

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493131013041

Form 990

Department of the TreasuryInternal 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 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 07-01-2019 , and ending 06-30-2020

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF NORTHEAST FLORIDA INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

40 EAST ADAMS STREET NO 200

City or town, state or province, country, and ZIP or foreign postal code

JACKSONVILLE, FL 32202

F Name and address of principal officer:

MICHELLE BRAUN

40 EAST ADAMS STREET NO 200

JACKSONVILLE, FL 32202

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.UNITEDWAYNEFL.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1964

M State of legal domicile: FL

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

SEE SCHEDULE O.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶1,771,312

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part IISignature Block

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

Sign Here

Signature of officer

MICHELLE BRAUN PRESIDENT & CEO

Type or print name and title

2021-05-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2021-05-11

Check ☐ if self-employed

PTIN P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP

Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 RIDGEFIELD COURT

ASHEVILLE, NC 28806

Phone no. (828) 254-2254

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$	8,238,070	including grants of \$	5,832,516) (Revenue \$	213,894)
See Additional Data					

4b	(Code:) (Expenses \$	4,580,193	including grants of \$	4,361,501) (Revenue \$)
See Additional Data					

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













(Code:) (Expenses \$	5,720,221	including grants of \$	5,081,353) (Revenue \$)
-----------------------	-----------	------------------------	-------------------------	---

INCOME/FINANCIAL STABILITY - COMBATING POVERTY: POVERTY IS IDENTIFIED AS A ROOT CAUSE OF MANY SOCIAL ILLS - VIOLENCE, SUBSTANCE ABUSE, DEPRESSION, AND FAILURE IN SCHOOL. ONE IN FIVE CHILDREN IN NORTHEAST FLORIDA LIVES IN POVERTY. IN TODAY'S SOCIETY, SIMPLY HAVING A JOB NO LONGER STOPS PEOPLE FROM BEING POOR. INDEED, MANY HARD-WORKING FAMILIES WORK MULTIPLE JOBS TO AVOID THE CYCLE OF POVERTY, YET THE RISING COSTS OF BASIC NECESSITIES, COUPLED WITH CHANGES IN THE ECONOMY, LEAVE MANY HARD-WORKING INDIVIDUALS STRUGGLING TO MAKE ENDS MEET. MANY ARE FORCED TO CHOOSE BETWEEN PAYING BILLS AND BUYING GROCERIES. UNITED WAY'S 2018 ALICE REPORT (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) PROVIDES A COUNTY-BY-COUNTY ASSESSMENT TO HELP US BETTER UNDERSTAND THE STRUGGLES THAT LOW-INCOME HOUSEHOLDS ENCOUNTER EVERY DAY. ALICE REPRESENTS THOSE FAMILIES WHO WORK HARD, BUT DUE TO HIGH LIVING COSTS AND FACTORS OFTEN BEYOND THEIR CONTROL, ARE CONSTANTLY LIVING PAYCHECK TO PAYCHECK. THE REPORT INDICATES THAT, IN NORTHEAST FLORIDA, 40% OF THE HOUSEHOLDS ARE BELOW THE ALICE LEVEL (HOUSEHOLD SURVIVAL BUDGET OF \$56,160 FOR A FAMILY OF FOUR), MEANING THAT THESE FAMILIES ARE IN CONSTANT FINANCIAL STRESS JUST TO AFFORD BASIC HOUSEHOLD NECESSITIES. TO ADDRESS THE IMPACT OF POVERTY, UNITED WAY INVESTS IN PROGRAMS, SUCH AS THE REALSENSE INITIATIVE, THAT PROMOTE FINANCIAL STABILITY AND INDEPENDENCE. SINCE 2003, REALSENSE'S MISSION HAS BEEN TO PROACTIVELY PROVIDE RESOURCES TO IMPROVE THE PROSPERITY OF OUR COMMUNITY'S MOST ECONOMICALLY-CHALLENGED AND VULNERABLE CITIZENS, THEREFORE MAKING OUR LOCAL ECONOMY AND ITS CITIZENS STRONGER. THE PROGRAM IS A STRATEGY WITHIN UNITED WAY'S FINANCIAL STABILITY PRIORITY GOAL TO ENSURE THAT "FAMILIES ARE ECONOMICALLY STABLE AND SELF-SUFFICIENT." THROUGH FREE TAX PREPARATION SERVICES AND FINANCIAL EDUCATION WORKSHOPS, REALSENSE SEEKS TO STABILIZE LOW- TO MODERATE-INCOME WORKING FAMILIES IN NORTHEAST FLORIDA BY PROVIDING THEM THE TOOLS, KNOWLEDGE, SKILLS AND RESOURCES NEEDED TO SUCCEED. REALSENSE ACHIEVEMENTS - DURING THE 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 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.

