

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2016  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

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

**C** Name of organization  
Heart of Florida United Way Inc

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Doing business as

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Number and street (or P O box if mail is not delivered to street address) Room/suite  
1940 Traylor Blvd

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City or town, state or province, country, and ZIP or foreign postal code  
Orlando, FL 328044714

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**F** Name and address of principal officer  
JEFFERY HAYWARD  
1940 Traylor Blvd  
Orlando, FL 328044714

**D** Employer identification number  
59-0808854

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**E** Telephone number  
(407) 835-0900

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**G** Gross receipts \$ 39,504,270

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

**J** Website: ▶ www.hfw.org

**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 ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation 1988 **M** State of legal domicile FL

**Part I Summary**

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	192
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,272
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	26,005,308	29,274,458
<b>9</b> Program service revenue (Part VIII, line 2g)	442,627	668,601
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	479,626	856,583
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	149,964	134,203
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,077,525	30,933,845
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,170,871	15,861,964
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,049,666	7,746,111
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,431,805		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,021,926	7,156,904
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	28,242,463	30,764,979
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,164,938	168,866

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	30,725,647	30,569,493
<b>21</b> Total liabilities (Part X, line 26)	6,163,409	5,581,257
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	24,562,238	24,988,236

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
 Signature of officer \_\_\_\_\_ Date 2018-05-14  
 Jeffery Hayward PRESIDENT/CEO  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name Alisa Train	Preparer's signature Alisa Train	Date	Check <input type="checkbox"/> if self-employed	PTIN P00633872
Firm's name ▶ CHERRY BEKAERT LLP			Firm's EIN ▶ 56-0574444	
Firm's address ▶ 800 North Magnolia Ave Suite 1300 Orlando, FL 32803			Phone no (407) 423-7911	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

The mission of Heart of Florida United Way is to improve lives by mobilizing the caring power of our communities. This is accomplished by fighting for the health, education, and financial stability of every person in Central Florida

**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 \$ 18,800,106 including grants of \$ 7,092,604 ) (Revenue \$ 668,601 )  
See Additional Data

**4b** (Code ) (Expenses \$ 8,769,360 including grants of \$ 8,769,360 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 27,569,466

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 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: [X] Own website, [X] Another's website, [X] 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: Jill Grevi, 1940 TRAYLOR BLVD, ORLANDO, FL 328044714 (407) 835-0900



**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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							957,100	0	166,710	

**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 ▶ **6**

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	354,927			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	5,475,292			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	23,444,239			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		1,895,609			
	<b>h Total.</b> Add lines 1a-1f . . . . .		29,274,458			
<b>Program Service Revenue</b>			<b>Business Code</b>			
	<b>2a</b> MANAGEMENT FEES		812900	334,354	334,354	
	<b>b</b> OTHER REVENUE		900099	181,015	181,015	
	<b>c</b> Service Fee Income		900099	87,849	87,849	
	<b>d</b> GIFT IN KIND PROGRAM		900099	65,383	65,383	
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		668,601				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		395,955		395,955	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		111,539	(ii) Personal			
		<b>b</b> Less rental expenses . . . . .	0			
		<b>c</b> Rental income or (loss) . . . . .	111,539			
	<b>d</b> Net rental income or (loss) . . . . .		111,539		111,539	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		8,928,969	(ii) Other			
		<b>b</b> Less cost or other basis and sales expenses . . . . .	8,468,341			
		<b>c</b> Gain or (loss) . . . . .	460,628			
	<b>d</b> Net gain or (loss) . . . . .		460,628		460,628	
	<b>8a</b> Gross income from fundraising events (not including \$ 354,927 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		124,748	<b>b</b>			
102,084		<b>c</b> Net income or (loss) from fundraising events . . . . .		22,664	22,664	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		30,933,845	668,601	0	990,786	

