE Star Veterans Center 40 Acme Street Jacksonville, FL 32211	45-3545974	10,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Flagler College 74 King St St Augustine, FL 32084	59-1157081	10,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Florida East Coast Railway Santa Train 7411 Fullerton St Suite 300 Jacksonville, FL 32256	30-0802255	28,512
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Florida Institute of Education 12000 Alumni Dr UNF Jacksonville, FL 32224	59-2976169	35,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Achievers for Life		
Name and address	Fractured Atlas 577 King Street Jacksonville, FL 32204	11-3451703	22,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Culture		
Name and address	Fresh Ministries	59-2967898	5,400

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	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	GHM Inc 5606 Chirping Way West Jacksonville, FL 32222	47-5512856	6,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Love Me Stop Bullying		
Name and address	Gingerbread House 6005 Chester Ave Jacksonville, FL 32217	80-0204979	26,736
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	8,875
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 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	110,400
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Leadership Experience		
Name and address	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	6,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth Summer Camps		
Name and address	Girls Incorporated of Jax 100 Festival Park Ave Jacksonville, FL 32202	59-1317196	10,852
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Girls Incorporated of Jax 100 Festival Park Ave Jacksonville, FL 32202	59-1317196	128,966
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Youth After School		
Name and address	Gleaners Dispatch Inc 8207 103rd Street Jacksonville, FL 32210-6553	59-3563107	10,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Grace and Truth Community Development 932 North Shore Drive Jacksonville, FL 32208	33-1020194	34,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Guardian Catholic Schools 4920 Brentwood Ave Jacksonville, FL 32206	59-0637829	26,550
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Habitat for Humanity of Jacksonville 2404 Hubbard Street Jacksonville, FL 32202	59-2880071	55,261
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Hands on Jacksonville 40 East Adams St Ste LL30 Jacksonville, FL 32202	59-1466484	10,435
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Volunteer Support		
Name and address	Hart Felt Ministries 7325 Bonneval Rd Suite 123 Jacksonville, FL 32256	59-3712163	7,073
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Heart of Arkansas United Way P O Box 798 North Little Rock, AR 72115	71-0329790	15,538
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Heart of Florida United Way	59-0808854	11,859

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	1940 Traylor Blvd Orlando, FL 32804		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Hope Haven Inc 4600 Beach Boulevard Jacksonville, FL 32207	59-0668485	13,307
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Access to Success		
Name and address	Hope Haven Inc 4600 Beach Boulevard Jacksonville, FL 32207	59-0668485	11,988
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	22,731
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	22,719
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Emergency Services		
Name and address	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	23,855
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Emergency Shelter and Services		
Name and address	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	16,016
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Helping At Risk Kids		
Name and address	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	16,497
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant		Childrens Program	
Name and address	Hunger Fight Inc 2935 Dawn Road Jacksonville, FL 32207	46-1338834	30,000
IRC code section	501 (c) (3)		
Method of valuation			
Purpose of grant		Floridas First Coast Relief Fund	
Name and address	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	34,280
IRC code section	501 (c) (3)		
Method of valuation			
Purpose of grant		Civil Legal Services	
Name and address	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	35,994
IRC code section	501 (c) (3)		
Method of valuation			
Purpose of grant		Legal Assistance Program	
Name and address	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	16,139
IRC code section	501 (c) (3)		
Method of valuation			
Purpose of grant		Donor Directed Contr	
Name and address	Jacksonville Humane Society 8464 Beach Boulevard Jacksonville, FL 32216	59-0624410	5,654
IRC code section	501 (c) (3)		
Method of valuation			
Purpose of grant		Donor Directed Contr	
Name and address	Jacksonville Public Education Fund 40 East Adams St Ste 110 Jacksonville, FL 32202	59-2756660	46,747
IRC code section	501 (c) (3)		
Method of valuation			
Purpose of grant		Parent Engagement	
Name and address	Jacksonville School for Autism 9000 Cypress Green Drive Jacksonville, FL 32256	20-2632111	12,557
IRC code section	501 (c) (3)		
Method of valuation			
Purpose of grant		Donor Directed Contr	
Name and address	Jacksonville Speech & Hearing	59-0970718	38,991

