

PUBLIC DISCLOSURE COPY

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><p align="center"><b>UNITED WAY OF NORTHEAST FLORIDA INC.</b></p> Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><p><b>40 EAST ADAMS STREET 200</b></p> City or town, state or province, country, and ZIP or foreign postal code<br><p><b>JACKSONVILLE, FL 32202</b></p> <b>F</b> Name and address of principal officer: <b>MICHELLE BRAUN</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><p align="center"><b>59-0637825</b></p> <b>E</b> Telephone number<br><p align="center"><b>904-390-3200</b></p> <b>G</b> Gross receipts \$ <b>28,210,078.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>J</b> Website: ▶ <b>WWW.UNITEDWAYNEFL.ORG</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Part I Summary**

|                                    |                 |                                                                                                                                         |                                                                  |                                    |
|------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------|
|                                    | <b>1</b>        | Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>                                      |                                                                  |                                    |
| <b>Activities &amp; Governance</b> | <b>2</b>        | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                                                  |                                    |
|                                    | <b>3</b>        | Number of voting members of the governing body (Part VI, line 1a)                                                                       | <b>3</b>                                                         | <b>16</b>                          |
|                                    | <b>4</b>        | Number of independent voting members of the governing body (Part VI, line 1b)                                                           | <b>4</b>                                                         | <b>16</b>                          |
|                                    | <b>5</b>        | Total number of individuals employed in calendar year 2019 (Part V, line 2a)                                                            | <b>5</b>                                                         | <b>81</b>                          |
|                                    | <b>6</b>        | Total number of volunteers (estimate if necessary)                                                                                      | <b>6</b>                                                         | <b>4986</b>                        |
|                                    | <b>7a</b>       | Total unrelated business revenue from Part VIII, column (C), line 12                                                                    | <b>7a</b>                                                        | <b>0.</b>                          |
|                                    | <b>7b</b>       | Net unrelated business taxable income from Form 990-T, line 39                                                                          | <b>7b</b>                                                        | <b>0.</b>                          |
| <b>Revenue</b>                     | <b>8</b>        | Contributions and grants (Part VIII, line 1h)                                                                                           | <b>Prior Year</b><br>21,185,419.                                 | <b>Current Year</b><br>26,449,502. |
|                                    | <b>9</b>        | Program service revenue (Part VIII, line 2g)                                                                                            | 0.                                                               | 213,894.                           |
|                                    | <b>10</b>       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                           | 67,869.                                                          | 68,525.                            |
|                                    | <b>11</b>       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                | 0.                                                               | 153,381.                           |
|                                    | <b>12</b>       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                      | 21,253,288.                                                      | 26,885,302.                        |
|                                    | <b>Expenses</b> | <b>13</b>                                                                                                                               | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 15,255,182.                        |
| <b>14</b>                          |                 | Benefits paid to or for members (Part IX, column (A), line 4)                                                                           | 0.                                                               | 0.                                 |
| <b>15</b>                          |                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                       | 5,318,255.                                                       | 5,184,462.                         |
| <b>16a</b>                         |                 | Professional fundraising fees (Part IX, column (A), line 11e)                                                                           | 0.                                                               | 0.                                 |
| <b>b</b>                           |                 | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,771,312.</b>                                                           |                                                                  |                                    |
| <b>17</b>                          |                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                            | 2,945,003.                                                       | 2,818,081.                         |
|                                    | <b>18</b>       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                               | 23,518,440.                                                      | 26,238,912.                        |
|                                    | <b>19</b>       | Revenue less expenses. Subtract line 18 from line 12                                                                                    | -2,265,152.                                                      | 646,390.                           |
| <b>Net Assets or Fund Balances</b> | <b>20</b>       | Total assets (Part X, line 16)                                                                                                          | <b>Beginning of Current Year</b><br>20,354,822.                  | <b>End of Year</b><br>23,292,003.  |
|                                    | <b>21</b>       | Total liabilities (Part X, line 26)                                                                                                     | 3,933,951.                                                       | 6,161,621.                         |
|                                    | <b>22</b>       | Net assets or fund balances. Subtract line 21 from line 20                                                                              | 16,420,871.                                                      | 17,130,382.                        |

**Part II Signature Block**

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

|                               |                                                                                                                       |                                                                   |                         |                                                 |                          |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------|-------------------------------------------------|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><p align="center"><b>MICHELLE BRAUN, PRESIDENT &amp; CEO</b></p> Type or print name and title | Date                                                              |                         |                                                 |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>AMY BIBBY</b>                                                                        | Preparer's signature<br><b>AMY BIBBY</b>                          | Date<br><b>05/05/21</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00445891</b> |
|                               | Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b><br>Firm's address ▶ <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>     | Firm's EIN ▶ <b>56-0747981</b><br>Phone no. (828) <b>254-2254</b> |                         |                                                 |                          |

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 [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 8,238,070. including grants of \$ 5,832,516. ) (Revenue \$ 213,894. ) 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 79,883 PHONE CALLS IN FY2019-20 AND MADE 37,904 REFERRALS FOR CALLERS WHO NEEDED

4b (Code: ) (Expenses \$ 4,580,193. including grants of \$ 4,361,501. ) (Revenue \$ ) 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. ACHIEVERS FOR LIFE (AFL) A DROPOUT PREVENTION STRATEGY FOCUSED ON MIDDLE SCHOOL STUDENTS WHO ARE AT-RISK FOR ACADEMIC FAILURE. DROPPING

4c (Code: ) (Expenses \$ 4,723,878. including grants of \$ 2,960,999. ) (Revenue \$ ) 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

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,720,221. including grants of \$ 5,081,353. ) (Revenue \$ )

4e Total program service expenses 23,262,362.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

| (A)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                           |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) GEORGE SCANLON<br>BOARD OF DIRECTORS - CHAIR          | 2.00                                                                                | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) MICHAEL HERMAN<br>BOARD OF DIRECTORS - VICE CHAIR     | 2.00                                                                                | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) JIM STEP NOSKI<br>BOARD OF DIRECTORS - TREASURER      | 2.00                                                                                | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) SCOTT COBLE<br>BOARD OF DIRECTORS                     | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) MELISSA DYKES<br>BOARD OF DIRECTORS                   | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) BRIAN EVANS<br>BOARD OF DIRECTORS                     | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) ROBERT HILL<br>BOARD OF DIRECTORS                     | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) RUDY JAMISON, JR., ED.D<br>BOARD OF DIRECTORS         | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) SARA LEY<br>BOARD OF DIRECTORS                        | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) LISA PALMER<br>BOARD OF DIRECTORS                    | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) NED PEVERLEY<br>BOARD OF DIRECTORS                   | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) SABEEN PERWAIZ SYED<br>BOARD OF DIRECTORS            | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) DARNELL SMITH<br>BOARD OF DIRECTORS                  | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) MAX STAPLIN<br>BOARD OF DIRECTORS                    | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (15) RUSS THOMAS<br>BOARD OF DIRECTORS                    | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (16) HEATHER WALTON<br>BOARD OF DIRECTORS                 | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (17) DELORES BARR WEAVER<br>BOARD OF DIRECTORS (EMERITUS) | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |



