

# Return of Organization Exempt From Income Tax

# 2018

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

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

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization UNITED WAY OF NORTHEAST FLORIDA INC  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
40 East Adams Street Suite 200  
 City or town, state or province, country, and ZIP or foreign postal code  
Jacksonville, FL, 32202

**D** Employer identification number  
59-0637825

**E** Telephone number  
904-390-3200

**G** Gross receipts \$ 21,583,282

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**F** Name and address of principal officer: Michelle Braun  
40 East Adams Street Suite 200, Jacksonville, FL 32202

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.unitedwaynefl.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1964 **M** State of legal domicile: FL

## Part I Summary

Activities & Governance	<b>1</b>	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>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>20</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>20</u>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<u>89</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>8,957</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>25,959,136</u>	<u>21,185,419</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>80,899</u>	<u>67,869</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>26,040,035</u>	<u>21,253,288</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>16,992,217</u>	<u>15,255,182</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>5,193,063</u>	<u>5,318,255</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,078,685</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>2,888,864</u>	<u>2,945,003</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>25,074,144</u>	<u>23,518,440</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>965,891</u>	<u>-2,265,152</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>21,519,084</u>	<u>20,354,822</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>3,396,001</u>	<u>3,933,951</u>
			<u>18,123,083</u>	<u>16,420,871</u>

## 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 \_\_\_\_\_ Date \_\_\_\_\_  
Michelle Braun, President & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
Solve our community's toughest challenges by connecting people, resources and ideas.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 5,364,026 including grants of \$ 2,953,034 ) (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. United Way's 2-1-1 is a unique program that offers free, confidential information and referral 24 hours a day, seven days a week for any resident in nine counties of Northeast Florida (Duval, St. Johns, Clay, Nassau, Baker, Putnam, Columbia, Suwannee and Hamilton counties) who may not know where to turn for a variety of health and human service resources including childcare, emergency financial assistance, food, shelter, and counseling. 2-1-1 Achievements - United Way 2-1-1 received 82,684 phone calls in FY2018-19 and made 59,480 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 1,165 suicide/crisis callers in FY2018-19. Approximately 90 percent of all referrals were to Duval County residents. Additionally, United Way 2-1-1 received grant funding to provide veteran specific services under the My Florida Vets program. As a result, a care coordinator and a resource specialist position have been hired and trained to support the veterans within the United Way 2-1-1 service area. The  
(Continued on Schedule O, Statement 1)

**4b** (Code: ) (Expenses \$ 4,953,070 including grants of \$ 4,689,518 ) (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 \$ 3,985,130 including grants of \$ 2,419,171 ) (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 \$ 5,999,944 including grants of \$ 5,087,036 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 20,302,170

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <span style="float: right;">89</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

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

**Section A. Governing Body and Management**

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

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

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

**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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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 ►

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Ned Peverley Board of Directors	1.00	✓					0	0	0	
Mike Prendergast Board of Directors	1.00	✓					0	0	0	
Beth Tate Board of Directors	1.00	✓					0	0	0	
Russ Thomas Board of Directors	1.00	✓					0	0	0	
Michael Ward Board of Directors	1.00	✓					0	0	0	
John Wilbanks Board of Directors	1.00	✓					0	0	0	
Michelle Braun President, CEO and Board Secretary	57.00			✓			244,202	0	31,926	
Patricia Kilgore Vice President - Finance & Administration	56.29			✓			149,928	0	-3,080	
Phyllis Martin Head of Community Impact & Strategic Investment	45.22					✓	128,670	0	19,086	
Kristie Naines Head of Tocqueville & Major Gifts	42.57					✓	126,048	0	13,623	
Maureen Mercho Head of Marketing, Communication & Campaign	42.78					✓	101,166	0	19,020	
<b>1b Sub-total</b>							<b>750,014</b>	<b>0</b>	<b>80,575</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>750,014</b>	<b>0</b>	<b>80,575</b>	