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	40 E Adams St Ste LL20 Jacksonville, FL 32202		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Adult Hearing Disorders		
Name and address	Jacksonville Speech & Hearing 40 E Adams St Ste LL20 Jacksonville, FL 32202	59-0970718	67,319
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Speech Services		
Name and address	Jacksonville Speech & Hearing 40 E Adams St Ste LL20 Jacksonville, FL 32202	59-0970718	6,554
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Symphony Association 300 Water St Ste 200 Jacksonville, FL 32202	59-6002520	10,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Urban League 903 West Union Street Jacksonville, FL 32204	59-0637865	80,758
IRC code section	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	8,559
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jacksonville Zoological Society 370 Zoo Parkway Jacksonville, FL 32218	59-1319010	5,009
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	12,500
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Youth Homelessness		
Name and address	JASMYN 923 Peninsular Place Jacksonville, FL 32205	59-3284175	16,717
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	20,850
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	14,361
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208	117,245
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Senior Engagement		
Name and address	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32217-2519	59-0637868	56,744
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32256	59-0637868	1,089,250
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Achievers for Life		
Name and address	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32256	59-0637868	800,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Jewish Family & Community Service	59-0637868	7,303

	8540 Baycenter Rd Jacksonville, FL 32256		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Junior Achievement of North Florida 4049 Woodcock Dr Ste 200 Jacksonville, FL 32207	59-1021800	14,012
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Juvenile Diabetes Foundation North Florida Chapter 9700 Phillips Highway Suite 106 Jacksonville, FL 32256	23-1907729	9,350
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	8,822
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	21,267
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jacksonville Reads		
Name and address	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	22,331
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Education Assesment and LDS		
Name and address	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-1514	59-1965600	12,791
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-1514	59-1965600	60,923
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Nourishment Network		
Name and address	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-1514	59-1965600	25,344
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	MaliVai Washington Foundation 1096 West 6th Street Jacksonville, FL 32209	59-3559150	10,911
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Mechanicsburg Soccer Club Keystone P O Box 1332 Mechanicsburg, PA 17055	23-2095178	9,231
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Mental Health America of Northeast Florida 8280 Princeton Sq Blvd Ste 8 Jacksonville, FL 32256	59-0721416	55,939
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Bullying Prevention Program		
Name and address	Mercy Support Services PO Box 1526 Orange Park, FL 32067	45-2580048	38,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Methodist Childrens Village 7915 Herlong Road Jacksonville, FL 32223	59-3414968	6,413
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Mission House 800 Shetter Avenue Jacksonville Beach, FL 32250	59-3376704	8,565
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	MOCA Jacksonville	59-0689705	13,113

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	333 North Laura 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	Muslim American Social Services 2251 St Johns Bluff Rd S Jacksonville, FL 32246-2347	46-5096772	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Free Clinic		
Name and address	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	14,147
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	50,400
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Geriatric Case Manager Program		
Name and address	Nassau County Volunteer Center 1303 Jasmine Street Ste 104A Fernandina Beach, FL 32034	59-3050887	5,402
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Volunteer Services		
Name and address	NEFBA Builders Care 103 Century 21 Drive Ste 108 Jacksonville, FL 32246	59-3742789	100,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	New Heights of Northeast Florida 3311 Beach Blvd Jacksonville, FL 32207-3704	59-0718304	93,918
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Childrens Therapy Services		
Name and address	New Heights of Northeast Florida 3311 Beach Blvd Jacksonville, FL 32207-3704	59-0718304	5,631
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant Adult Therapy Services

Name and address	Non Profit Center of Northeast Florida 40 East Adams St Ste 100 Jacksonville, FL 32202	59-3700428	18,170
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IRC code section	501 (c) (3)
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Method of valuation	
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Desc. of Non-Cash Asst.