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ ROBIN ABBOTT 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202 (904) 390-3210

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, or 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE SCANLON BOARD OF DIRECTORS - CHAIR	2.00	X		X				0	0	0
(2) MICHAEL HERMAN BOARD OF DIRECTORS - VICE CHAIR	2.00	X		X				0	0	0
(3) JIM STEPNOSKI BOARD OF DIRECTORS - TREASURER	2.00	X		X				0	0	0
(4) SCOTT COBLE BOARD OF DIRECTORS	1.00	X						0	0	0
(5) MELISSA DYKES BOARD OF DIRECTORS	1.00	X						0	0	0
(6) BRIAN EVANS BOARD OF DIRECTORS	1.00	X						0	0	0
(7) ROBERT HILL BOARD OF DIRECTORS	1.00	X						0	0	0
(8) RUDY JAMISON JR EDD BOARD OF DIRECTORS	1.00	X						0	0	0
(9) SARA LEY BOARD OF DIRECTORS	1.00	X						0	0	0
(10) LISA PALMER BOARD OF DIRECTORS	1.00	X						0	0	0
(11) NED PEVERLEY BOARD OF DIRECTORS	1.00	X						0	0	0
(12) SABEEN PERWAIZ SYED BOARD OF DIRECTORS	1.00	X						0	0	0
(13) DARNELL SMITH BOARD OF DIRECTORS	1.00	X						0	0	0
(14) MAX STAPLIN BOARD OF DIRECTORS	1.00	X						0	0	0
(15) RUSS THOMAS BOARD OF DIRECTORS	1.00	X						0	0	0
(16) HEATHER WALTON BOARD OF DIRECTORS	1.00	X						0	0	0
(17) DELORES BARR WEAVER 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE BRAUN PRESIDENT, CEO AND BOARD SECRETARY	64.00			X				238,412	0	35,247
(19) RICHARD BUTCHER CHIEF FINANCIAL OFFICER	56.00			X				87,339	0	146
(20) MAUREEN MERCHO VP OF MARKETING, COMMUNICATION & CAMPAIGN	59.00					X		123,489	0	27,499
(21) BRENT DIETZ I.T. DIRECTOR	50.00					X		126,487	0	258
(22) PHYLLIS MARTIN HEAD OF COMMUNITY IMPACT & STRATEGIC INVESTMENT	44.00					X		125,425	0	12,114
(23) LORI SMITH VP OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT	57.00					X		123,551	0	906
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								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 former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(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	1a Federated campaigns . . .		1a	91,239									
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	26,358,263									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f		26,449,502										
Program Service Revenue			Business Code										
	2a SERVICE FEES		900099		213,894		213,894						
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		213,894										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					70,967				70,967			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	1,322,334									
	b Less: cost or other basis and sales expenses		7b	1,324,776									
	c Gain or (loss)		7c	-2,442									
	d Net gain or (loss)					-2,442		-2,442					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances . . .		10a										
b Less: cost of goods sold . . .		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11a MISCELLANEOUS INCOME			900099		153,381				153,381				
b													
c													
d All other revenue													
e Total. Add lines 11a-11d					153,381								
12 Total revenue. See instructions					26,885,302		211,452		0				
									224,348				