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

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>	48,999				
	<b>b</b>	Membership dues . . . . . <b>1b</b>	0				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	0				
	<b>d</b>	Related organizations . . . . . <b>1d</b>	0				
	<b>e</b>	Government grants (contributions) <b>1e</b>	2,595,133				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	18,541,287				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	288,144				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	21,185,419				
<b>Program Service Revenue</b>	<b>2a</b> Business Code						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	71,339	0	0	71,339	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0	
	<b>5</b>	Royalties . . . . . ▶	0	0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	326,524	0		
			(ii) Other				
				329,994	0		
				-3,470	0		
	<b>d</b>	Net gain or (loss) . . . . . ▶	-3,470	0	0	-3,470	
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . ▶						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
<b>c</b>	Net income or (loss) from gaming activities . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶	0					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶	21,253,288	0	0	67,869		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	15,148,758	15,148,758		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	106,424	106,424		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	437,112	150,760	106,874	179,478
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	3,777,115	2,303,739	517,482	955,894
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	313,364	231,958	29,854	51,552
<b>9</b> Other employee benefits . . . . .	512,833	349,906	41,470	121,457
<b>10</b> Payroll taxes . . . . .	277,831	155,999	39,538	82,294
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	6,830	0	6,830	0
<b>c</b> Accounting . . . . .	65,870	0	65,870	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	87,194	16,530	42,275	28,389
<b>12</b> Advertising and promotion . . . . .	340,578	249,859	0	90,719
<b>13</b> Office expenses . . . . .	324,792	225,612	17,095	82,085
<b>14</b> Information technology . . . . .	316,830	124,123	21,597	171,110
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	287,959	147,645	75,052	65,262
<b>17</b> Travel . . . . .	69,611	42,025	8,428	19,158
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	68,241	35,997	18,378	13,866
<b>20</b> Interest . . . . .	36,234	256	26,939	9,039
<b>21</b> Payments to affiliates . . . . .	260,008	142,749	51,898	65,361
<b>22</b> Depreciation, depletion, and amortization . . . . .	181,442	111,813	24,529	45,100
<b>23</b> Insurance . . . . .	60,482	38,260	9,978	12,244
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>Awards</u> . . . . .	6,288	2,167	1,451	2,670
<b>b</b> <u>Maintenance &amp; Repairs</u> . . . . .	210,185	103,313	25,729	81,143
<b>c</b> <u>Dues</u> . . . . .	11,788	3,606	6,318	1,864
<b>d</b> <u>Purchase Services/Program Evaluation</u> . . . . .	610,671	610,671	0	0
<b>e</b> All other expenses . . . . .				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	23,518,440	20,302,170	1,137,585	2,078,685
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,710,947	<b>1</b>	6,144,807
	<b>2</b> Savings and temporary cash investments . . . . .	1,987,806	<b>2</b>	1,509,262
	<b>3</b> Pledges and grants receivable, net . . . . .	7,358,708	<b>3</b>	7,434,011
	<b>4</b> Accounts receivable, net . . . . .	119,239	<b>4</b>	438,827
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	687,728	<b>9</b>	190,868
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,431,015		
	<b>b</b> Less: accumulated depreciation . . . . .	1,343,176	<b>10c</b>	1,087,839
	<b>11</b> Investments—publicly traded securities . . . . .	2,988,551	<b>11</b>	3,549,208
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	400,000	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	21,519,084	<b>16</b>	20,354,822	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	514,272	<b>17</b>	484,501
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	519,781
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	240,000	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	2,641,729	<b>25</b>	2,929,669
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,396,001	<b>26</b>	3,933,951
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	12,965,072	<b>27</b>	12,458,046
	<b>28</b> Temporarily restricted net assets . . . . .	4,062,471	<b>28</b>	2,817,545
	<b>29</b> Permanently restricted net assets . . . . .	1,095,540	<b>29</b>	1,145,280
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	18,123,083	<b>33</b>	16,420,871	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	21,519,084	<b>34</b>	20,354,822	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,253,288
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,518,440
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,265,152
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,123,083
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	59,738
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	3,471
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	499,731
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,420,871

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF NORTHEAST FLORIDA INC</b>	Employer identification number <b>59-0637825</b>
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**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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	20,651,807	20,349,854	18,783,621	22,891,578	16,808,892	99,485,752
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0		0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	20,651,807	20,349,854	18,783,621	22,891,578	16,808,892	99,485,752
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						5,097,700
<b>6 Public support.</b> Subtract line 5 from line 4						94,388,052

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	20,651,807	20,349,854	18,783,621	22,891,578	16,808,892	99,485,752
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	24,281	3,823	99,025	87,516	71,339	285,984
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0		0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0		0
<b>11 Total support.</b> Add lines 7 through 10						99,771,736
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	94.6 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.49 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

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

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2018.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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



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

2018

Open to Public Inspection

Name of the organization: UNITED WAY OF NORTHEAST FLORIDA INC; Employer identification number: 59-0637825

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2 for questions regarding art and historical treasures, including dollar amounts.

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

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

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

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance	1,551,387	494,962	440,257	439,545	446,309
<b>b</b> Contributions	5,000	1,018,115	5,000	1,000	0
<b>c</b> Net investment earnings, gains, and losses	73,302	69,805	52,722	2,453	-6,044
<b>d</b> Grants or scholarships	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs	0	20,502	0	0	0
<b>f</b> Administrative expenses	9,956	10,993	3,017	2,741	720
<b>g</b> End of year balance	1,619,733	1,551,387	494,962	440,257	439,545

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

- a** Board designated or quasi-endowment **▶ 29.29 %**
- b** Permanent endowment **▶ 70.71 %**
- 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
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**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
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	1,636,006	573,846	1,062,160
<b>d</b> Equipment	0	795,009	769,330	25,679
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,087,839

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
<b>Total.</b> (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	2,379,561
(3) Deferred Lease Incentive	550,108
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,929,669

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	17,038,528
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	0	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	3,470	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		3,470
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	17,035,058
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	4,218,230	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		4,218,230
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	21,253,288

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	18,569,162
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	0	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0	
<b>c</b>	Other losses . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	18,569,162
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	4,949,278	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		4,949,278
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	23,518,440

**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, 2019.

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

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF NORTHEAST FLORIDA INC**

Employer identification number

**59-0637825**

**Part I General Information on Grants and Assistance**

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

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

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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 143