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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) MICHELLE BRAUN<br>PRESIDENT, CEO AND BOARD SECRETARY      | 64.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 238,412.                                                             | 0.                                                                        | 35,247.                                                                                       |
| (19) RICHARD BUTCHER<br>CHIEF FINANCIAL OFFICER                | 56.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 87,339.                                                              | 0.                                                                        | 146.                                                                                          |
| (20) MAUREEN MERCHO<br>VP OF MARKETING, COMMUNICATION & CAM    | 59.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 123,489.                                                             | 0.                                                                        | 27,499.                                                                                       |
| (21) BRENT DIETZ<br>I.T. DIRECTOR                              | 50.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 126,487.                                                             | 0.                                                                        | 258.                                                                                          |
| (22) PHYLLIS MARTIN<br>HEAD OF COMMUNITY IMPACT & STRATEGIC    | 44.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 125,425.                                                             | 0.                                                                        | 12,114.                                                                                       |
| (23) LORI SMITH<br>VP OF HUMAN RESOURCES & ORGANIZATION        | 57.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 123,551.                                                             | 0.                                                                        | 906.                                                                                          |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                     |                                                                                                           |                       |         |              |                              |        | 824,703.                                                             | 0.                                                                        | 76,170.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 824,703.                                                             | 0.                                                                        | 76,170.                                                                                       |

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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)           | (B)                                | (C)                        | (D)                                                |             |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------|---------------|------------------------------------|----------------------------|----------------------------------------------------|-------------|
|                                                        |                                                                                                                                |                                                                                    |                             | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |             |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>                                                                                                                     | Federated campaigns .....                                                          | <b>1a</b> 91,239.           |               |                                    |                            |                                                    |             |
|                                                        | <b>b</b>                                                                                                                       | Membership dues .....                                                              | <b>1b</b>                   |               |                                    |                            |                                                    |             |
|                                                        | <b>c</b>                                                                                                                       | Fundraising events .....                                                           | <b>1c</b>                   |               |                                    |                            |                                                    |             |
|                                                        | <b>d</b>                                                                                                                       | Related organizations .....                                                        | <b>1d</b>                   |               |                                    |                            |                                                    |             |
|                                                        | <b>e</b>                                                                                                                       | Government grants (contributions) .....                                            | <b>1e</b>                   |               |                                    |                            |                                                    |             |
|                                                        | <b>f</b>                                                                                                                       | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b> 26,358,263.       |               |                                    |                            |                                                    |             |
|                                                        | <b>g</b>                                                                                                                       | Noncash contributions included in lines 1a-1f                                      | <b>1g</b> \$                |               |                                    |                            |                                                    |             |
|                                                        | <b>h</b>                                                                                                                       | <b>Total.</b> Add lines 1a-1f .....                                                |                             |               |                                    |                            |                                                    | 26,449,502. |
| Program Service Revenue                                | <b>2 a</b>                                                                                                                     | SERVICE FEES                                                                       | <b>Business Code</b> 900099 | 213,894.      | 213,894.                           |                            |                                                    |             |
|                                                        | <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 .....                                                |                             | 213,894.      |                                    |                            |                                                    |             |
| Other Revenue                                          | <b>3</b>                                                                                                                       | Investment income (including dividends, interest, and other similar amounts) ..... |                             | 70,967.       |                                    |                            | 70,967.                                            |             |
|                                                        | <b>4</b>                                                                                                                       | Income from investment of tax-exempt bond proceeds .....                           |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>5</b>                                                                                                                       | Royalties .....                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>6 a</b>                                                                                                                     | Gross rents .....                                                                  | (i) Real                    |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    | (ii) Personal               |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>b</b>                                                                                                                       | Less: rental expenses ...                                                          | <b>6b</b>                   |               |                                    |                            |                                                    |             |
|                                                        | <b>c</b>                                                                                                                       | Rental income or (loss)                                                            | <b>6c</b>                   |               |                                    |                            |                                                    |             |
|                                                        | <b>d</b>                                                                                                                       | Net rental income or (loss) .....                                                  |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>7 a</b>                                                                                                                     | Gross amount from sales of assets other than inventory .....                       | (i) Securities              |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    | (ii) Other                  |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>b</b>                                                                                                                       | Less: cost or other basis and sales expenses .....                                 | <b>7b</b> 1,324,776.        |               |                                    |                            |                                                    |             |
| <b>c</b>                                               | Gain or (loss) .....                                                                                                           | <b>7c</b> -2,442.                                                                  |                             |               |                                    |                            |                                                    |             |
| <b>d</b>                                               | Net gain or (loss) .....                                                                                                       |                                                                                    | -2,442.                     | -2,442.       |                                    |                            |                                                    |             |
| <b>8 a</b>                                             | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
| <b>b</b>                                               | Less: direct expenses .....                                                                                                    | <b>8b</b>                                                                          |                             |               |                                    |                            |                                                    |             |
| <b>c</b>                                               | Net income or (loss) from fundraising events .....                                                                             |                                                                                    |                             |               |                                    |                            |                                                    |             |
| <b>9 a</b>                                             | Gross income from gaming activities. See Part IV, line 19 .....                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
| <b>b</b>                                               | Less: direct expenses .....                                                                                                    | <b>9b</b>                                                                          |                             |               |                                    |                            |                                                    |             |
| <b>c</b>                                               | Net income or (loss) from gaming activities .....                                                                              |                                                                                    |                             |               |                                    |                            |                                                    |             |
| <b>10 a</b>                                            | Gross sales of inventory, less returns and allowances .....                                                                    |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        |                                                                                                                                |                                                                                    |                             |               |                                    |                            |                                                    |             |
| <b>b</b>                                               | Less: cost of goods sold .....                                                                                                 | <b>10b</b>                                                                         |                             |               |                                    |                            |                                                    |             |
| <b>c</b>                                               | Net income or (loss) from sales of inventory .....                                                                             |                                                                                    |                             |               |                                    |                            |                                                    |             |
| Miscellaneous Revenue                                  | <b>11 a</b>                                                                                                                    | MISCELLANEOUS INCOME                                                               | <b>Business Code</b> 900099 | 153,381.      |                                    |                            | 153,381.                                           |             |
|                                                        | <b>b</b>                                                                                                                       |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>c</b>                                                                                                                       |                                                                                    |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>d</b>                                                                                                                       | All other revenue .....                                                            |                             |               |                                    |                            |                                                    |             |
|                                                        | <b>e</b>                                                                                                                       | <b>Total.</b> Add lines 11a-11d .....                                              |                             | 153,381.      |                                    |                            |                                                    |             |
| <b>12</b>                                              | <b>Total revenue.</b> See instructions .....                                                                                   |                                                                                    |                             | 26,885,302.   | 211,452.                           | 0.                         | 224,348.                                           |             |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                               | 18,202,380.           | 18,202,380.                     |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                          | 33,989.               | 33,989.                         |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                   |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                           | 325,751.              | 59,603.                         | 206,545.                               | 59,603.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                       |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                           | 3,639,615.            | 2,262,674.                      | 495,566.                               | 881,375.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                 |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits                                                                                                                                                                            | 952,884.              | 699,440.                        | 69,758.                                | 183,686.                    |
| <b>10</b> Payroll taxes                                                                                                                                                                                     | 266,212.              | 154,521.                        | 46,839.                                | 64,852.                     |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>c</b> Accounting                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>d</b> Lobbying                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                            |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)                                                                                           | 1,006,006.            | 779,728.                        | 137,454.                               | 88,824.                     |
| <b>12</b> Advertising and promotion                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>13</b> Office expenses                                                                                                                                                                                   | 613,468.              | 448,827.                        | 76,659.                                | 87,982.                     |
| <b>14</b> Information technology                                                                                                                                                                            | 134,045.              | 115,763.                        | 4,755.                                 | 13,527.                     |
| <b>15</b> Royalties                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>17</b> Travel                                                                                                                                                                                            | 25,672.               | 12,734.                         | 5,912.                                 | 7,026.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                    |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                            | 32,212.               | 20,748.                         | 11,209.                                | 255.                        |
| <b>20</b> Interest                                                                                                                                                                                          | 32,141.               | 16,148.                         | 15,532.                                | 461.                        |
| <b>21</b> Payments to affiliates                                                                                                                                                                            |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                         | 185,333.              | 116,434.                        | 28,050.                                | 40,849.                     |
| <b>23</b> Insurance                                                                                                                                                                                         | 42,790.               | 26,041.                         | 7,779.                                 | 8,970.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |                                        |                             |
| <b>a</b> UNITED WAY WORLDWIDE ME                                                                                                                                                                            | 219,511.              | 121,028.                        | 44,341.                                | 54,142.                     |
| <b>b</b> SPC LICENSURE FEE EXPEN                                                                                                                                                                            | 187,662.              |                                 |                                        | 187,662.                    |
| <b>c</b> MAINTENANCE AND REPAIRS                                                                                                                                                                            | 175,815.              | 85,996.                         | 29,015.                                | 60,804.                     |
| <b>d</b> PUBLIC AWARENESS CAMPAI                                                                                                                                                                            | 91,599.               | 74,286.                         |                                        | 17,313.                     |
| <b>e</b> All other expenses                                                                                                                                                                                 | 71,827.               | 32,022.                         | 25,824.                                | 13,981.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                | 26,238,912.           | 23,262,362.                     | 1,205,238.                             | 1,771,312.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                       |                                 |                                        |                             |