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,861,964	15,861,964		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	542,745	220,233	268,341	54,171
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	4,995,553	3,720,980	554,148	720,425
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	371,989	250,223	75,329	46,437
<b>9</b> Other employee benefits . . . . .	1,412,144	985,137	218,409	208,598
<b>10</b> Payroll taxes . . . . .	423,680	301,503	62,920	59,257
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	57,800		57,800	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	44,032		44,032	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	135,581	120,054	4,557	10,970
<b>12</b> Advertising and promotion . . . . .	123,689	6,699	4,093	112,897
<b>13</b> Office expenses . . . . .	269,539	189,133	32,984	47,422
<b>14</b> Information technology . . . . .	84,676	56,626	13,609	14,441
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	174,286	129,092	22,010	23,184
<b>17</b> Travel . . . . .	68,137	46,602	6,259	15,276
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	80,784	40,745	10,616	29,423
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	257,324	113,722	119,362	24,240
<b>22</b> Depreciation, depletion, and amortization . . . . .	205,742		205,742	
<b>23</b> Insurance . . . . .	816,508	798,845	8,917	8,746
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> HOMELESSNESS SERVICES	2,332,799	2,332,799		
<b>b</b> CASE MANAGEMENT	679,553	679,553		
<b>c</b> Oral Health Care	365,784	365,784		
<b>d</b> MEDICAL	350,669	350,669		
<b>e</b> All other expenses	1,110,001	999,103	54,580	56,318
<b>25</b> Total functional expenses. Add lines 1 through 24e	30,764,979	27,569,466	1,763,708	1,431,805
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	79,192
	<b>2</b> Savings and temporary cash investments . . . . .	8,336,449	<b>2</b>	6,825,276
	<b>3</b> Pledges and grants receivable, net . . . . .	8,655,956	<b>3</b>	8,688,609
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	26,950	<b>7</b>	417,389
	<b>8</b> Inventories for sale or use . . . . .	215,416	<b>8</b>	260,738
	<b>9</b> Prepaid expenses and deferred charges . . . . .	159,004	<b>9</b>	98,077
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,628,085		
	<b>b</b> Less accumulated depreciation	2,806,191		
		3,774,683	<b>10c</b>	3,821,894
	<b>11</b> Investments—publicly traded securities . . . . .	8,001,974	<b>11</b>	8,684,258
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,555,215	<b>12</b>	1,694,060
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	30,725,647	<b>16</b>	30,569,493	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,133,892	<b>17</b>	1,924,141
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	73,596	<b>19</b>	320,098
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,955,921	<b>25</b>	3,337,018
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,163,409	<b>26</b>	5,581,257
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	12,684,602	<b>27</b>	13,142,979
	<b>28</b> Temporarily restricted net assets . . . . .	11,077,636	<b>28</b>	11,045,257
	<b>29</b> Permanently restricted net assets	800,000	<b>29</b>	800,000
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	24,562,238	<b>33</b>	24,988,236
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	30,725,647	<b>34</b>	30,569,493

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	30,933,845
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	30,764,979
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	168,866
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	24,562,238
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	257,132
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	24,988,236

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0808854

**Name:** Heart of Florida United Way Inc

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

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**Form 990, Part III, Line 4b:**

HEART OF FLORIDA UNITED WAY, INC ALLOWS FOR OPEN DONOR CHOICE WHERE DONORS ARE ALLOWED TO DESIGNATE TO ANY 501(C)(3) ORGANIZATION