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Emergency Rent & Mortgage	47	85,699	0		
2 Utilities Assistance	3	19,304			
3 Day Care	1	920			
4 Auto Repairs	1	500			
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. 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.
<b>Name and address</b>	Ability Housing of Northeast Florida 3740 Beach Blvd Jacksonville, FL 32207	59-3087085	25,000	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Permanent Supportive and Affordable Housing			
<b>Name and address</b>	All Saints Early Learning and Community Care 4171 Hendricks Avenue Jacksonville, FL 32207	59-1500774	46,644	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Intergenerational Care Center			
<b>Name and address</b>	Alzheimers Association of North Florida 2180 W State Road 434 Longwood, FL 32779	36-3487166	12,502	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Directed Contr			
<b>Name and address</b>	American Cancer Society Florida Division 1430 Prudential Drive Jacksonville, FL 32207	59-0657320	7,831	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Directed Contr			
<b>Name and address</b>	American Heart Association of Jacksonville 7751 Baymeadows Rd E Jacksonville, FL 32256	13-5613797	6,078	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Directed Contr			
<b>Name and address</b>	American Lung Association of Florida 6852 Belfort Oaks Place Jacksonville, FL 32216	59-0662271	16,387	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Open Airways for Schools			
<b>Name and address</b>	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	10,350	
<b>IRC code section</b>	501 (c) (3)			
<b>Method of valuation</b>				

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Health and Safety Services		
<b>Name and address</b>	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	188,370
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Disaster Services		
<b>Name and address</b>	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	22,809
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Preparedness		
<b>Name and address</b>	American Red Cross of Northeast Florida 751 Riverside Avenue Jacksonville, FL 32204-3335	53-0196605	45,905
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Angelwood Inc PO Box 24925 Jacksonville, FL 32241	59-3212078	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Residential Group Home		
<b>Name and address</b>	Angelwood Inc PO Box 24925 Jacksonville, FL 32241	59-3212078	7,752
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Association for Retarded Citizens of Nassau County 86051 Hamilton Street Yulee, FL 32097	59-1404429	25,235
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Life Skills Level 3		
<b>Name and address</b>	Association for Retarded Citizens of Nassau County 86051 Hamilton Street Yulee, FL 32097	59-1404429	5,993
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Baker County Council on Aging	59-1596339	34,141

	9264 Buck Starling Rd MacClenny, FL 32063		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Home Delivered Meals Program		
<b>Name and address</b>	Baptist Health Foundation of Jacksonville 841 Prudential Dr Ste 1300 Jacksonville, FL 32207	59-2487135	124,597
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	13,246
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Barnabas Center Inc 1303 Jamine Street Ste 101 Fernandina Beach, FL 32034	59-2920275	36,616
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Crisis Assistance		
<b>Name and address</b>	BASCA Inc 352 Stowe Avenue Orange Park, FL 32073	59-3318252	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Programs to provide assistance		
<b>Name and address</b>	BASCA Inc 352 Stowe Avenue Orange Park, FL 32073	59-3318252	7,995
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	FCR Facility Repairs		
<b>Name and address</b>	BEAM 850 6th Avenue S Suite 400 Jacksonville Beach, FL 32250	59-2564222	8,007
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	BEAM 850 6th Avenue S Suite 400 Jacksonville Beach, FL 32250	59-2564222	18,750
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Single Parent Project		
<b>Name and address</b>	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	11,702
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Big Brothers Big Sisters of Northeast Florida 40 East Adams St Ste 220 Jacksonville, FL 32202	59-0683256	20,632
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	OneToOne Mentoring Nassau		
<b>Name and address</b>	Boselli Foundation P O Box 16385 Jacksonville, FL 32245	33-0664018	30,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	41,412
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	31,844
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Scouting Support		
<b>Name and address</b>	Boy Scouts of America North Florida Council 521 S Edgewood Avenue Jacksonville, FL 32205	59-0637816	70,179
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Positive Youth Development Title 1		
<b>Name and address</b>	Boys & Girls Club of Nassau PO Box 16003 Fernandina Beach, FL 32035	59-3672345	17,572
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Great Futures		
<b>Name and address</b>	Boys & Girls Club of Nassau	59-3672345	7,973

	PO Box 16003 Fernandina Beach, FL 32035		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Scouting Support Nassau		
<b>Name and address</b>	Boys & Girls Club of Nassau PO Box 16003 Fernandina Beach, FL 32035	59-3672345	8,220
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	27,051
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	298,085
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Traditional Clubs		
<b>Name and address</b>	Boys & Girls Club of Northeast Florida 555 W 25th Street Jacksonville, FL 32206	59-6167630	30,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Summer Camps		
<b>Name and address</b>	Cathedral Arts Project Inc 4063 Salisbury Road Ste 107 Jacksonville, FL 32216	59-3672453	24,788
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	74,818
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Emergency Financial Assistance		
<b>Name and address</b>	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	125,038
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Catholic Charities Bureau of Jacksonville 134 E Church Street Ste 2 Jacksonville, FL 32202-3130	59-0624375	153,342
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Neighbor To Neighbor		
<b>Name and address</b>	Challenge Enterprises of Northeast Florida P O Box 1248 Green Cove Springs, FL 32043	59-1478621	5,328
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	CHILD Cancer Fund 4811 Atlantic Blvd Jacksonville, FL 32207	59-3359840	7,199
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Child Guidance Center Inc 5776 St Augustine Road Jacksonville, FL 32207	59-0704727	463,262
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	126,869
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	32,566
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Adoption Services		
<b>Name and address</b>	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	23,240
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Childrens Home Society of Florida	59-0192430	9,727



## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

	3027 San Diego Road Jacksonville, FL 32207		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Life Education		
<b>Name and address</b>	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	10,688
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Teen Parent Program		
<b>Name and address</b>	Childrens Home Society of Florida 3027 San Diego Road Jacksonville, FL 32207	59-0192430	116,761
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Community Partnership		
<b>Name and address</b>	Christ Episcopal Church 400 San Juan Drive Ponte Vedra Beach, FL 32082	59-0806965	7,237
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	City Rescue Mission PO Box 60291 Jacksonville, FL 32236	59-1009115	10,667
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	City Year Inc 287 Columbus Ave Boston, MA 02116	22-2882549	184,124
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Whole School Whole Child		
<b>Name and address</b>	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	84,163
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Daily Feeding Program		
<b>Name and address</b>	Clara White Mission 613 W Ashley Street Jacksonville, FL 32202	59-6002104	25,732
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Clay Behavioral Health Center 1726 Kingsley Ave Ste 2 Orange Park, FL 32073	59-2219317	8,751
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Vocational Services		
<b>Name and address</b>	Communities in Schools of Jacksonville One Riverside Ave Ste 400 Jacksonville, FL 32202	59-3027895	23,164
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-3511	59-3191350	14,488
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Dream Team MS Achievement		
<b>Name and address</b>	Communities in Schools of Nassau County 516 South 10th St Ste 205 Fernandina Beach, FL 32034-3511	59-3191350	14,189
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CIS For Success		
<b>Name and address</b>	Community Hospice of Northeast Florida 4266 Sunbeam Road Jacksonville, FL 32257	59-1940256	10,651
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Daniel Inc 4203 Southpoint Boulevard Jacksonville, FL 32216	59-3067752	31,718
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Daniel Inc 4203 Southpoint Boulevard Jacksonville, FL 32216	59-3067752	42,351
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Project Prepare		
<b>Name and address</b>	Daniel Inc	59-3067752	551,479

	4203 Southpoint Boulevard Jacksonville, FL 32216		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	Delores Barr Weaver Policy Center 40 E Adams St Ste 130 Jacksonville, FL 32202	46-0938295	18,750
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Girl Matters Continuity of Care		
<b>Name and address</b>	DLC Nurse and Learn Inc 4101 1 College Street Jacksonville, FL 32205	59-3618761	59,800
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Specialized Childrens Program		
<b>Name and address</b>	DLC Nurse and Learn Inc 4101 1 College Street Jacksonville, FL 32205	59-3618761	16,245
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Downtown Ecumenical Services Council 215 North Ocean St Jacksonville, FL 32202	59-2437003	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Rent and Electric Assistance		
<b>Name and address</b>	Dreams Come True of Jacksonville Inc 6803 Southpoint Parkway Jacksonville, FL 32216	59-2967803	16,256
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Duval County Public Schools 1701 Prudential Drive Jacksonville, FL 32207	59-6000589	186,959
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	FSS Community Programs		
<b>Name and address</b>	Early Learning CoalitionJAX 8301 Cypress Plaza Drive Ste 201 Jacksonville, FL 32256	59-3688924	1,228,964
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Success by 6		
<b>Name and address</b>	Episcopal Childrens Services 8443 Baymeadows Road Ste 1 Jacksonville, FL 32256	59-1146765	15,737
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Episcopal Childrens Services 8443 Baymeadows Road Ste 1 Jacksonville, FL 32256	59-1146765	244,118
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Success by 6		
<b>Name and address</b>	Evangel Temple AOG Church 5755 Ramona Blvd Jacksonville, FL 32205	59-1516022	9,996
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Exchange Club Family Center 3119 Spring Glen Road Ste 111 Jacksonville, FL 32207	59-3060241	11,187
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	332,569
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	67,604
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Education		
<b>Name and address</b>	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	26,765
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Stability		
<b>Name and address</b>	Family Foundations	59-0768265	34,588

	40 E Adams Street Suite 320 Jacksonville, FL 32202		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family and Individual Counseling		
<b>Name and address</b>	Family Foundations 40 E Adams Street Suite 320 Jacksonville, FL 32202	59-0768265	67,604
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Counseling		
<b>Name and address</b>	Family Support Services of North Florida 1300 Riverplace Blvd Ste 700 Jacksonville, FL 32207	59-3759863	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Parent Needs Assistance		
<b>Name and address</b>	Feeding Northeast Florida 1116 Edgewood Ave North Unit D E Jacksonville, FL 32254	46-5014769	21,920
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Government Furlough		
<b>Name and address</b>	FIVE Star Veterans Center 40 Acme Street Jacksonville, FL 32211	45-3545974	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Veterans Living Independantly		
<b>Name and address</b>	Florida Institute of Education 12000 Alumni Dr UNF Jacksonville, FL 32224	59-2976169	35,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Achievers for Life		
<b>Name and address</b>	Generation You Employed Inc 616 A Phillip Randolph Blvd Jacksonville, FL 32202	47-1073442	97,500
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Financial Stability		
<b>Name and address</b>	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	9,328
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	6,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Summer Camps		
<b>Name and address</b>	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	27,600
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Leadership Experience		
<b>Name and address</b>	Girl Scouts of Gateway Council 13007 W Linebaugh Ave Tampa, FL 33626	59-0637857	60,825
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Community Outreach Troops		
<b>Name and address</b>	Girls Incorporated of Jax 100 Festival Park Ave Jacksonville, FL 32202	59-1317196	71,054
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Strong Smart Bold		
<b>Name and address</b>	Girls Incorporated of Jax 100 Festival Park Ave Jacksonville, FL 32202	59-1317196	32,241
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Afterschool Literacy		
<b>Name and address</b>	Girls on the Run of Northeast Florida 3986 Boulevard Center Dr Ste 102 Jacksonville, FL 32207	16-1695973	5,512
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Guardian Catholic Schools 4920 Brentwood Ave Jacksonville, FL 32206	59-0637829	6,256
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Habitat for Humanity of Jacksonville	59-2880071	74,732