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

**Part X Balance Sheet**

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

|                                                                           |                                                                                                                                                                                                                                | (A)                   |             | (B)         |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|-------------|
|                                                                           |                                                                                                                                                                                                                                | Beginning of year     |             | End of year |
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 6,144,807.            | <b>1</b>    | 9,162,621.  |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          | 1,509,262.            | <b>2</b>    | 1,791,013.  |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              | 7,434,011.            | <b>3</b>    | 8,882,784.  |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 438,827.              | <b>4</b>    | 358,059.    |
|                                                                           | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                       | <b>5</b>    |             |
|                                                                           | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                       | <b>6</b>    |             |
|                                                                           | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                       | <b>7</b>    |             |
|                                                                           | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     |                       | <b>8</b>    |             |
|                                                                           | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 190,868.              | <b>9</b>    | 51,160.     |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 2,461,614. |             |             |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 1,528,508. | <b>10c</b>  | 933,106.    |
|                                                                           | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       | 3,549,208.            | <b>11</b>   | 2,113,260.  |
|                                                                           | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           |                       | <b>12</b>   |             |
|                                                                           | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                       | <b>13</b>   |             |
|                                                                           | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                       | <b>14</b>   |             |
|                                                                           | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             |                       | <b>15</b>   |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 20,354,822.                                                                                                                                                                                                                    | <b>16</b>             | 23,292,003. |             |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 484,501.              | <b>17</b>   | 679,761.    |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                 | 519,781.              | <b>18</b>   | 21,887.     |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                       | <b>19</b>   |             |
|                                                                           | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                       | <b>20</b>   |             |
|                                                                           | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                       | <b>21</b>   |             |
|                                                                           | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                       | <b>22</b>   |             |
|                                                                           | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 |                       | <b>23</b>   | 975,500.    |
|                                                                           | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                       | <b>24</b>   |             |
|                                                                           | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                          | 2,929,669.            | <b>25</b>   | 4,484,473.  |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                     | 3,933,951.            | <b>26</b>   | 6,161,621.  |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                       |             |             |
|                                                                           | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 12,458,046.           | <b>27</b>   | 13,974,341. |
|                                                                           | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             | 3,962,825.            | <b>28</b>   | 3,156,041.  |
|                                                                           | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                       |             |             |
|                                                                           | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                       | <b>29</b>   |             |
|                                                                           | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                       | <b>30</b>   |             |
|                                                                           | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                       | <b>31</b>   |             |
|                                                                           | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 16,420,871.           | <b>32</b>   | 17,130,382. |
|                                                                           | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | 20,354,822.           | <b>33</b>   | 23,292,003. |

**Part XI Reconciliation of Net Assets**

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

|    |                                                                                                                |    |             |
|----|----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 26,885,302. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 26,238,912. |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 646,390.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 16,420,871. |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 81,000.     |
| 6  | Donated services and use of facilities                                                                         | 6  |             |
| 7  | Investment expenses                                                                                            | 7  |             |
| 8  | Prior period adjustments                                                                                       | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                           | 9  | -17,879.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 17,130,382. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)



**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) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 20349854. | 18783621. | 22891578. | 16808892. | 21631028. | 100464973 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        | 20349854. | 18783621. | 22891578. | 16808892. | 21631028. | 100464973 |
| <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) ..... |           |           |           |           |           | 19849674. |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |           |           |           |           |           | 80615299. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                        | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                   | 20349854. | 18783621. | 22891578. | 16808892. | 21631028. | 100464973                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                       | 3,823.    | 99,025.   | 87,516.   | 71,339.   | 68,525.   | 330,228.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                    |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                      |           |           |           |           |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                      |           |           |           |           |           | 100795201                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                      |           |           |           |           | 12        |                          |
| <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 2019 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                              | <b>14</b> | 79.98 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                    | <b>15</b> | 94.60 %                             |
| <b>16a 33 1/3% support test - 2019.</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 - 2018.</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 - 2019.</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 - 2018.</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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

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

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

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|                                                                                                              |           |   |
|--------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

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



**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <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>                                        |     |    |

**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>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>                                                                                                                                                                                                                                                                             |     |    |

**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> |     |    |

**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>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>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>                                                                                          |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>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>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |  |  |
| <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>                                                                                                                                                                                                                                                                                   |  |  |

**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) |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                      | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                                      | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                                      | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                                      | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                             |
| 5                                      | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                       | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                       | Multiply line 5 by .035.                                                                                                        | 6              |                             |
| 7                                       | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| <b>Section C - Distributable Amount</b> |                                                                                                                                                                           | (A) Prior Year | Current Year |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                     | 1              |              |
| 2                                       | Enter 85% of line 1.                                                                                                                                                      | 2              |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                    | 3              |              |
| 4                                       | Enter greater of line 2 or line 3.                                                                                                                                        | 4              |              |
| 5                                       | Income tax imposed in prior year                                                                                                                                          | 5              |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6              |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