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,202,380	18,202,380		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,989	33,989		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	325,751	59,603	206,545	59,603
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,639,615	2,262,674	495,566	881,375
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	952,884	699,440	69,758	183,686
10 Payroll taxes	266,212	154,521	46,839	64,852
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,006,006	779,728	137,454	88,824
12 Advertising and promotion				
13 Office expenses	613,468	448,827	76,659	87,982
14 Information technology	134,045	115,763	4,755	13,527
15 Royalties				
16 Occupancy				
17 Travel	25,672	12,734	5,912	7,026
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,212	20,748	11,209	255
20 Interest	32,141	16,148	15,532	461
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	185,333	116,434	28,050	40,849
23 Insurance	42,790	26,041	7,779	8,970
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNITED WAY WORLDWIDE ME	219,511	121,028	44,341	54,142
b SPC LICENSURE FEE EXPEN	187,662			187,662
c MAINTENANCE AND REPAIRS	175,815	85,996	29,015	60,804
d PUBLIC AWARENESS CAMPAI	91,599	74,286		17,313
e All other expenses	71,827	32,022	25,824	13,981
25 Total functional expenses. Add lines 1 through 24e	26,238,912	23,262,362	1,205,238	1,771,312
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,144,807	1	9,162,621
	2	Savings and temporary cash investments		1,509,262	2	1,791,013
	3	Pledges and grants receivable, net		7,434,011	3	8,882,784
	4	Accounts receivable, net		438,827	4	358,059
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		190,868	9	51,160
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,461,614		
	b	Less: accumulated depreciation	10b	1,528,508		
	11	Investments—publicly traded securities		3,549,208	11	2,113,260
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		20,354,822	16	23,292,003	
Liabilities	17	Accounts payable and accrued expenses		484,501	17	679,761
	18	Grants payable		519,781	18	21,887
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	975,500
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,929,669	25	4,484,473
	26	Total liabilities. Add lines 17 through 25		3,933,951	26	6,161,621
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		12,458,046	27	13,974,341
	28	Net assets with donor restrictions		3,962,825	28	3,156,041
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		16,420,871	32	17,130,382
33	Total liabilities and net assets/fund balances		20,354,822	33	23,292,003	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,885,302
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 33, 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 in 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 33, column (B))	10	17,130,382

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-0637825

Name: UNITED WAY OF NORTHEAST FLORIDA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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 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.

Form 990, Part III, Line 4b:

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 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 BARNETT'S PLEDGE OF \$1 MILLION DURING 2010, AVAILITY'S \$500,000 PLEDGE IN 2011 AND FNF'S \$500,000 PLEDGE IN 2012 AND \$500,000 FROM THE DUVAL COUNTY PUBLIC SCHOOLS ARE INDICATIVE OF DONOR INTEREST IN IMPROVING GRADUATION RATES THROUGH INITIATIVES LIKE ACHIEVERS FOR LIFE. ACHIEVERS FOR LIFE WAS IN TEN MIDDLE SCHOOLS IN DUVAL COUNTY IN 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 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:

HEALTH: NEW AND EVOLVING HEALTH ISSUES REQUIRE UTILIZATION OF COLLABORATIVE PARTNERSHIPS. THROUGH DONOR CONTRIBUTIONS AND VARIOUS GRANT FUNDERS, UNITED WAY ADVANCES THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR CITIZENS OF ALL AGES. WE PROUDLY SUPPORT TWENTY HEALTH AGENCIES AND TWENTY-TWO PROGRAMS THAT ADDRESS CRITICAL ISSUES SUCH AS EMERGENCY SERVICES TO HELP PREVENT AND COMBAT DOMESTIC VIOLENCE AND CHILD ABUSE; PROVIDING ACCESS TO HEALTH CARE SERVICES AND NUTRITIOUS FOOD; HELPING SENIORS AND INDIVIDUALS WITH DISABILITIES LIVE INDEPENDENTLY. *FULL SERVICE SCHOOLS ACHIEVEMENTS - FULL SERVICE SCHOOLS OF JACKSONVILLE IS A COLLABORATIVE APPROACH TO MEET THE THERAPEUTIC, HEALTH AND SOCIAL SERVICE NEEDS OF AT-RISK STUDENTS AND FAMILIES IN DUVAL COUNTY. MAJOR FUNDING PARTNERS ARE BAPTIST HEALTH, CHARTRAND FAMILY FUND, DUVAL COUNTY PUBLIC SCHOOLS, DUVAL COUNTY DEPARTMENT OF HEALTH, KIDS HOPE ALLIANCE, LUCY GOODING CHARITABLE FOUNDATION TRUST, ST. VINCENT'S MOBILE HEALTH AND WEAVER FAMILY FOUNDATION. LED BY UNITED WAY, THESE SCHOOL-BASED NEIGHBORHOOD CENTERS BRING TOGETHER COMMUNITY RESOURCES, NEIGHBORS AND SCHOOLS TO PROMOTE THE HEALTH AND WELL-BEING OF STUDENTS, THEIR FAMILIES, AND NEIGHBORHOOD RESIDENTS. FULL SERVICE SCHOOLS 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, 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.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHEAST FLORIDA INC