	2404 Hubbard Street Jacksonville, FL 32202		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Heart of Arkansas United Way P O Box 798 North Little Rock, AR 72115	71-0329790	8,402
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Heart of Florida United Way 1940 Traylor Blvd Orlando, FL 32804	59-0808854	13,995
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Holy Family Church 9800 Baymeadows Road Jacksonville, FL 32256	59-1563908	6,745
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Hope Haven Inc 4600 Beach Boulevard Jacksonville, FL 32207	59-0668485	10,484
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Search		
<b>Name and address</b>	Hope Haven Inc 4600 Beach Boulevard Jacksonville, FL 32207	59-0668485	10,723
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	22,099
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	47,710
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Emergency Services		
<b>Name and address</b>	Hubbard House Inc PO Box 4909 Jacksonville, FL 32201	59-1814635	32,993
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Childrens Program		
<b>Name and address</b>	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	71,988
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Legal Assistance Program		
<b>Name and address</b>	Jacksonville Area Legal Aid 126 West Adams Street 7th Floor Jacksonville, FL 32202	59-0696291	17,703
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Humane Society 8464 Beach Boulevard Jacksonville, FL 32216	59-0624410	7,158
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Jaguars Foundation One Everbank Field Drive Jacksonville, FL 32202	59-3249687	10,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Public Education Fund 40 East Adams St Ste 110 Jacksonville, FL 32202	59-2756660	102,375
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Parent Engagement		
<b>Name and address</b>	Jacksonville Public Education Fund 40 East Adams St Ste 110 Jacksonville, FL 32202	59-2756660	47,102
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Neighborhood programs		
<b>Name and address</b>	Jacksonville School for Autism	20-2632111	13,128



	9000 Cypress Green Drive Jacksonville, FL 32256		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Speech & Hearing 40 E Adams St Ste LL20 Jacksonville, FL 32202	59-0970718	30,720
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Adult Hearing Disorders		
<b>Name and address</b>	Jacksonville Speech & Hearing 40 E Adams St Ste LL20 Jacksonville, FL 32202	59-0970718	53,039
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Speech Services		
<b>Name and address</b>	Jacksonville Symphony Association 300 Water St Ste 200 Jacksonville, FL 32202	59-6002520	10,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jacksonville Urban League 903 West Union Street Jacksonville, FL 32204	59-0637865	35,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Capacity Building Tech Assist		
<b>Name and address</b>	Jacksonville Urban League 903 West Union Street Jacksonville, FL 32204	59-0637865	6,730
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Community Partnership		
<b>Name and address</b>	Jacksonville Zoological Society 370 Zoo Parkway Jacksonville, FL 32218	59-1319010	5,659
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	JASMYN 923 Peninsular Place Jacksonville, FL 32205	59-3284175	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Youth Homelessness		
<b>Name and address</b>	JASMYN 923 Peninsular Place Jacksonville, FL 32205	59-3284175	14,766
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208	16,427
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Balance Prevention		
<b>Name and address</b>	Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208	14,659
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208	118,978
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Senior Engagement		
<b>Name and address</b>	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32217-2519	59-0637868	6,416
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32256	59-0637868	1,444,767
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Achievers for Life		
<b>Name and address</b>	Jewish Family & Community Service 8540 Baycenter Rd Jacksonville, FL 32256	59-0637868	638,400
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	Jewish Federation of Jacksonville	59-0637864	190,790