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

| <b>Section D - Distributions</b>                                                                                                                            | <b>Current Year</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <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 2019 from Section C, line 6                                                                                               |                     |
| <b>10</b> Line 8 amount divided by line 9 amount                                                                                                            |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)                                                                                                                           | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2019</b> | <b>(iii)<br/>Distributable<br/>Amount for 2019</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2019 from Section C, line 6                                                                                                                            |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.                                                  |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2019                                                                                                                                 |                                     |                                                 |                                                    |
| <b>a</b> From 2014                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>b</b> From 2015                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>c</b> From 2016                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>d</b> From 2017                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>e</b> From 2018                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through e                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                    |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2019 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2014 not applied (see instructions)                                                                                                                              |                                     |                                                 |                                                    |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                               |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$                                                                                                                               |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2019 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.                                                                                                                                     |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.</b> Add lines 3j and 4c.                                                                                                                    |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2015                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2016                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2017                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2018                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2019                                                                                                                                                                |                                     |                                                 |                                                    |

Schedule A (Form 990 or 990-EZ) 2019



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,619,733.       | 1,551,387.     | 494,962.           | 440,257.             | 439,545.            |
| b Contributions                                  |                  | 5,000.         | 1,018,115.         | 5,000.               | 1,000.              |
| c Net investment earnings, gains, and losses     | 59,629.          | 73,302.        | 69,805.            | 52,722.              | 2,453.              |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                | 20,502.            |                      |                     |
| f Administrative expenses                        | 73,707.          | 9,956.         | 10,993.            | 3,017.               | 2,741.              |
| g End of year balance                            | 1,605,655.       | 1,619,733.     | 1,551,387.         | 494,962.             | 440,257.            |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  30.40 %
  - b Permanent endowment  69.60 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations                                                                                         | X   |    |
| (ii) Related organizations                                                                                          |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                |                                      |                                 |                              |                |
| b Buildings                                                                                            |                                      |                                 |                              |                |
| c Leasehold improvements                                                                               |                                      |                                 |                              |                |
| d Equipment                                                                                            |                                      | 2,461,614.                      | 1,528,508.                   | 933,106.       |
| e Other                                                                                                |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 933,106.       |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description                                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1)                                                                         |                |
| (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                                                    |                |
| (2) DESIGNATIONS PAYABLE                                                    | 3,984,615.     |
| (3) DEFERRED LEASE INCENTIVE                                                | 499,858.       |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,484,473.     |

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



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

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

|   |                                                                                 |    |            |             |
|---|---------------------------------------------------------------------------------|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 22,129,949. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | 81,000.    |             |
| b | Donated services and use of facilities                                          | 2b |            |             |
| c | Recoveries of prior year grants                                                 | 2c |            |             |
| d | Other (Describe in Part XIII.)                                                  | 2d |            |             |
| e | Add lines 2a through 2d                                                         | 2e | 81,000.    |             |
| 3 | Subtract line 2e from line 1                                                    |    | 3          | 22,048,949. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |             |
| b | Other (Describe in Part XIII.)                                                  | 4b | 4,836,353. |             |
| c | Add lines 4a and 4b                                                             | 4c | 4,836,353. |             |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5          | 26,885,302. |

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

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

|   |                                                                                  |    |            |             |
|---|----------------------------------------------------------------------------------|----|------------|-------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 21,420,438. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |             |
| a | Donated services and use of facilities                                           | 2a |            |             |
| b | Prior year adjustments                                                           | 2b |            |             |
| c | Other losses                                                                     | 2c |            |             |
| d | Other (Describe in Part XIII.)                                                   | 2d |            |             |
| e | Add lines 2a through 2d                                                          | 2e | 0.         |             |
| 3 | Subtract line 2e from line 1                                                     |    | 3          | 21,420,438. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |             |
| b | Other (Describe in Part XIII.)                                                   | 4b | 4,818,474. |             |
| c | Add lines 4a and 4b                                                              | 4c | 4,818,474. |             |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5          | 26,238,912. |

**Part XIII Supplemental Information.**

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

**PART 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.

**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

**Part XIII** Supplemental Information (continued)

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, 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|                                       |            |
|---------------------------------------|------------|
| CHANGE IN PENSION BENEFIT             | 17,879.    |
| DONOR DESIGNATIONS                    | 4,818,474. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 4,836,353. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

|                    |            |
|--------------------|------------|
| DONOR DESIGNATIONS | 4,818,474. |
|--------------------|------------|

**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

**2019**

**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   |
|-----------------------------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|----------------------------------------------|---------------------------------------------|
| ABILITY HOUSING, INC<br>C<br>JACKSONVILLE, FL 32207                               | 59-3087085     | 501 (C) (3)                            | 25,000.                         | 0.                                       |                                                              |                                              | PERMANENT SUPPORTIVE AND AFFORDABLE HOUSING |
| THE ARC OF NASSAU, INC.<br>86051 HAMILTON STREET<br>YULEE, FL 32097               | 59-1404429     | 501 (C) (3)                            | 25,235.                         | 0.                                       |                                                              |                                              | LIFE SKILLS                                 |
| BAKER COUNTY COUNCIL ON AGING, INC. - 9264 BUCK STARLING RD - MACCLENNY, FL 32063 | 59-1596339     | 501 (C) (3)                            | 34,141.                         | 0.                                       |                                                              |                                              | HOME DELIVERED MEALS PROGRAM                |
| BARNABAS CENTER, INC.<br>1303 JAMINE STREET STE 101<br>FERNANDINA BEACH, FL 32034 | 59-2920275     | 501 (C) (3)                            | 36,616.                         | 0.                                       |                                                              |                                              | CRISIS ASSISTANCE                           |
| BASCA, INC.<br>352 STOWE AVENUE<br>ORANGE PARK, FL 32073                          | 59-3318252     | 501 (C) (3)                            | 25,000.                         | 0.                                       |                                                              |                                              | PROGRAMS TO PROVIDE ASSISTANCE              |
| BOYS AND GIRLS CLUBS OF NASSAU<br>PO BOX 16003<br>FERNANDINA BEACH, FL 32035      | 59-3672345     | 501 (C) (3)                            | 23,429.                         | 0.                                       |                                                              |                                              | GREAT FUTURES                               |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**