Employer identification number
59-0637825

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

If the organization failed 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
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	20,349,854	18,783,621	22,891,578	16,808,892	21,631,028	100,464,973
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	20,349,854	18,783,621	22,891,578	16,808,892	21,631,028	100,464,973
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						19,849,674
6	Public support. Subtract line 5 from line 4.						80,615,299

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	20,349,854	18,783,621	22,891,578	16,808,892	21,631,028	100,464,973
8	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
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						100,795,201

12 Gross receipts from related activities, etc. (see instructions) **12****13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	79.980 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	94.600 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒**b** **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐**17a** **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**b** **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:
Software Version:
EIN: 59-0637825
Name: UNITED WAY OF NORTHEAST FLORIDA INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493131013041

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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 (e.g., recreation or education)

☐ Preservation of an 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 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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

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 are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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 ▶ 30.400 %

b

Permanent endowment ▶ 69.600 %

c

Temporarily restricted 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment	2,461,614	1,528,508	933,106
e	Other			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	3,984,615
(3) DEFERRED LEASE INCENTIVE	499,858
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-0637825
Name: UNITED WAY OF NORTHEAST FLORIDA INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	AS PART OF ITS PLANNED GIVING PROGRAM, UNITED WAY ESTABLISHED AND WILL GROW ENDOWMENT FUND S 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; AN D TO PROVIDE PROGRAM FUNDING FLEXIBILITY NOT POSSIBLE THROUGH ANNUAL CAMPAIGN REVENUE INCL UDING EMERGENCY FUNDING, VENTURE GRANTS, ADMINISTRATIVE COSTS, CHALLENGE GRANTS AND INFRAS TRUCTURE NEED.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UNITED WAY IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. UNITED WAY HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2020.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CHANGE IN PENSION BENEFIT 17,879. DONOR DESIGNATIONS 4,818,474.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 4,818,474.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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.

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) RENT ASSISTANCE	43	33,989			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	BECAUSE FUNDING IS REPORTED BY PURPOSE, AGENCIES MAY BE LISTED MORE THAN ONCE. HOWEVER, THE DOLLARS ARE NOT DUPLICATED. A VOLUNTEER COMMITTEE OF ACCOUNTING PROFESSIONALS REVIEWS THE FINANCIAL STATEMENTS OF THE AGENCIES REQUESTING FUNDING TO ENSURE PROPER USE OF UNITED WAY FUNDS. FUNDING IS GRANTED BASED ON THE CRITICALITY OF THE NEED BEING ADDRESSED BY THE PROGRAM, THE PROGRAM'S IMPACT ON ADDRESSING THE NEED, THE PARTICIPANTS' RESULTS IN THE PROGRAM, THE UTILIZATION OF THE PROGRAM'S CAPACITY AND THE IMPORTANCE OF UNITED WAY FUNDING TO THE SUCCESS OF THE PROGRAM. FUNDING IS GRANTED THROUGH TARGETED NOTICE OF FUNDING OPPORTUNITIES (NOFO) WITH FORMAL REVIEW PROCESSES OCCURRING ANNUALLY. BI-ANNUAL REPORTS OF PERFORMANCE MEASURES AND UTILIZATION OF CAPACITY ARE REVIEWED BY STAFF AND VOLUNTEERS. IN ADDITION, UNITED WAY OF NORTHEAST FLORIDA IS AN OPEN DONOR CHOICE ORGANIZATION AND DISTRIBUTES DONOR DESIGNATIONS AS REQUESTED. THESE AGENCIES' PROGRAMS ARE NOT SUBJECT TO ANY UNITED WAY OVERSIGHT. SCHEDULE I, PART III - IN CONJUNCTION WITH 211 ASSESSMENTS, A COMMITTEE UTILIZED DONOR DIRECTED FUNDS TO PURCHASE SERVICES FOR INDIVIDUALS WHO PRESENTED A UNIQUE HEALTH AND HUMAN SERVICE NEED THAT CANNOT BE MET THROUGH TRADITIONAL UNITED WAY RESOURCES