	8505 San Jose Boulevard Ste A Jacksonville, FL 32217		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Junior Achievement of North Florida 4049 Woodcock Dr Ste 200 Jacksonville, FL 32207	59-1021800	17,081
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Juvenile Diabetes Foundation North Florida Chapter 9700 Phillips Highway Suite 106 Jacksonville, FL 32256	23-1907729	16,183
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	KIPP Jacksonville Schools 1440 McDuff Ave North Jacksonville, FL 32254	94-3362724	10,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Learn to Read Inc PO Box 2178 Jacksonville, FL 32203	23-7153919	44,661
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Education Assesment and LDS		
<b>Name and address</b>	LISC Local Initiative Support 100 N Laura St Jacksonville, FL 32202	13-3030229	100,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Financial Stability		
<b>Name and address</b>	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-1514	59-1965600	13,979
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Lutheran Social Services of Northeast Florida 4615 Phillips Highway Jacksonville, FL 32207-1514	59-1965600	62,811
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Nourishment Network		
<b>Name and address</b>	Lycoming County United Way 33 West Third Street Suite 201 Williamsport, PA 17701	24-0828149	8,382
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	MaliVai Washington Foundation 1096 West 6th Street Jacksonville, FL 32209	59-3559150	18,750
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TnT Program		
<b>Name and address</b>	MaliVai Washington Foundation 1096 West 6th Street Jacksonville, FL 32209	59-3559150	6,261
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Mechanicsburg Soccer Club Keystone P O Box 1332 Mechanicsburg, PA 17055	23-2095178	8,923
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Mental Health America of Northeast Florida 8280 Princeton Sq Blvd Ste 8 Jacksonville, FL 32256	59-0721416	13,985
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Bullying Prevention Program		
<b>Name and address</b>	Mental Health America of Northeast Florida 8280 Princeton Sq Blvd Ste 8 Jacksonville, FL 32256	59-0721416	16,316
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	MOVE Program		
<b>Name and address</b>	Mental Health America of Northeast Florida 8280 Princeton Sq Blvd Ste 8 Jacksonville, FL 32256	59-0721416	8,800
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Hurricane Recovery		
<b>Name and address</b>	Methodist Childrens Village	59-3414968	5,485

	7915 Herlong Road Jacksonville, FL 32223		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Mission House 800 Shetter Avenue Jacksonville Beach, FL 32250	59-3376704	14,469
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	MOCA Jacksonville 333 North Laura Street Jacksonville, FL 32202	59-0689705	6,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Muslim American Social Services 2251 St Johns Bluff Rd S Jacksonville, FL 32246-2347	46-5096772	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Free Clinic		
<b>Name and address</b>	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	17,610
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Nassau County Council on Aging 1367 South 18th Street Fernandina Beach, FL 32034	23-7375273	51,630
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Geriatric Case Manager Program		
<b>Name and address</b>	New Heights of Northeast Florida 3311 Beach Blvd Jacksonville, FL 32207-3704	59-0718304	73,996
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Childrens Therapy Services		
<b>Name and address</b>	New Heights of Northeast Florida 3311 Beach Blvd Jacksonville, FL 32207-3704	59-0718304	11,261
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Adult Therapy Services		
<b>Name and address</b>	Nonprofit Center of Northeast Florida 40 East Adams St Ste 100 Jacksonville, FL 32202	59-3700428	103,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Hurricane Recovery		
<b>Name and address</b>	North Florida Office of Public Guardian 1425 E Piedmont Drive Tallahassee, FL 32308	16-1652866	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Case Manager Position		
<b>Name and address</b>	North Florida School of Special Education 223 Mill Creek Road Jacksonville, FL 32211	59-3126545	7,883
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Northeast Florida Area Agency on Aging 10688 Old St Augustine Rd Jacksonville, FL 32257	59-1569867	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Senior Dental Care		
<b>Name and address</b>	Northeast Florida Area Agency on Aging 10688 Old St Augustine Rd Jacksonville, FL 32257	59-1569867	50,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Hurricane Recovery		
<b>Name and address</b>	OneJax 1 UNF Dr Bldg 53 Ste 2750 Jacksonville, FL 32224	20-2719059	17,544
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	OneYouth		
<b>Name and address</b>	Operation New Hope 1830 North Main Street Jacksonville, FL 32206-3736	59-3590360	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Ready4Work		
<b>Name and address</b>	PACE Center for Girls Inc	59-2414492	22,175

Schedule I, Part IV, Statement 1

UNITED WAY OF NORTHEAST FLORIDA INC

	2933 University Blvd N Jacksonville, FL 32211		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	PACE Center for Girls Inc 2933 University Blvd N Jacksonville, FL 32211	59-2414492	10,669
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Dropout Prevention		
<b>Name and address</b>	PACE Center for Girls Inc 2933 University Blvd N Jacksonville, FL 32211	59-2414492	23,513
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Health Clinic		
<b>Name and address</b>	Pet Rescue North Inc PO Box 28574 Jacksonville, FL 32226	59-3005653	7,145
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Pine Castle 4911 Spring Park Road Jacksonville, FL 32207	59-0704733	30,339
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Pine Castle 4911 Spring Park Road Jacksonville, FL 32207	59-0704733	67,384
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Group Home Services		
<b>Name and address</b>	Police Athletic League 3450 Monument Road Jacksonville, FL 32225	23-7323006	48,163
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	13,630
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Quigley House Inc PO Box 142 Orange Park, FL 32067	59-2935027	67,950
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Emergency Shelter and Support Services		
<b>Name and address</b>	Ritz Chamber Music Society 1 Independent Dr Ste 2801 Jacksonville, FL 32202	56-2281527	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	River Garden Hebrew Home 11401 Old St Augustine Road Jacksonville, FL 32258	59-0624438	19,288
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Ronald McDonald House of Jacksonville 824 Childrens Way Jacksonville, FL 32207	59-2625008	11,467
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Rotary International 1560 Sherman Ave Evanston, IL 60201	36-3245072	6,120
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	23,414
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Services Clay		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	132,717
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Services Duval		
<b>Name and address</b>	Salvation Army of Northeast Florida	58-0660607	25,000