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

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| CITY YEAR, INC<br>287 COLUMBUS AVE<br>BOSTON, MA 02116                                                         | 22-2882549 | 501 (C) (3)                   | 184,166.                 | 0.                                |                                                       |                                        | WHOLE SCHOOL WHOLE CHILD                |
| CLAY BEHAVIORAL HEALTH CENTER,<br>INC. - 1726 KINGSLEY AVE STE 2 -<br>ORANGE PARK, FL 32073                    | 59-2219317 | 501 (C) (3)                   | 8,751.                   | 0.                                |                                                       |                                        | VOCATIONAL SERVICES                     |
| DELORES BARR WEAVER POLICY CENTER<br>40 E ADAMS ST STE 130<br>JACKSONVILLE, FL 32202                           | 46-0938295 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | GIRL MATTERS CONTINUITY<br>OF CARE      |
| FAMILY SUPPORT SERVICES OF NORTH<br>FLORIDA, INC - 1300 RIVERPLACE<br>BLVD STE 700 - JACKSONVILLE, FL<br>32207 | 59-3759863 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | PARENT NEEDS ASSISTANCE                 |
| FEEDING NORTHEAST FLORIDA<br>1116 EDGEWOOD AVE NORTH UNIT D E<br>JACKSONVILLE, FL 32254                        | 46-5014769 | 501 (C) (3)                   | 225,000.                 | 0.                                |                                                       |                                        | EMERGENCY SERVICES -<br>COVID-19 RELIEF |
| FIVE STAR VETERANS CENTER, INC.<br>40 ACME STREET<br>JACKSONVILLE, FL 32211                                    | 45-3545974 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | VETERANS LIVING<br>INDEPENDANTLY        |
| GENERATION: YOU EMPLOYED, INC.<br>616 A PHILLIP RANDOLPH BLVD<br>JACKSONVILLE, FL 32202                        | 47-1073442 | 501 (C) (3)                   | 130,000.                 | 0.                                |                                                       |                                        | FINANCIAL STABILITY                     |
| GIRLS, INCORPORATED OF<br>JACKSONVILLE - 100 FESTIVAL PARK<br>AVE - JACKSONVILLE, FL 32202                     | 59-1317196 | 501 (C) (3)                   | 94,738.                  | 0.                                |                                                       |                                        | STRONG SMART BOLD                       |
| JASMYN<br>923 PENINSULAR PLACE<br>JACKSONVILLE, FL 32205                                                       | 59-3284175 | 501 (C) (3)                   | 32,146.                  | 0.                                |                                                       |                                        | YOUTH HOMELESSNESS                      |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                                           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| MUSLIM AMERICAN SOCIAL SEVICES<br>2251 ST JOHNS BLUFF RD S<br>JACKSONVILLE, FL 322462347                                     | 46-5096772 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | FREE CLINIC                        |
| NORTH FLORIDA OFFICE OF PUBLIC<br>GUARDIAN, INC - 1425 E PIEDMONT<br>DRIVE - TALLAHASSEE, FL 32308                           | 16-1652866 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | CASE MANAGER POSITION              |
| NORTHEAST FLORIDA AREA AGENCY ON<br>AGING, INC. D/B/A ELDELSOURCE -<br>10688 OLD ST AUGUSTINE RD -<br>JACKSONVILLE, FL 32257 | 59-1569867 | 501 (C) (3)                   | 75,000.                  | 0.                                |                                                       |                                        | SENIOR MEDS                        |
| OPERATION NEW HOPE, INC.<br>1830 NORTH MAIN STREET<br>JACKSONVILLE, FL 322063736                                             | 59-3590360 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | READY4WORK                         |
| THE CARPENTER'S SHOP CENTER<br>1601 UNIVERSITY BLVD<br>JACKSONVILLE, FL 32211                                                | 20-2828807 | 501 (C) (3)                   | 44,000.                  | 0.                                |                                                       |                                        | AFTERSCHOOL AND SUMMER<br>PROGRAM  |
| VISION IS PRICELESS COUNCIL, INC<br>3 SHIRCLIFF WAY SUITE 546<br>JACKSONVILLE, FL 32204                                      | 59-3386495 | 501 (C) (3)                   | 32,675.                  | 0.                                |                                                       |                                        | VISION CARE SERVICES               |
| WE CARE JACKSONVILLE<br>4080 WOODCOCK DR BLDG 2400 STE 130<br>JACKSONVILLE, FL 32207                                         | 59-3431724 | 501 (C) (3)                   | 157,567.                 | 0.                                |                                                       |                                        | ACCESS TO HEALTHCARE               |
| WOMENS CENTER OF JACKSONVILLE<br>5644 COLCORD AVENUE<br>JACKSONVILLE, FL 32211                                               | 23-7437216 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | RAPE CRISIS AND SAFE<br>PROGRAM    |
| ALL SAINTS EARLY LEARNING &<br>COMMUNITY CARE CENTER - 4171<br>HENDRICKS AVENUE - JACKSONVILLE,<br>FL 32207                  | 59-1500774 | 501 (C) (3)                   | 50,531.                  | 0.                                |                                                       |                                        | INTERGENERATIONAL CARE<br>CENTER   |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance              |
|------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| AMERICAN LUNG ASSOCIATION<br>6852 BELFORT OAKS PLACE<br>JACKSONVILLE, FL 32216                             | 59-0662271 | 501 (C) (3)                   | 10,925.                  | 0.                                |                                                       |                                        | OPEN AIRWAYS FOR SCHOOLS                        |
| AMERICAN RED CROSS NORTHEAST<br>FLORIDA CHAPTER - 751 RIVERSIDE<br>AVENUE - JACKSONVILLE, FL 32204         | 53-0196605 | 501 (C) (3)                   | 232,697.                 | 0.                                |                                                       |                                        | DISASTER SERVICES                               |
| ANGELWOOD, INC<br>PO BOX 24925<br>JACKSONVILLE, FL 32241                                                   | 59-3212078 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | RESIDENTIAL GROUP HOME                          |
| THE ARC JACKSONVILLE, INC<br>1050 DAVIS STREET NORTH<br>JACKSONVILLE, FL 32209                             | 59-6209603 | 501 (C) (3)                   | 88,810.                  | 0.                                |                                                       |                                        | EMPLOYMENT INITIATIVE                           |
| BEAM<br>850 6TH AVENUE S SUITE 400<br>JACKSONVILLE BEACH, FL 32250                                         | 59-2564222 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | SINGLE PARENT<br>PROJECT/BEYOND SCHOOL<br>WALLS |
| BIG BROTHERS BIG SISTERS OF<br>NORTHEAST FLORIDA - 40 EAST ADAMS<br>ST STE 220 - JACKSONVILLE, FL<br>32202 | 59-0683256 | 501 (C) (3)                   | 124,470.                 | 0.                                |                                                       |                                        | ONETOONE MENTORING NASSAU                       |
| BOY SCOUTS OF AMERICA NORTH<br>FLORIDA COUNCIL - 521 S EDGEWOOD<br>AVENUE - JACKSONVILLE, FL 32205         | 59-0637816 | 501 (C) (3)                   | 135,922.                 | 0.                                |                                                       |                                        | POSITIVE YOUTH<br>DEVELOPMENT TITLE 1           |
| BOYS AND GIRLS CLUBS OF NORTHEAST<br>FLORIDA - 555 W 25TH STREET -<br>JACKSONVILLE, FL 322063736           | 59-6167630 | 501 (C) (3)                   | 327,363.                 | 0.                                |                                                       |                                        | TRADITIONAL CLUBS                               |
| CATHOLIC CHARITIES BUREAU<br>134 E CHURCH STREET STE 2<br>JACKSONVILLE, FL 32202                           | 59-0624375 | 501 (C) (3)                   | 363,787.                 | 0.                                |                                                       |                                        | EMERGENCY FINANCIAL<br>ASSISTANCE               |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| CHILD GUIDANCE<br>5776 ST AUGUSTINE ROAD<br>JACKSONVILLE, FL 32207                                   | 59-0704727 | 501 (C) (3)                   | 600,000.                 | 0.                                |                                                       |                                        | DCPS GRANT - MENTAL HEALTH SVCS        |
| CHILDREN'S HOME SOCIETY FLORIDA<br>BUCKNER DIVISION - 3027 SAN DIEGO ROAD - JACKSONVILLE, FL 32207   | 59-0192430 | 501 (C) (3)                   | 353,102.                 | 0.                                |                                                       |                                        | DCPS GRANT - MENTAL HEALTH SVCS        |
| CLARA WHITE MISSION<br>613 W ASHLEY STREET<br>JACKSONVILLE, FL 32202                                 | 59-6002104 | 501 (C) (3)                   | 96,626.                  | 0.                                |                                                       |                                        | DAILY FEEDING PROGRAM                  |
| DANIEL MEMORIAL, INC.<br>4203 SOUTHPOINT BOULEVARD<br>JACKSONVILLE, FL 32216                         | 59-3067752 | 501 (C) (3)                   | 831,269.                 | 0.                                |                                                       |                                        | PROJECT PREPARE/MENTAL HEALTH SERVICES |
| DLC NURSE & LEARN<br>4101 1 COLLEGE STREET<br>JACKSONVILLE, FL 32205                                 | 59-3618761 | 501 (C) (3)                   | 70,788.                  | 0.                                |                                                       |                                        | SPECIALIZED CHILDRENS PROGRAM          |
| DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC - 215 NORTH OCEAN ST - JACKSONVILLE, FL 32202              | 59-2437003 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | RENT AND ELECTRIC ASSISTANCE           |
| EARLY LEARNING COALITION OF DUVAL (SB6) - 8301 CYPRESS PLAZA DRIVE STE 201 - JACKSONVILLE, FL 32256  | 59-3688924 | 501 (C) (3)                   | 1,046,092.               | 0.                                |                                                       |                                        | SUCCESS BY 6                           |
| EPISCOPAL CHILDREN'S SERVICES (SB6) - 8443 BAYMEADOWS ROAD STE 1 - JACKSONVILLE, FL 32256            | 59-1146765 | 501 (C) (3)                   | 257,308.                 | 0.                                |                                                       |                                        | SUCCESS BY 6                           |
| FAMILY FOUNDATIONS OF NORTHEAST FLORIDA, INC. - 40 E ADAMS STREET SUITE 320 - JACKSONVILLE, FL 32202 | 59-0768265 | 501 (C) (3)                   | 660,278.                 | 0.                                |                                                       |                                        | MENTAL HEALTH SVCS                     |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| GIRL SCOUTS OF GATEWAY COUNCIL, INC. - 13007 W LINEBAUGH AVE - TAMPA, FL 33626                             | 59-0637857 | 501 (C) (3)                   | 87,100.                  | 0.                                |                                                       |                                        | SUMMER CAMPS                            |
| HOPE HAVEN CHILDREN'S CLINIC AND FAMILY CENTER - 4600 BEACH BOULEVARD - JACKSONVILLE, FL 32207             | 59-0668485 | 501 (C) (3)                   | 13,105.                  | 0.                                |                                                       |                                        | ACCESS TO SUCCESS                       |
| HUBBARD HOUSE, INC. PO BOX 4909 JACKSONVILLE, FL 32201                                                     | 59-1814635 | 501 (C) (3)                   | 95,744.                  | 0.                                |                                                       |                                        | EMERGENCY SERVICES/CHILDRENS PROGRAM    |
| JACKSONVILLE AREA LEGAL AID, INC. 126 WEST ADAMS STREET 7TH FLOOR JACKSONVILLE, FL 32202                   | 59-0696291 | 501 (C) (3)                   | 71,988.                  | 0.                                |                                                       |                                        | LEGAL ASSISTANCE PROGRAM                |
| JACKSONVILLE PUBLIC EDUCATION FUND (PARENT ENGAGEMENT) - 40 EAST ADAMS ST STE 110 - JACKSONVILLE, FL 32202 | 59-2756660 | 501 (C) (3)                   | 148,935.                 | 0.                                |                                                       |                                        | PARENT ENGAGEMENT                       |
| JACKSONVILLE SPEECH AND HEARING CENTER, INC. - 40 E ADAMS ST STE LL20 - JACKSONVILLE, FL 32202             | 59-0970718 | 501 (C) (3)                   | 83,759.                  | 0.                                |                                                       |                                        | ADULT HEARING DISORDERS/SPEECH SERVICES |
| JEWISH COMMUNITY ALLIANCE 40 E ADAMS ST STE LL20 JACKSONVILLE, FL 32217                                    | 59-2620208 | 501 (C) (3)                   | 143,795.                 | 0.                                |                                                       |                                        | YOUTH HOMELESSNESS                      |
| JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256                                | 59-0637868 | 501 (C) (3)                   | 2,011,557.               | 0.                                |                                                       |                                        | BALANCE PREVENTION/SENIOR ENGAGEMENT    |
| LEARN TO READ-LITERACY ALLIANCE OF NEFL - PO BOX 2178 - JACKSONVILLE, FL 32203                             | 23-7153919 | 501 (C) (3)                   | 44,661.                  | 0.                                |                                                       |                                        | EDUCATION ASSESMENT AND LDS             |