Purpose of grant Special Disaster Relief

Name and address	North Florida Office of Public Guardian 1425 E Piedmont Drive Tallahassee, FL 32308	16-1652866	12,500
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IRC code section	501 (c) (3)
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Method of valuation	
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Desc. of Non-Cash Asst.

Purpose of grant Case Manager Position

Name and address	Northeast Florida Area Agency on Aging 10688 Old St Augustine Rd Jacksonville, FL 32257	59-1569867	291,000
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IRC code section	501 (c) (3)
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Method of valuation	
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Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	Northeast Florida Area Agency on Aging 10688 Old St Augustine Rd Jacksonville, FL 32257	59-1569867	12,500
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IRC code section	501 (c) (3)
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Method of valuation	
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Desc. of Non-Cash Asst.

Purpose of grant Senior Dental Care

Name and address	Northeast Florida Healthy Start Coalition 644 Cesary Blvd Jacksonville, FL 32211	59-3139801	20,978
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IRC code section	501 (c) (3)
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Method of valuation	
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Desc. of Non-Cash Asst.

Purpose of grant Early Learning

Name and address	Northwest Jacksonville Community Development 3416 Moncrief Road Jacksonville, FL 32209	31-1809770	14,857
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IRC code section	501 (c) (3)
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Method of valuation	
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Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	OneJax 1 UNF Dr Bldg 53 Ste 2750 Jacksonville, FL 32224	20-2719059	21,905
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IRC code section	501 (c) (3)
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Method of valuation	
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Desc. of Non-Cash Asst.

Purpose of grant Diversity Education

Name and address	Operation New Hope	59-3590360	12,500
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Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	1830 North Main Street Jacksonville, FL 32206-3736		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Community Revitalization Initiative		
Name and address	PACE Center for Girls Inc 2933 University Blvd N Jacksonville, FL 32211	59-2414492	21,675
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 N Jacksonville, FL 32211	59-2414492	42,677
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Dropout Prevention		
Name and address	Pine Castle 4911 Spring Park Road Jacksonville, FL 32207	59-0704733	22,761
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	85,526
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Group Home Services		
Name and address	Planned Parenthood of South East and North FL 2300 North Mango Rd West Palm Beach, FL 33409	59-1391115	17,145
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	24,132
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Puerto Rican Physician Association of Northeast FL 1392 Eagle Crossing Dr Orange Park, FL 32065	82-1510106	10,000
IRC code section			
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant		Special Disaster Relief	
Name and address	Putnam Habitat for Humanity PO Box 2433 Palatka, FL 32178	59-3008349	60,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Floridas First Coast Relief Fund	
Name and address	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	12,957
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Donor Directed Contr	
Name and address	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	66,644
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Emergency Shelter and Support Services	
Name and address	Ritz Chamber Music Society 1 Independent Dr Ste 2801 Jacksonville, FL 32202	56-2281527	25,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Donor Directed Contr	
Name and address	River Garden Hebrew Home 11401 Old St Augustine Road Jacksonville, FL 32258	59-0624438	25,183
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Donor Directed Contr	
Name and address	Ronald McDonald House of Jacksonville 824 Childrens Way Jacksonville, FL 32207	59-2625008	11,275
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Donor Directed Contr	
Name and address	Rotary International 1560 Sherman Ave Evanston, IL 60201	36-3245072	8,910
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant		Donor Directed Contr	
Name and address	Safe Harbor Boys Home	59-2515634	40,000

4772 Safe Harbor Way
Jacksonville, FL 32226

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	Salvation Army of Northeast Florida	58-0660607	22,857
	PO Box 52508		
	Jacksonville, FL 32201		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Family Services Clay

Name and address	Salvation Army of Northeast Florida	58-0660607	132,717
	PO Box 52508		
	Jacksonville, FL 32201		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Family Services Duval