	PO Box 52508 Jacksonville, FL 32201		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Family Services Nassau		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	68,662
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	163,697
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Red Shield Lodge		
<b>Name and address</b>	Salvation Army of Northeast Florida PO Box 52508 Jacksonville, FL 32201	58-0660607	24,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Youth Summer Camps		
<b>Name and address</b>	St James Inn PO Box 64494 Los Angeles, CA 90064	95-4573028	6,541
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	St Johns Country Day 3100 Doctors Lake Drive Orange Park, FL 32073-6926	59-0700127	9,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	37,792
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	9,634
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Homeless Health Care		
<b>Name and address</b>	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	171,212
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Homeless Shelter Services		
<b>Name and address</b>	Sulzbacher Center for the Homeless 611 East Adams Street Jacksonville, FL 32202	59-3229898	21,230
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Health Center		
<b>Name and address</b>	The ARC of Jacksonville 1050 Davis Street North Jacksonville, FL 32209	59-6209603	79,482
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Employment Initiative		
<b>Name and address</b>	The ARC of Jacksonville 1050 Davis Street North Jacksonville, FL 32209	59-6209603	19,492
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	The Boggy Creek Gang Inc 30500 Brantley Branch Road Eustis, FL 32736	59-3012889	7,361
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	The Bolles School 7400 San Jose Blvd Jacksonville, FL 32217	59-0637814	6,900
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	The Carpenter's Shop Center 1601 University Blvd Jacksonville, FL 32211	20-2828807	18,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Afterschool and Summer Program		
<b>Name and address</b>	The Carpenter's Shop Center	20-2828807	15,000

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

	1601 University Blvd Jacksonville, FL 32211		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Neighborhood programs		
<b>Name and address</b>	The Childrens Christmas Party of Jacksonville P O Box 5338 Jacksonville, FL 32247	59-3611757	15,717
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	The Cultural Council of Greater Jacksonville 300 Water St Ste 201 Jacksonville, FL 32202	23-7347442	52,086
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mayors Youth at Work		
<b>Name and address</b>	The Sanctuary on 8th Street PO Box 3301 Jacksonville, FL 32206	59-3108041	12,730
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Youth Happens		
<b>Name and address</b>	The Sanctuary on 8th Street PO Box 3301 Jacksonville, FL 32206	59-3108041	28,054
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Afterschool and Summer Program		
<b>Name and address</b>	The Sanctuary on 8th Street PO Box 3301 Jacksonville, FL 32206	59-3108041	27,854
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Tom Coughlin Jay Fund P O Box 50798 Jacksonville Beach, FL 32240	59-3426937	7,331
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Broward County 1300 S Andrews Ave Ft Lauderdale, FL 33316	59-0624402	15,522
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Buffalo & Erie 742 Delaware Ave Buffalo, NY 14209	16-0743969	5,884
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Central Indiana PO Box 88409 Indianapolis, IN 46208-0409	35-1007590	40,831
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Central Maryland PO Box 1576 Baltimore, MD 21203	52-0591543	9,756
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Greater Los Angeles Lock Box File 57267 Los Angeles, CA 90065	95-2274801	7,918
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Greater Milwaukee 225 W Vine Street Milwaukee, WI 53212-3935	39-0806190	66,296
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Greater Philadelphia and Southern New Jersey 4513 Pennell Rd Ste 102 Aston, PA 19014	23-1556045	10,035
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Greater Rochester 75 College Avenue Rochester, NY 14607	16-1015782	5,220
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Madison County	63-0366294	25,046

## Schedule I, Part IV, Statement 1

## UNITED WAY OF NORTHEAST FLORIDA INC

	701 Andrew Jackson Way Huntsville, AL 35801		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Metropolitan Chicago 333 S Wabash 30th Fl Chicago, IL 60604	30-0200478	16,238
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Metropolitan Dallas 1800 North Lamar Street Dallas, TX 75202	75-6005352	19,409
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Miami Dade 3250 SW 3rd Ave Miami, FL 33129	59-0830840	45,427
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Palm Beach County 2600 Quantum Boulevard Boynton Beach, FL 33426	59-0683258	22,752
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Southwestern Pennsylvania 1250 Penn Ave Pittsburg, PA 15230	25-1043578	7,305
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of St Johns County PO Box 625 St Augustine, FL 32085	59-6018986	31,967
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of St Johns County PO Box 625 St Augustine, FL 32085	59-6018986	27,567
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Hurricane Recovery		
<b>Name and address</b>	United Way of the Bay Area Attn Cashiers Department San Francisco, CA 94108	94-1312348	9,539
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of the Capital Region 2235 Millennium Way Enola, PA 17025	23-1352095	27,531
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of the National Capital Area 1577 Spring Hill Rd Ste 420 Vienna, VA 22182	53-0234290	15,447
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way of Volusia Flagler County 3747 W International Speedway Blvd Daytona Beach, FL 32124	59-1099774	6,462
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	United Way Suncoast 5201 W Kennedy Blvd Tampa, FL 33609	59-3725701	31,639
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	University of North Florida Foundation 1 UNF Drive Jacksonville, FL 32224	23-7167701	7,793
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	USO of Greater Jacksonville PO Box 108 Jacksonville, FL 32212	59-1052424	11,108
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Vision is Priceless	59-3386495	12,021