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA, INC. - 4615 PHILLIPS HIGHWAY - JACKSONVILLE, FL 32207 | 59-1965600 | 501 (C) (3)                   | 70,366.                  | 0.                                |                                                       |                                        | NOURISHMENT NETWORK                    |
| MALIVAI WASHINGTON YOUTH FOUNDATION - 1096 WEST 6TH STREET - JACKSONVILLE, FL 32209                  | 59-3559150 | 501 (C) (3)                   | 33,078.                  | 0.                                |                                                       |                                        | TNT PROGRAM                            |
| NASSAU COUNTY COUNCIL ON AGING 1367 SOUTH 18TH STREET FERNANDINA BEACH, FL 32034                     | 23-7375273 | 501 (C) (3)                   | 51,630.                  | 0.                                |                                                       |                                        | GERIATRIC CASE MANAGER PROGRAM         |
| NEW HEIGHTS OF NORTHEAST FLORIDA, INC. - 3311 BEACH BLVD - JACKSONVILLE, FL 32207                    | 59-0718304 | 501 (C) (3)                   | 85,257.                  | 0.                                |                                                       |                                        | ADULT & CHILDREN THERAPY SERVICES      |
| ONEJAX INSTITUTE AT UNF 1 UNF DR BLDG 53 STE 2750 JACKSONVILLE, FL 32224                             | 20-2719059 | 501 (C) (3)                   | 16,091.                  | 0.                                |                                                       |                                        | ONEYOUTH                               |
| PACE CENTER FOR GIRLS JACKSONVILLE 2933 UNIVERSITY BLVD N JACKSONVILLE, FL 32211                     | 59-2414492 | 501 (C) (3)                   | 52,611.                  | 0.                                |                                                       |                                        | HEALTH CLINIC                          |
| PINE CASTLE, INC. 4911 SPRING PARK ROAD JACKSONVILLE, FL 32207                                       | 59-0704733 | 501 (C) (3)                   | 76,196.                  | 0.                                |                                                       |                                        | GROUP HOME SERVICES                    |
| QUIGLEY HOUSE, INC. PO BOX 142 ORANGE PARK, FL 32067                                                 | 59-2935027 | 501 (C) (3)                   | 74,881.                  | 0.                                |                                                       |                                        | EMERGENCY SHELTER AND SUPPORT SERVICES |
| SANCTUARY ON 8TH STREET PO BOX 3301 JACKSONVILLE, FL 32206                                           | 59-3108041 | 501 (C) (3)                   | 75,251.                  | 0.                                |                                                       |                                        | AFTERSCHOOL AND SUMMER PROGRAM         |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                        |
|--------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| SULZBACHER CENTER<br>611 EAST ADAMS STREET<br>JACKSONVILLE, FL 32202                       | 59-3229898 | 501 (C) (3)                   | 232,274.                 | 0.                                |                                                       |                                        | HOMELESS HEALTH CARE & SHELTER SERVICES                   |
| THE SALVATION ARMY<br>PO BOX 52508<br>JACKSONVILLE, FL 32201                               | 58-0660607 | 501 (C) (3)                   | 375,417.                 | 0.                                |                                                       |                                        | RED SHIELD LODGE & FAMILY SERVICES (CLAY, DUVAL & NASSAU) |
| UNITED WAY OF ST. JOHNS COUNTY<br>PO BOX 625<br>ST AUGUSTINE, FL 32085                     | 59-6018986 | 501 (C) (3)                   | 27,418.                  | 0.                                |                                                       |                                        | DONOR DIRECTED CONTRIBUTIONS                              |
| YMCA OF FLORIDA'S FIRST COAST, INC. - 40 EAST ADAMS ST STE 210 -<br>JACKSONVILLE, FL 32202 | 59-0638514 | 501 (C) (3)                   | 299,654.                 | 0.                                |                                                       |                                        | YMCA URBAN TEEN & HEALTH PROGRAMS                         |
| YOUTH CRISIS CENTER<br>3015 PARENTAL HOME ROAD<br>JACKSONVILLE, FL 32216                   | 59-2176287 | 501 (C) (3)                   | 107,500.                 | 0.                                |                                                       |                                        | YOUNG ADULTS EMERGENCY SHELTER & MENTAL HEALTH SVCS       |
|                                                                                            |            |                               |                          |                                   |                                                       |                                        |                                                           |
|                                                                                            |            |                               |                          |                                   |                                                       |                                        |                                                           |
|                                                                                            |            |                               |                          |                                   |                                                       |                                        |                                                           |
|                                                                                            |            |                               |                          |                                   |                                                       |                                        |                                                           |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| RENT ASSISTANCE                 | 43                       | 33,989.                  | 0.                                |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