Name and address	Salvation Army of Northeast Florida	58-0660607	12,500
	PO Box 52508		
	Jacksonville, FL 32201		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Family Services Nassau

Name and address	Salvation Army of Northeast Florida	58-0660607	59,099
	PO Box 52508		
	Jacksonville, FL 32201		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	Salvation Army of Northeast Florida	58-0660607	269,995
	PO Box 52508		
	Jacksonville, FL 32201		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	Salvation Army of Northeast Florida	58-0660607	163,697
	PO Box 52508		
	Jacksonville, FL 32201		

IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Red Shield Lodge

Name and address	Salvation Army of Northeast Florida	58-0660607	24,000
	PO Box 52508		
	Jacksonville, FL 32201		

IRC code section 501 (c) (3)

Method of valuation

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant Youth Summer Camps

Name and address	Smithsonian National Museum of African American History 1400 Constitution Ave NW Washington, DC 20560	53-0206027	5,865
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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	St Johns Country Day 3100 Doctors Lake Drive Orange Park, FL 32073-6926	59-0700127	9,000
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Directed Contr

Name and address	St Johns Housing Partnership P O Box 1086 St Augustine, FL 32085	59-3422856	225,000
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	44,789
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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	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	38,534
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Homeless Health Care

Name and address	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	167,920
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Homeless Shelter Services

Name and address	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	5,499
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IRC code section 501 (c) (3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Floridas First Coast Relief Fund

Name and address	The ARC of Jacksonville	59-6209603	77,590
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Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	1050 Davis Street North Jacksonville, FL 32209		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Disability Training		
Name and address	The ARC of Jacksonville 1050 Davis Street North Jacksonville, FL 32209	59-6209603	31,705
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The Bolles School 7400 San Jose Blvd Jacksonville, FL 32217	59-0637814	6,900
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The Bridge of Northeast Florida PO Box 43126 Jacksonville, FL 32203	59-1406016	88,482
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Bridge Urban Springfield		
Name and address	The Bridge of Northeast Florida PO Box 43126 Jacksonville, FL 32203	59-1406016	6,208
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The Childrens Christmas Party of Jacksonville P O Box 5338 Jacksonville, FL 32247	59-3611757	171,460
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The First Coast Leardership Foundation 2049 N Pearl St Jacksonville, FL 32206	59-3694394	16,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	The Food Pantry of Green Cove Springs P O Box 696 Green Cove Springs, FL 32043	59-2985082	10,000
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Floridas First Coast Relief Fund		
Name and address	The Sanctuary on 8th Street PO Box 3301 Jacksonville, FL 32206	59-3108041	50,919
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth Happens		
Name and address	The Sanctuary on 8th Street PO Box 3301 Jacksonville, FL 32206	59-3108041	25,817
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	The Soyini Circles Girls Club 622 West Union Street Jacksonville, FL 32202	81-1692772	6,800
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Transforming Communities Community Development 3738 Winton Dr Jacksonville, FL 32208	47-5246558	39,986
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	UF Health Jacksonville 655 West 8th Street Jacksonville, FL 32209	51-0153878	5,083
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Allegheny County P O Box 735 Pittsburgh, PA 15230	25-1043578	5,826
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Broward County 1300 S Andrews Ave Ft Lauderdale, FL 33316	59-0624402	6,449
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Buffalo & Erie	16-0743969	6,174