	3 Shircliff Way Suite 546 Jacksonville, FL 32204		
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Vision is Priceless 3 Shircliff Way Suite 546 Jacksonville, FL 32204	59-3386495	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Vision Care Services		
<b>Name and address</b>	Volunteers in Medicine Clinic 41 East Duval Street Jacksonville, FL 32202	75-3002172	6,873
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	148,304
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Access to Healthcare		
<b>Name and address</b>	WE CARE Jacksonville Inc 4080 Woodcock Dr Bldg 2400 Ste 130 Jacksonville, FL 32207	59-3431724	7,749
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	Womens Center of Jacksonville 5644 Colcord Avenue Jacksonville, FL 32211	23-7437216	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Rape Crisis and SAFE Program		
<b>Name and address</b>	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	117,559
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Directed Contr		
<b>Name and address</b>	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	50,607
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	YMCA Pryme Time		
<b>Name and address</b>	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	64,703
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	YMCA Urban Teen		
<b>Name and address</b>	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	46,826
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Health Programs		
<b>Name and address</b>	YMCA of Floridas First Coast 40 East Adams St Ste 210 Jacksonville, FL 32202	59-0638514	35,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Summer Camps		
<b>Name and address</b>	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	14,798
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		
<b>Name and address</b>	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	25,000
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Young Adults Emergency Shelter		
<b>Name and address</b>	Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	34,992
<b>IRC code section</b>	501 (c) (3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Mental Health Svcs		



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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**UNITED WAY OF NORTHEAST FLORIDA INC**

Employer identification number

**59-0637825**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		✓
<b>4b</b>		✓
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Michelle Braun, President, CEO and Board Secretary	(i) 234,202	(ii) 10,000	(iii) 0	10,607	21,319	276,128	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	Patricia Kilgore, Vice President - Finance & Administration	(i) 149,928	(ii) 0	(iii) 0	-12,319	9,238	146,847	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
16		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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				
2				
3				
4				
5				
6				
7				
8				
9	✓	10	288,144	Donor pledge
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

**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

	Yes	No
<b>30a</b> 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>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> 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 - Four stock sales occurred between July 1, 2018 and June 30, 2019 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF NORTHEAST FLORIDA INC**

Employer identification number

**59-0637825**

Form 990, Part I, Line 1 - 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](http://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 VI, Section A, Line 4 - United Way established a volunteer Governance Committee to review and recommend a governance structure to create focus and streamline operations. Following its review the Committee recommended changing from a dual board structure to a single board structure. In addition, it recommended 3 Board Committees and 3 Councils. The operational change was approved and was effective July 1, 2018. United Way's Articles of Incorporation and bylaws were revised and the Articles filed with the State of Florida.

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 24, 2019. They discussed the audit process; reviewed and accepted the audit; and met in executive session with the audit team. At the January 23, 2020 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, 2019, and June 30, 2018, fiscal years will be posted electronically on United Way's website [www.unitedwaynefl.org](http://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 \$1,137,585 + Part IX, Line 25, Column D, Fundraising Expense of \$2,078,686) divided by Part VIII, Line 12, Column A - Total Revenue of \$21,253,288 = 15.13%----

Form 990, Part XI, Line 9 - Net change between Contributions and pledges designated to agencies of \$4,218,230 and Distributions of specific agency designations of \$4,949,278, and the net change in the actuarial values of the pension plan of -\$231,317.

**First Program Service Accomplishments Description**

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**Description**

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care coordinator position provides assessment of veteran needs and coordinates area services for veterans and advocates on their behalf as needed. The resource specialist identifies resources available to veterans and further identifies and tracks unmet needs within the community to assist with future planning and program development. 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 2018-2019, United Way's Volunteer and Community Engagement office generated more than 190 group projects that involved more than 5,900 company volunteers with a total of more than 14,800 logged volunteer hours. With the inclusion of our more than 700 Reading Pals, Achievers for Life mentors and RealSense volunteers, the office logged in close to 75,700 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, 5556 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 2018-19: Arlington, Lakeshore, 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, 1718 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 an array of services to 87 Duval County Schools, with 57,000 students eligible to receive services. An addition, 56,000 students (at 73 Duval County Schools) have access to comprehensive mental health 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 Family 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 2018-19 school year: 7,617 students were referred for services, 4,689 students were provided medical services, 3,849 students received mental health treatment and 33,462 people were served by Full Service Schools. 98% of students completing counseling demonstrated a measurable increase in overall functioning, and 93% 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/Financial Stability - 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 2018 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, 40% of the households are below the ALICE level (household survival budget of \$56,160 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 2019 Tax Season, volunteers and seasonal paid staff assisted 23,848 clients in seven counties throughout Northeast Florida with preparing their Federal income taxes, resulting in \$25.8 million in total refund dollars returned to our local economy at no cost to the clients. As a result, clients saved an estimated \$5 million in preparation fees alone, while \$6.9 million in federal EITC funds were funneled into our local economy (an estimated local economic impact of \$38 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 2018/2019, more than 10,000 participant 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% had developed a written budget.</p>	1,204,008	291,100	0
	<p>Donor Designations - In addition to funding for all of the aforementioned programs, United Way processed approximately \$4.8 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>	4,795,936	4,795,936	0
<b>Total:</b>		<b>5,999,944</b>	<b>5,087,036</b>	<b>0</b>