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

**PART I, LINE 2:**

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

**Part IV** Supplemental Information

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**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>1b</b> |     |          |
| <b>2</b>  |     |          |
|           |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
|           |     |          |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
|           |     |          |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
|           |     |          |
| <b>7</b>  |     | <b>X</b> |
|           |     |          |
| <b>8</b>  |     | <b>X</b> |
|           |     |          |
| <b>9</b>  |     |          |

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

Schedule J (Form 990) 2019

**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<br>PRESIDENT, CEO AND BOARD SECRETARY   | (i)  | 225,696.                                           | 12,716.                             | 0.                                  | 17,102.                                        | 18,145.                 | 273,659.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) MAUREEN MERCHO<br>VP OF MARKETING, COMMUNICATION & CAM | (i)  | 119,914.                                           | 3,575.                              | 0.                                  | 6,194.                                         | 21,305.                 | 150,988.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |



**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

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC.

Employer identification number

59-0637825

**PART I LN 1 AND PART III LN1: MISSION STATEMENT**

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 COMMUNITY OF OPPORTUNITY WHERE

EVERYONE HAS HOPE AND CAN REACH THEIR FULL POTENTIAL. BECAUSE CHANGE

DOESN'T HAPPEN ALONE. UNITED WAY'S MISSION IS TO SOLVE NORTHEAST

FLORIDA'S TOUGHEST CHALLENGES BY CONNECTING PEOPLE, RESOURCES AND

IDEAS. THE NONPROFIT ORGANIZATION'S LONG TRADITION OF ADDRESSING THE

HUMAN-SERVICE NEEDS IN DUVAL, BAKER, CLAY, NASSAU AND NORTHERN ST.

JOHNS COUNTIES IS MADE POSSIBLE THROUGH THE COMMITMENT OF THOUSANDS OF

VOLUNTEERS, DONORS AND COMMUNITY PARTNERS. TO LEARN MORE, VISIT

UNITEDWAYNEFL.ORG OR FOLLOW @UNITEDWAYNEFL ON FACEBOOK, TWITTER AND

INSTAGRAM. UNITED WAY'S STRATEGIC PRIORITIES ARE TO ENSURE BASIC NEEDS

ARE MET FOR ALL THROUGHOUT THE REGION; PRODUCE MEANINGFUL AND

MEASURABLE RESULTS IN THE AREAS OF YOUTH SUCCESS, FINANCIAL STABILITY

AND HEALTH; AND TO INVEST IN HISTORICALLY CHALLENGED NEIGHBORHOODS

CONNECTING EFFORTS TO IMPACT GENERATIONAL POVERTY. UNITED WAY

VOLUNTEERS CAREFULLY REVIEW ALL FUNDED PROGRAMS, EVALUATE INITIATIVES,

HOLD UNITED WAY AND ITS PARTNERS ACCOUNTABLE FOR RESULTS AND MAKE

STRATEGIC FUNDING RECOMMENDATIONS TO CONTINUOUSLY IMPROVE OUTCOMES. AS

PART OF ITS COMMUNITY IMPACT WORK, UNITED WAY LEADS SEVERAL INITIATIVES

AND COLLABORATIONS TO IMPROVE COMMUNITY RESULTS IN EDUCATION, INCOME

AND HEALTH: O SUCCESS BY 6 - PROVIDES ACCESS TO HIGH-QUALITY EARLY

LEARNING FOR HARDWORKING FAMILIES WHO WOULD NOT OTHERWISE BE ABLE TO

AFFORD A STRONG FOUNDATION FOR THEIR PRESCHOOL CHILDREN (AGES 3 AND 4);

OFFERS PARENT ENGAGEMENT AND EDUCATIONAL OPPORTUNITIES TO INCREASE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19



|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

EARLY CHILDHOOD DEVELOPMENT OF 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 OF FULL-SERVICE SCHOOLS -PROVIDES THERAPEUTIC, HEALTH, AND SOCIAL SERVICES TO STUDENTS AND THEIR FAMILIES IN EIGHT NEIGHBORHOODS THROUGHOUT JACKSONVILLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 FY2019-20. APPROXIMATELY 90 PERCENT OF ALL REFERRALS WERE TO DUVAL COUNTY RESIDENTS. 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. IN 2019-2020, UNITED WAY'S VOLUNTEER AND COMMUNITY ENGAGEMENT OFFICE GENERATED MORE THAN 190 PROJECTS THAT INVOLVED MORE THAN 2,673 COMPANY AND COMMUNITY VOLUNTEERS WITH A TOTAL OF MORE THAN 15,340 LOGGED VOLUNTEER HOURS. WITH THE INCLUSION OF OUR MORE THAN 428 READING PALS, ACHIEVERS FOR LIFE MENTORS AND REALSENSE VOLUNTEERS, THE OFFICE LOGGED IN CLOSE TO 29,785 HOURS OF VOLUNTEER SERVICE.