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	742 Delaware Ave Buffalo, NY 14209		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Central Indiana PO Box 88409 Indianapolis, IN 46208-0409	35-1007590	26,976
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Greater Milwaukee 225 W Vine Street Milwaukee, WI 53212-3935	39-0806190	62,423
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Greater Philadelphia and Southern New Jersey 4513 Pennell Rd Ste 102 Aston, PA 19014	23-1556045	7,242
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Madison County 701 Andrew Jackson Way Huntsville, AL 35801	63-0366294	50,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Metropolitan Chicago 333 S Wabash 30th Fl Chicago, IL 60604	30-0200478	9,310
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Metropolitan Dallas 1800 North Lamar Street Dallas, TX 75202	75-6005352	12,577
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of Miami Dade 3250 SW 3rd Ave Miami, FL 33129	59-0830840	23,730
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	United Way of St Johns County PO Box 625 St Augustine, FL 32085	59-6018986	32,093
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of the Capital Region 2235 Millennium Way Enola, PA 17025	23-1352095	17,418
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	United Way of the Florida Keys P O Box 2143 Key West, FL 33045	59-1288630	50,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Special Disaster Relief		
Name and address	United Way Suncoast 5201 W Kennedy Blvd Tampa, FL 33609	59-3725701	22,702
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	University of North Florida Foundation 1 UNF Drive Jacksonville, FL 32224	23-7167701	13,908
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	USO of Greater Jacksonville PO Box 108 Jacksonville, FL 32212	59-1052424	16,689
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Vision is Priceless 3 Shircliff Way Suite 546 Jacksonville, FL 32204	59-3386495	11,279
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Vision is Priceless	59-3386495	12,500

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	3 Shircliff Way Suite 546 Jacksonville, FL 32204		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Vision Care Services		
Name and address	Way Free Medical Clinic 479 Houston Street Green Cove Springs, FL 32043	76-0828154	10,383
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	40,480
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Salaries and Benefits		
Name and address	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	18,400
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Patient Expenses and Clinical Support		
Name and address	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	12,420
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Professional Fees and Operation Expens		
Name and address	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	74,152
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	We Care Programs and Services		
Name and address	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	27,423
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Wolfson Childrens Hospital 836 Prudential Dr Ste 1205 Jacksonville, FL 32207	59-0747311	5,263
IRC code section	501 (c) (3)		
Method of valuation			

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

Desc. of Non-Cash Asst.

Purpose of grant	Donor Directed Contr		
Name and address	Womens Center of Jacksonville 5644 Colcord Avenue Jacksonville, FL 32211	23-7437216	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Rape Crisis and SAFE Program		
Name and address	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	171,410
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	202,429
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth After School		
Name and address	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	35,000
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth Summer Camps		
Name and address	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	5,380
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Directed Contr		
Name and address	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	12,500
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Young Adults Emergency Shelter		
Name and address	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	50,864
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	TIDES		
Name and address	Wealth Watchers	01-0638984	20,000

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	5310 Lenox Ave Ste 4		
	Jacksonville, FL 32205		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Floridas First Coast Relief Fund		
Name and address	Us and Our Children Inc	06-1690984	18,550
	P O Box 18761		
	Jacksonville, FL 32229		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	FSS Community Programs		
Name and address	Families of Slain Children	01-0870248	5,692
	3108 N Myrtle Ave		
	Jacksonville, FL 32209		
IRC code section	501 (c) (3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Florida First Coast Relief Fund		

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td></tr></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
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. <table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<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				
<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: a Receive a severance payment or change-of-control payment?	4a	✓								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓								
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	✓								
b Any related organization?	5b	✓								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	✓								
b Any related organization?	6b	✓								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	✓								
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.	8	✓								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michelle Braun, President, CEO 1 and Board Secretary	(i)	221,560	15,000	0	19,468	20,115	276,143	0
	(ii)	0	0	0	0	0	0	0
Patricia Kilgore, Vice President - 2 Finance & Administration	(i)	137,283	3,000	0	105,693	8,593	254,569	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 II - The Board of Directors 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.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	24	352,036	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	0
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

Schedule M, Part I, Line 33 - Seven stock sales occurred between July 1, 2017 and June 30, 2018 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST FLORIDA INC