Additional Data

Software ID:
Software Version:
EIN: 59-0637825
Name: UNITED WAY OF NORTHEAST FLORIDA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ABILITY HOUSING INC C JACKSONVILLE, FL 32207	59-3087085	501 (C) (3)	25,000				PERMANENT SUPPORTIVE AND AFFORDABLE HOUSING
THE ARC OF NASSAU INC 86051 HAMILTON STREET YULEE, FL 32097	59-1404429	501 (C) (3)	25,235				LIFE SKILLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BAKER COUNTY COUNCIL ON AGING INC 9264 BUCK STARLING RD MACCLENNY, FL 32063	59-1596339	501 (C) (3)	34,141				HOME DELIVERED MEALS PROGRAM
BARNABAS CENTER INC 1303 JAMINE STREET STE 101 FERNANDINA BEACH, FL 32034	59-2920275	501 (C) (3)	36,616				CRISIS ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BASCA INC 352 STOWE AVENUE ORANGE PARK, FL 32073	59-3318252	501 (C) (3)	25,000				PROGRAMS TO PROVIDE ASSISTANCE
BOYS AND GIRLS CLUBS OF NASSAU PO BOX 16003 FERNANDINA BEACH, FL 32035	59-3672345	501 (C) (3)	23,429				GREAT FUTURES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 287 COLUMBUS AVE BOSTON, MA 02116	22-2882549	501 (C) (3)	184,166				WHOLE SCHOOL WHOLE CHILD
CLAY BEHAVIORAL HEALTH CENTER INC 1726 KINGSLEY AVE STE 2 ORANGE PARK, FL 32073	59-2219317	501 (C) (3)	8,751				VOCATIONAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DELORES BARR WEAVER POLICY CENTER 40 E ADAMS ST STE 130 JACKSONVILLE, FL 32202	46-0938295	501 (C) (3)	25,000				GIRL MATTERS CONTINUITY OF CARE
FAMILY SUPPORT SERVICES OF NORTH FLORIDA INC 1300 RIVERPLACE BLVD STE 700 JACKSONVILLE, FL 32207	59-3759863	501 (C) (3)	25,000				PARENT NEEDS ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVE NORTH UNIT D E JACKSONVILLE, FL 32254	46-5014769	501 (C) (3)	225,000				EMERGENCY SERVICES - COVID-19 RELIEF
FIVE STAR VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501 (C) (3)	25,000				VETERANS LIVING INDEPENDANTLY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GENERATION YOU EMPLOYED INC 616 A PHILLIP RANDOLPH BLVD JACKSONVILLE, FL 32202	47-1073442	501 (C) (3)	130,000				FINANCIAL STABILITY
GIRLS INCORPORATED OF JACKSONVILLE 100 FESTIVAL PARK AVE JACKSONVILLE, FL 32202	59-1317196	501 (C) (3)	94,738				STRONG SMART BOLD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JASMYN 923 PENINSULAR PLACE JACKSONVILLE, FL 32205	59-3284175	501 (C) (3)	32,146				YOUTH HOMELESSNESS
MUSLIM AMERICAN SOCIAL SERVICES 2251 ST JOHNS BLUFF RD S JACKSONVILLE, FL 322462347	46-5096772	501 (C) (3)	25,000				FREE CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTH FLORIDA OFFICE OF PUBLIC GUARDIAN INC 1425 E PIEDMONT DRIVE TALLAHASSEE, FL 32308	16-1652866	501 (C) (3)	25,000				CASE MANAGER POSITION
NORTHEAST FLORIDA AREA AGENCY ON AGING INC DBA ELDERSOURCE 10688 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	59-1569867	501 (C) (3)	75,000				SENIOR MEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPERATION NEW HOPE INC 1830 NORTH MAIN STREET JACKSONVILLE, FL 322063736	59-3590360	501 (C) (3)	25,000				READY4WORK
THE CARPENTER'S SHOP CENTER 1601 UNIVERSITY BLVD JACKSONVILLE, FL 32211	20-2828807	501 (C) (3)	44,000				AFTERSCHOOL AND SUMMER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VISION IS PRICELESS COUNCIL INC 3 SHIRCLIFF WAY SUITE 546 JACKSONVILLE, FL 32204	59-3386495	501 (C) (3)	32,675				VISION CARE SERVICES
WE CARE JACKSONVILLE 4080 WOODCOCK DR BLDG 2400 STE 130 JACKSONVILLE, FL 32207	59-3431724	501 (C) (3)	157,567				ACCESS TO HEALTHCARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMENS CENTER OF JACKSONVILLE 5644 COLCORD AVENUE JACKSONVILLE, FL 32211	23-7437216	501 (C) (3)	25,000				RAPE CRISIS AND SAFE PROGRAM
ALL SAINTS EARLY LEARNING & COMMUNITY CARE CENTER 4171 HENDRICKS AVENUE JACKSONVILLE, FL 32207	59-1500774	501 (C) (3)	50,531				INTERGENERATIONAL CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 6852 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	59-0662271	501 (C) (3)	10,925				OPEN AIRWAYS FOR SCHOOLS
AMERICAN RED CROSS NORTHEAST FLORIDA CHAPTER 751 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	53-0196605	501 (C) (3)	232,697				DISASTER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ANGELWOOD INC PO BOX 24925 JACKSONVILLE, FL 32241	59-3212078	501 (C) (3)	25,000				RESIDENTIAL GROUP HOME
THE ARC JACKSONVILLE INC 1050 DAVIS STREET NORTH JACKSONVILLE, FL 32209	59-6209603	501 (C) (3)	88,810				EMPLOYMENT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BEAM 850 6TH AVENUE S SUITE 400 JACKSONVILLE BEACH, FL 32250	59-2564222	501 (C) (3)	25,000				SINGLE PARENT PROJECT/BEYOND SCHOOL WALLS
BIG BROTHERS BIG SISTERS OF NORTHEAST FLORIDA 40 EAST ADAMS ST STE 220 JACKSONVILLE, FL 32202	59-0683256	501 (C) (3)	124,470				ONETOONE MENTORING NASSAU