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MALCOLM C BARNES ..... BOARD MEMBER	2 50 .....	X						0	0	0
SHAWN BARTELT ..... BOARD MEMBER	2 50 .....	X						0	0	0
ADRIAN BENNETT ..... BOARD MEMBER	2 50 .....	X						0	0	0
MARIBETH BISIENERE ..... BOARD MEMBER	2 50 .....	X						0	0	0
DIANA BOLIVAR ..... BOARD MEMBER	2 50 .....	X						0	0	0
JOHN F DAVIS ..... BOARD MEMBER	2 50 .....	X						0	0	0
SEAN DEMARTINO ..... BOARD MEMBER	2 50 .....	X						0	0	0
MICHAEL FRUMKIN PHD ..... BOARD MEMBER	2 50 .....	X						0	0	0
ERIC GEBOFF ..... BOARD MEMBER	2 50 .....	X						0	0	0
ELISHA GONZALEZ ..... BOARD MEMBER	2 50 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA LANDMAN GONZALEZ ..... BOARD MEMBER	2 50 .....	X						0	0	0
MICHAEL HARDING ..... BOARD MEMBER	2 50 .....	X						0	0	0
SANDY HOSTETTER ..... BOARD MEMBER	2 50 .....	X						0	0	0
AVIDO KHAHAIFA ..... BOARD MEMBER	2 50 .....	X						0	0	0
BYRON KNIBBS ..... BOARD MEMBER	2 50 .....	X						0	0	0
KEVIN MADDRON ..... BOARD MEMBER	2 50 .....	X						0	0	0
PATRICIA MADDOX ..... BOARD MEMBER	2 50 .....	X						0	0	0
MARIE MARTINEZ ..... BOARD MEMBER	2 50 .....	X						0	0	0
CHIEF JOHN W MINA ..... BOARD MEMBER	2 50 .....	X						0	0	0
ROBERT NEWLAND ..... BOARD MEMBER	2 50 .....	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL E PATTILLO ..... BOARD MEMBER	2 50 .....	X						0	0	0
DR RONALD F PICCOLO PHD ..... BOARD MEMBER	2 50 .....	X						0	0	0
FRANK ST JOHN ..... BOARD MEMBER	2 50 .....	X						0	0	0
EDDIE SOLER ..... BOARD MEMBER	2 50 .....	X						0	0	0
TRICIA STITZEL ..... BOARD MEMBER	2 50 .....	X						0	0	0
ED TIMBERLAKE ..... BOARD MEMBER	2 50 .....	X						0	0	0
ANNETTA WILSON ..... BOARD MEMBER	2 50 .....	X						0	0	0
E ANN MCGEE EDD ..... CHAIR	2 50 .....	X		X				0	0	0
DAVID FULLER ..... VICE CHAIR	2 50 .....	X		X				0	0	0
BILL WILSON ..... SECRETARY	2 50 .....	X		X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL MUELLER ..... TREASURER	2 50 .....	X		X				0	0	0
ROBERT H BROWN ..... PRESIDENT & CEO	50 00 .....	X		X				307,623	0	37,721
JEFFERY HAYWARD ..... PRESIDENT & CEO	50 00 .....			X				24,106	0	923
JILL GREVI ..... SR VP/CFO	50 00 .....			X				142,986	0	27,509
ASHLEY BLASEWITZ ..... CHIEF MARKETING OFFICER	50 00 .....					X		102,458	0	22,261
ROBERT HAIGHT ..... SR VP OF RESOURCE DEVELOPMENT	50 00 .....					X		132,287	0	26,625
JOAN NELSON ..... SR VP OF COMMUNITY INVESTMENT	50 00 .....					X		115,136	0	24,969
LARRY OLNESS ..... SR VP OF STRATEGIC ENTERPRISES	50 00 .....					X		132,504	0	26,702

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Heart of Florida United Way Inc

Employer identification number  
59-0808854

**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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	22,919,199	22,108,332	24,818,144	26,005,308	29,274,259	125,125,242
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	22,919,199	22,108,332	24,818,144	26,005,308	29,274,259	125,125,242
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,344,003
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						120,781,239

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4	22,919,199	22,108,332	24,818,144	26,005,308	29,274,259	125,125,242
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	277,620	390,823	532,182	489,609	507,494	2,197,728
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on					124,748	124,748
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	365,402	494,871	395,587	560,764		1,816,624
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						129,264,342
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	2,282,246

**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**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	93.440 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	93.170 %