59-0637825

Form 990, Part I, Line 1 - community of opportunity where everyone has hope and can reach their full potential. Because change doesn't happen alone, United Way's mission is to solve Northeast Florida's toughest challenges by connecting people, resources and ideas. The nonprofit organization's long tradition of addressing the human-service needs in Duval, Baker, Clay, Nassau and Northern St. Johns counties is made possible through the commitment of thousands of volunteers, donors and community partners. To learn more, visit unitedwaynefl.org or follow @unitedwaynefl on Facebook, Twitter and Instagram. United Way's strategic priorities are to ensure basic needs are met for all throughout the region; produce meaningful and measurable results in the areas of youth success, financial stability and health; and to invest in historically challenged neighborhoods connecting efforts to impact generational poverty. United Way volunteers carefully review all funded programs, evaluate initiatives, hold United Way and its partners accountable for results and make strategic funding recommendations to continuously improve outcomes. As part of its community impact work, United Way leads several initiatives and collaborations to improve community results in education, income and health: 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

Form 990, Part III, Line 2 - In 17/18, United Way of Northeast Florida joined and managed the funds of a strategic partnership that included United Way of St. Johns County, The Community Foundation for Northeast Florida, and the Jewish Federation of Jacksonville and known as Florida's First Coast Relief Fund. This collaboration enabled the community to respond more rapidly to assist organizations helping those in Northeast Florida affected by Hurricane Irma. The fund provided resources to meet needs not met by government programs. Distribution of funds was overseen by a committee comprised of representatives of the City of Jacksonville, United Way of Northeast Florida, United Way of St. Johns County, The Community Foundation for Northeast Florida, the Jessie Ball duPont Fund and the Jewish Federation of Jacksonville. Florida's First Coast Relief Fund made grants of nearly \$3.6 million specifically to organizations helping individuals impacted by Hurricane Irma in Baker, Clay, Duval, Nassau, Putnam and St. Johns counties.

Form 990, Part VI, Section B, Line 11b - United Way's Board of Directors established an Audit Committee to assist the Directors in fulfilling its oversight responsibilities. The Audit Committee met with the independent auditors on October 29, 2018. They discussed the audit process; reviewed and accepted the audit; and met in executive session with the audit team. At the November 15, 2018 Board of Directors meeting, the audit and IRS Form 990 was reviewed.

Form 990, Part VI, Section B, Line 12c - Annually all Directors, Audit 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 Directors.

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, 2018, and June 30, 2017, fiscal years will be posted electronically on United Way's website www.unitedwaynefl.org.

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 \$1,204,849 + Part IX, Line 25, Column D, Fundraising Expense of \$1,771,361) divided by Part VIII, Line 12, Column A - Total Revenue of \$26,040,035 = 11.43%----

Form 990, Part XI, Line 9 - Net change between Contributions and pledges designated to agencies of \$4,055,667 and Distributions of specific agency designations of \$4,697,348, and the net change in the actuarial values of the pension plan of \$39,444.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2017)

First Program Service Accomplishments Description

Description

for any resident in nine counties of Northeast Florida (Duval, St. Johns, Clay, Nassau, Baker, Putnam, Columbia, Suwannee and Hamilton counties) who may not know where to turn for a variety of health and human service resources including childcare, emergency financial assistance, food, shelter, and counseling. 2-1-1 Achievements - United Way 2-1-1 received 102,557 phone calls in FY2017-18 and made 59,044 referrals for callers who were in need of emergency financial assistance and other related needs - food, shelter, clothing, childcare, counseling, etc. United Way 2-1-1 Call Center Specialists also assisted 1,834 suicide/crisis callers in FY2017-18. Approximately 83 percent of all calls come from Duval County and 94 percent of callers report they are satisfied with the service. Volunteer Engagement - United Way's call to action is to "Live United." To Live United is being a part of the change-being part of something bigger than ourselves and making a difference in people's lives through gifts of money and time. United Way brings leaders and organizations from all sectors together and we invite them to be a part of the change to help solve community challenges together. Through volunteerism, individuals can connect with their corporate teams or get involved in a committed assignment to impact youth success, financial stability and health in some of our most underserved communities. In 2017-2018, United Way's Volunteer and Community Engagement office generated more than 223 group projects that involved more than 7,300 company volunteers with a total of more than 19,300 logged volunteer hours. With the inclusion of our more than 1,100 Reading Pals, Achievers for Life mentors and RealSense volunteers, the office logged in close to 50,000 hours of volunteer service.