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA NORTH FLORIDA COUNCIL 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	59-0637816	501 (C) (3)	135,922				POSITIVE YOUTH DEVELOPMENT TITLE 1
BOYS AND GIRLS CLUBS OF NORTHEAST FLORIDA 555 W 25TH STREET JACKSONVILLE, FL 322063736	59-6167630	501 (C) (3)	327,363				TRADITIONAL CLUBS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC CHARITIES BUREAU 134 E CHURCH STREET STE 2 JACKSONVILLE, FL 32202	59-0624375	501 (C) (3)	363,787				EMERGENCY FINANCIAL ASSISTANCE
CHILD GUIDANCE 5776 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207	59-0704727	501 (C) (3)	600,000				DCPS GRANT - MENTAL HEALTH SVCS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S HOME SOCIETY FLORIDA BUCKNER DIVISION 3027 SAN DIEGO ROAD JACKSONVILLE, FL 32207	59-0192430	501 (C) (3)	353,102				DCPS GRANT - MENTAL HEALTH SVCS
CLARA WHITE MISSION 613 W ASHLEY STREET JACKSONVILLE, FL 32202	59-6002104	501 (C) (3)	96,626				DAILY FEEDING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DANIEL MEMORIAL INC 4203 SOUTHPOINT BOULEVARD JACKSONVILLE, FL 32216	59-3067752	501 (C) (3)	831,269				PROJECT PREPARE/MENTAL HEALTH SERVICES
DLC NURSE & LEARN 4101 1 COLLEGE STREET JACKSONVILLE, FL 32205	59-3618761	501 (C) (3)	70,788				SPECIALIZED CHILDRENS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DOWNTOWN ECUMENICAL SERVICES COUNCIL INC 215 NORTH OCEAN ST JACKSONVILLE, FL 32202	59-2437003	501 (C) (3)	25,000				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				SUCCESS BY 6