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 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, 6099 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 99%, ATTENDANCE RATES OF 100% AND GPAS REACHING 2.55 FOR STUDENTS WHO WERE STRUGGLING IN SCHOOL BEFORE ADDITIONAL SUPPORT. IN ADDITION, AFTER THREE YEARS OF SUPPORT ACHIEVERS FOR LIFE: 88% OF STUDENTS HAD AN A, B, OR C IN MATH; 85% OF STUDENTS HAD AN A, B, OR C IN ENGLISH; 99% 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

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

\$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 2020-21: ARLINGTON, LAKESHORE, MATHEW GILBERT, NORTHWESTERN, JEB STUART, JEFFERSON DAVIS, YOUNG MEN'S AND YOUNG WOMEN'S LEADERSHIP ACADEMY, JEAN RIBAUT, HIGHLANDS AND JOSEPH STILWELL. 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, 1915 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. UNITED WAY OF NE FL IS ONE OF 17 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

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

VOCABULARY. READINGPALS IS A STATEWIDE EARLY LITERACY INITIATIVE THAT PROVIDES VOLUNTEER MENTORS FOR VOLUNTARY PREKINDERGARTEN (VPK) STUDENTS WHO NEED EXTRA HELP. IN THE PAST SEVEN YEARS READINGPALS HAS SERVED OVER 1814 CHILDREN WITH OVER 933 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. THIS YEAR, ALL READINGPALS VOLUNTEER SESSIONS WERE VIRTUAL WITH VELLO, AN ONLINE TUTORING PLATFORM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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 PROVIDES A COMPREHENSIVE 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,

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

HISTORIC JAMES WELDON JOHNSON FAMILY RESOURCE CENTER, RIBAUTL 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 2019-20 SCHOOL YEAR: 6,721 STUDENTS WERE REFERRED FOR SERVICES, 6,444 STUDENTS WERE PROVIDED MEDICAL SERVICES, 4,282 STUDENTS RECEIVED MENTAL HEALTH TREATMENT AND 29,142 PEOPLE WERE SERVED BY FULL SERVICE SCHOOLS. 99% OF STUDENTS COMPLETING COUNSELING DEMONSTRATED A MEASURABLE INCREASE IN OVERALL FUNCTIONING, AND 97% 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.

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

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

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

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

NORTHEAST FLORIDA BY PROVIDING THEM THE TOOLS, KNOWLEDGE, SKILLS AND RESOURCES NEEDED TO SUCCEED. REALSENSE ACHIEVEMENTS - DURING THE 2020 TAX SEASON, VOLUNTEERS AND SEASONAL PAID STAFF ASSISTED 17,189 CLIENTS IN SEVEN COUNTIES THROUGHOUT NORTHEAST FLORIDA WITH PREPARING THEIR FEDERAL INCOME TAXES, RESULTING IN \$23.4 MILLION IN TOTAL REFUND DOLLARS RETURNED TO OUR LOCAL ECONOMY AT NO COST TO THE CLIENTS. AS A RESULT, CLIENTS SAVED AN ESTIMATED \$3.6 MILLION IN PREPARATION FEES ALONE, WHILE \$6.0 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 2019/2020, MORE THAN 8,621 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 64% HAD DEVELOPED A WRITTEN BUDGET.

DONOR DESIGNATIONS - IN ADDITION TO FUNDING FOR ALL OF THE AFOREMENTIONED PROGRAMS, UNITED WAY PROCESSED APPROXIMATELY \$4.6 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

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

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.

EXPENSES \$ 5,720,221. INCLUDING GRANTS OF \$ 5,081,353. REVENUE \$ 0.

#### MISSION STATEMENT

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 COMMUNITY OF OPPORTUNITY WHERE EVERYONE HAS HOPE AND CAN REACH THEIR FULL POTENTIAL. BECAUSE CHANGE DOESN'T HAPPEN ALONE. UNITED WAY'S MISSION IS TO SOLVE NORTHEAST FLORIDA'S TOUGHEST CHALLENGES BY CONNECTING PEOPLE, RESOURCES AND IDEAS. THE NONPROFIT ORGANIZATION'S LONG TRADITION OF ADDRESSING THE HUMAN-SERVICE NEEDS IN DUVAL, BAKER, CLAY, NASSAU AND NORTHERN ST. JOHNS COUNTIES IS MADE POSSIBLE THROUGH THE COMMITMENT OF THOUSANDS OF VOLUNTEERS, DONORS AND COMMUNITY PARTNERS. TO LEARN MORE, VISIT UNITEDWAYNEFL.ORG OR FOLLOW @UNITEDWAYNEFL ON FACEBOOK, TWITTER AND INSTAGRAM. UNITED WAY'S STRATEGIC PRIORITIES ARE TO ENSURE BASIC NEEDS ARE MET FOR ALL THROUGHOUT THE REGION; PRODUCE MEANINGFUL AND MEASURABLE RESULTS IN THE AREAS OF YOUTH SUCCESS, FINANCIAL STABILITY AND HEALTH; AND TO INVEST IN HISTORICALLY CHALLENGED NEIGHBORHOODS CONNECTING EFFORTS TO IMPACT GENERATIONAL POVERTY. UNITED WAY VOLUNTEERS CAREFULLY REVIEW ALL FUNDED PROGRAMS, EVALUATE INITIATIVES, HOLD UNITED WAY AND ITS PARTNERS ACCOUNTABLE FOR RESULTS AND MAKE STRATEGIC FUNDING RECOMMENDATIONS TO CONTINUOUSLY IMPROVE OUTCOMES. AS PART OF ITS COMMUNITY IMPACT WORK, UNITED WAY LEADS SEVERAL INITIATIVES



|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

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 OF 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 OF FULL-SERVICE SCHOOLS -PROVIDES THERAPEUTIC, HEALTH, AND SOCIAL SERVICES TO STUDENTS AND THEIR FAMILIES IN EIGHT NEIGHBORHOODS THROUGHOUT JACKSONVILLE.

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

UNITED WAY'S BOARD OF 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

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST FLORIDA INC. | Employer identification number<br>59-0637825 |
|------------------------------------------------------------------|----------------------------------------------|

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 18:

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, 2020, AND JUNE 30, 2019, FISCAL YEARS WILL BE POSTED ELECTRONICALLY ON UNITED WAY'S WEBSITE WWW.UNITEDWAYNEFL.ORG.

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, 2020, AND JUNE 30, 2019, FISCAL YEARS WILL BE POSTED ELECTRONICALLY ON UNITED WAY'S WEBSITE WWW.UNITEDWAYNEFL.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PENSION BENEFIT -17,879.

Name of the organization

UNITED WAY OF NORTHEAST FLORIDA INC.

Employer identification number

59-0637825

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                |                                                                                                                           |                                                           |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization or other filer, see instructions.<br><b>UNITED WAY OF NORTHEAST FLORIDA INC.</b>              | Taxpayer identification number (TIN)<br><b>59-0637825</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>40 EAST ADAMS STREET, NO. 200</b>            |                                                           |
|                                                                | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>JACKSONVILLE, FL 32202</b> |                                                           |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**ROBIN ABBOTT**

- The books are in the care of ▶ **40 EAST ADAMS STREET, SUITE 200 - JACKSONVILLE, FL 32202**  
Telephone No. ▶ **904-390-3210** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.