Second Program Service Accomplishments Description

Description

math standardized test scores. Components include one-on-one weekly mentoring, tutoring, and counseling for students, family support services, as well as parent training to help principals increase families' engagement at school. AFL addresses the challenges associated with keeping students on track for high school graduation. AFL includes a whole school initiative called the Parent Engagement Project that provides innovative opportunities for school staff to involve parents more fully in the academic lives of their students. Since implementing Achievers For Life in 2007, 4,971 students and their families have participated in the initiative, and we have consistently measured the results of AFL students. This initiative in collaboration with our impact and community partners has, on average, resulted in promotion rates of 98.5%, attendance rates of 98% and GPAs reaching 2.75 for students who were struggling in school before additional support. In addition, after three years of support Achievers For Life: 83% of students had an A, B, or C in Math; 86% of students had an A, B, or C in English; 98% of students had 2 or fewer school suspensions; and stabilize families - 99% of AFL families did not move, either planned or unplanned, during the school year. Communities In Schools of Jacksonville, Big Brothers Big Sisters of NE FL and Jewish Family and Community Services are United Way's lead partners in implementing this initiative. In May 2009, Achievers For Life was recognized by United Way Worldwide as a best practice in Education Innovation. Michael Ward's \$1 million pledge during 2008, Oscar and Cathy Munoz's pledge of \$1 million during 2010, Availity's \$500,000 pledge in 2011 and FNF's \$500,000 pledge in 2012 and \$500,000 from the Duval County Public Schools are indicative of donor interest in improving graduation rates through initiatives like Achievers For Life. Achievers For Life was in ten middle schools in Duval County in 2016-17: Arlington, Ft. Caroline, Mathew Gilbert, Northwestern, JEB Stuart, Jefferson Davis, Eugene Butler, Jean Ribault, Highlands and Joseph Stilwell. *Success By 6 Achievements - A partnership was formed in 2006 to study why preschoolers are not prepared for school. Following 11 months of research, the Success By 6 initiative was developed. Success By 6, a partnership between United Way and the Early Learning Coalition of Duval and the Early Learning Coalition of North Florida, provides two-year scholarships to working families with three-year-old children. The children are placed in high-quality early education centers and receive two years of year-round, full-day education and care. Since Success By 6 began in 2007, 1572 preschoolers have received grants to attend two years of high-quality early learning. Because Success By 6 funding supports the high quality education programming at the centers, more than 2,500 preschoolers benefit each year. The Florida Institute of Education (FIE) at UNF evaluated Success By 6 during the first six years with two standardized tests: the Test of Preschool Early Literacy that evaluates pre-literacy skills, and the Bracken Basic Concept Scale that measures school readiness. The results showed that after two years of high quality early learning: 94% of preschoolers were ready for school compared to 79% ready before participating in Success By 6. ReadingPals Accomplishments - United Way of NE FL is one of 15 Florida United Ways sharing a multi-million dollar grant from Carol & Barney Barnett of Publix Super Markets. The goal is to ensure that more children in our community start kindergarten ready to learn to read. ReadingPals matches volunteers with four year-old VPK students for reading and activities to build oral language skills and vocabulary. In the past four years ReadingPals has served over 1650 children with over 850 volunteers. ReadingPals provided approximately 16,000 books to students and volunteers gave over 10,000 hours of reading time. Traditionally, ReadingPals students start further behind than their peers. In last year's evaluation, Reading Pals students had a 40% increase on Oral Language/Vocabulary assessments from Fall to Spring compared to a 22% increase for Non-ReadingPals students.