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EPISCOPAL CHILDREN'S SERVICES (SB6) 8443 BAYMEADOWS ROAD STE 1 JACKSONVILLE, FL 32256	59-1146765	501 (C) (3)	257,308				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				MENTAL HEALTH SVCS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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				SUMMER CAMPS
HOPE HAVEN CHILDREN'S CLINIC AND FAMILY CENTER 4600 BEACH BOULEVARD JACKSONVILLE, FL 32207	59-0668485	501 (C) (3)	13,105				ACCESS TO SUCCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUBBARD HOUSE INC PO BOX 4909 JACKSONVILLE, FL 32201	59-1814635	501 (C) (3)	95,744				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				LEGAL ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JACKSONVILLE PUBLIC EDUCATION FUND (PARENT ENGAGEMENT) 40 EAST ADAMS ST STE 110 JACKSONVILLE, FL 32202	59-2756660	501 (C) (3)	148,935				PARENT ENGAGEMENT
JACKSONVILLE SPEECH AND HEARING CENTER INC 40 E ADAMS ST STE LL20 JACKSONVILLE, FL 32202	59-0970718	501 (C) (3)	83,759				ADULT HEARING DISORDERS/SPEECH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JEWISH COMMUNITY ALLIANCE 40 E ADAMS ST STE LL20 JACKSONVILLE, FL 32217	59-2620208	501 (C) (3)	143,795				YOUTH HOMELESSNESS
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	59-0637868	501 (C) (3)	2,011,557				BALANCE PREVENTION/SENIOR ENGAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEARN TO READ-LITERACY ALLIANCE OF NEFL PO BOX 2178 JACKSONVILLE, FL 32203	23-7153919	501 (C) (3)	44,661				EDUCATION ASSESMENT AND LDS
LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA INC 4615 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207	59-1965600	501 (C) (3)	70,366				NOURISHMENT NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MALIVAI WASHINGTON YOUTH FOUNDATION 1096 WEST 6TH STREET JACKSONVILLE, FL 32209	59-3559150	501 (C) (3)	33,078				TNT PROGRAM
NASSAU COUNTY COUNCIL ON AGING 1367 SOUTH 18TH STREET FERNANDINA BEACH, FL 32034	23-7375273	501 (C) (3)	51,630				GERIATRIC CASE MANAGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEW HEIGHTS OF NORTHEAST FLORIDA INC 3311 BEACH BLVD JACKSONVILLE, FL 32207	59-0718304	501 (C) (3)	85,257				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				ONEYOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PACE CENTER FOR GIRLS JACKSONVILLE 2933 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	59-2414492	501 (C) (3)	52,611				HEALTH CLINIC
PINE CASTLE INC 4911 SPRING PARK ROAD JACKSONVILLE, FL 32207	59-0704733	501 (C) (3)	76,196				GROUP HOME SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
QUIGLEY HOUSE INC PO BOX 142 ORANGE PARK, FL 32067	59-2935027	501 (C) (3)	74,881				EMERGENCY SHELTER AND SUPPORT SERVICES
SANCTUARY ON 8TH STREET PO BOX 3301 JACKSONVILLE, FL 32206	59-3108041	501 (C) (3)	75,251				AFTERSCHOOL AND SUMMER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501 (C) (3)	232,274				HOMELESS HEALTH CARE & SHELTER SERVICES
THE SALVATION ARMY PO BOX 52508 JACKSONVILLE, FL 32201	58-0660607	501 (C) (3)	375,417				RED SHIELD LODGE & FAMILY SERVICES (CLAY, DUVAL & NASSAU)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF ST JOHNS COUNTY PO BOX 625 ST AUGUSTINE, FL 32085	59-6018986	501 (C) (3)	27,418				DONOR DIRECTED CONTRIBUTIONS
YMCA OF FLORIDA'S FIRST COAST INC 40 EAST ADAMS ST STE 210 JACKSONVILLE, FL 32202	59-0638514	501 (C) (3)	299,654				YMCA URBAN TEEN & HEALTH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YOUTH CRISIS CENTER 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216	59-2176287	501 (C) (3)	107,500				YOUNG ADULTS EMERGENCY SHELTER & MENTAL HEALTH SVCS

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization UNITED WAY OF NORTHEAST FLORIDA INC		Employer identification number 59-0637825

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> 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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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	No
b Any related organization?		5b	No
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	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2019 Open to Public Inspection
Department of the Treasury Name of the organization UNITED WAY OF NORTHEAST FLORIDA INC		Employer identification number 59-0637825

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
MISSION STATEMENT	<p>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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL DIRECTORS, AUDIT COMMITTEE MEMBERS AND STAFF MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY INCLUDED IN THE CODE OF ETHICS AND CERTIFY THEY RECOGNIZE AND UNDERSTAND THEIR OBLIGATIONS AND DISCLOSE ANY CONFLICTS. SHOULD SITUATIONS ARISE DURING THE COURSE OF THE YEAR, THE INDIVIDUAL IMMEDIATELY DISCLOSES THE NEW SITUATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 OR GANIZATIONAL GROWTH, STRATEGIC DIRECTION AND INDIVIDUAL RESPONSIBILITIES AND PERFORMANCE A RE CONSIDERED WHEN THE PRESIDENT DETERMINES ANNUAL COMPENSATION FOR EACH LEADERSHIP TEAM M EMBER. THE PRESIDENT'S COMPENSATION IS EVALUATED AND SET ANNUALLY BY THE BOARD OF DIRECTOR S.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN PENSION BENEFIT -17,879.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.