Third Program Service Accomplishments Description

Description

provides services to 87 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. The National Center for School Engagement, conducted an evaluation (2011-12) of Full Service Schools that showed the following results for students who received counseling: 20% improvement in attendance, 32% increase in language arts grades and 31% increase in math grades. Full Service School students were half as likely to be retained two consecutive years compared to students who didn't participate in counseling but needed it. Results for the 2017-18 school year include 4,897 students were referred for services, 4,145 students were provided medical services, 2,270 students received mental health treatment and 30,836 people were served by Full Service Schools. 96% of students completing counseling demonstrated a measurable increase in overall functioning, and 92% of students were promoted to the next grade level. Statements made by individuals benefitting from the services of Full Service Schools: "The counseling made a difference because if it was up to me, I would have dropped out when I was 18." - High school student who received counseling "My child has made the honor roll, and he has not done that since probably kindergarten." - Parent of student who received counseling

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>Income - Combating poverty: Poverty is identified as a root cause of many social ills - violence, substance abuse, depression, and failure in school. One in five children in Northeast Florida lives in poverty. In today's society, simply having a job no longer stops people from being poor. Indeed many hard-working families work multiple jobs to avoid the cycle of poverty, yet the rising costs of basic necessities, coupled with changes in the economy, leave many hard-working individuals struggling to make ends meet. Many are forced to choose between paying bills and buying groceries. United Way's 2017 ALICE report (Asset Limited, Income Constrained, Employed) provides a county-by-county assessment to help us better understand the struggles that low-income households encounter every day. ALICE represents those families who work hard, but due to high living costs and factors often beyond their control, are constantly living paycheck to paycheck. The report indicates that, in Northeast Florida, 37% of the households are below the ALICE level (household survival budget of \$52,692 for a family of four), meaning that these families are in constant financial stress just to afford basic household necessities. To address the impact of poverty, United Way invests in programs, such as the RealSense initiative, that promote financial stability and independence. 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. The program is a strategy within United Way's Financial Stability priority goal to ensure that "families are economically stable and self-sufficient." Through free tax preparation services and financial education workshops, RealSense seeks to stabilize low- to moderate-income working families in Northeast Florida by providing them the tools, knowledge, skills and resources needed to succeed. RealSense Achievements - During the 2018 Tax Season, volunteers and seasonal paid staff assisted 22,832 clients in seven counties throughout Northeast Florida with preparing their Federal income taxes, resulting in \$24.5 million in total refund dollars returned to our local economy at no cost to the clients. As a result, clients saved an estimated \$4.8 million in preparation fees alone, while \$7.9 million in federal EITC funds were funneled into our local economy (an estimated local economic impact of \$37 million). RealSense's financial education programs focus on teaching sound money management techniques and creating spending and saving plans for working families, individuals and youth in order to build long-term assets. Collaborating with United Way's partner agencies, RealSense staff and volunteers conduct 15-20 financial education workshops per month at locations across Northeast Florida, thus helping these nonprofit organizations expand the service delivery capacity to their clients and promote the free tax preparation services. In 2017/2018, more than 10,000 student hours were logged in all our financial education workshops. Surveys completed six months after participating in a RealSense financial education workshop indicate that 34% of participants had decreased their debt thanks to knowledge gained and 65% developed a written budget.</p>	964,618	209,104	0
	<p>Donor Designations - In addition to funding for all of the aforementioned programs, United Way processed approximately \$4.5 million in specific, donor designated funds. For donor convenience, United Way of Northeast Florida enables contributors to direct a portion of their donation to a specific health and human service nonprofit organization with which they are affiliated. In these transactions, United Way acts as an agent that collects, processes, and disburses the funds. It is not a mission-oriented function; consequently United Way does not monitor or require the recipient organizations to provide information relative to the use and results of these contributions.</p>	4,544,739	4,544,739	0
Total:		5,509,357	4,753,843	0