**16a 33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Part II, Line 10	OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING EVENTS ALONG WITH INCOME FROM VARIOUS COMMUNITY VOLUNTEER PROJECTS, MANAGEMENT FEES, PROCESSING FEES, GIFT-IN-KIND, AND PROGRAM FEES

Schedule A Form 990 or 990-E 2016

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Heart of Florida United Way Inc

**Employer identification number**  
59-0808854

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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 ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance . . . . .	1,189,405	1,259,984	1,234,655	1,214,822	1,113,482
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	114,586	18,884	29,369	168,453	105,072
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	178,521	85,670	0	144,015	0
<b>f</b> Administrative expenses . . . . .	4,041	3,793	4,040	4,605	3,732
<b>g</b> End of year balance . . . . .	1,121,429	1,189,405	1,259,984	1,234,655	1,214,822

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 71 340 %
  - c** Temporarily restricted endowment ▶ 28 660 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes              | No |
|--|------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		275,000		275,000
<b>b</b> Buildings		5,480,377	2,182,455	3,297,922
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		872,708	623,736	248,972
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				3,821,894

**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) INVESTMENTS AT COMMUNITY FOUNDATION	1,694,060	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	1,694,060	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CAMPAIGN PLEDGES DUE TO OTHER UNITED WAY ORGANIZATIONS	363,599
CAMPAIGN PLEDGES DUE TO DESIGNATED AGENCIES	2,973,419
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	3,337,018

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	23,212,366
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	257,132
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	732,697
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	102,084
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,091,913
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	22,120,453
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	44,032
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	8,769,360
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	8,813,392
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	30,933,845

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	22,786,368
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	732,697
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	102,084
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	834,781
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	21,951,587
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	44,032
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	8,769,360
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	8,813,392
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	30,764,979

**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:** 59-0808854

**Name:** Heart of Florida United Way Inc

## Supplemental Information

Return Reference	Explanation
Part V, Line 4	THE BUILDING ENDOWMENT WAS DONATED BY A LOCAL FOUNDATION AS A PERMANENTLY RESTRICTED FUND AND THE INVESTMENT EARNINGS ARE USED TO OFFSET MAJOR BUILDING MAINTENANCE AND REPAIRS

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT JUNE 30, 2017. MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT JUNE 30, 2017.

# Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	SPECIAL EVENT EXPENSE 102,084

# Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	REVENUES DESIGNATED BY DONOR 8,769,360

# Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	SPECIAL EVENT EXPENSE 102,084

## Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	GRANTS DESIGNATED BY DONOR 8,769,360

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Heart of Florida United Way Inc

Employer identification number  
59-0808854

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>CHEF'S GALA</b> (event type)	<b>WOMEN'S LEADERSHIP LUNCHEON</b> (event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	258,246	221,429		479,675
<b>2</b>	Less Contributions . . . . .	163,013	191,914		354,927
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	95,233	29,515		124,748
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		9,133		9,133
	<b>7</b> Food and beverages . . . . .		27,179		27,179
	<b>8</b> Entertainment . . . . .		36,370		36,370
	<b>9</b> Other direct expenses . . . . .	26,635	2,767		29,402
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				102,084
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				22,664

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer  Employee  Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
Heart of Florida United Way Inc

Employer identification number  
59-0808854

**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 non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 104
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(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	<p>PARTNERING AGENCIES OF HEART OF FLORIDA UNITED WAY, INC ARE A SELECT AND DIVERSE GROUP OF HEALTH AND HUMAN SERVICE PROVIDERS WHO HAVE MET COMPREHENSIVE AND RIGOROUS ADMISSIONS STANDARDS AND ON-GOING PERFORMANCE GUIDELINES FOR THE EFFICIENT, HIGH QUALITY, AND COST-EFFECTIVE DELIVERY OF PROGRAMS AND SERVICES TO THE COMMUNITY EACH PARTNERING AGENCY SIGNS A STATEMENT OF AGREEMENT TO COMPLY WITH ALL CRITERIA FOR CONTINUING STATUS THE COMMUNITY'S EXPECTATIONS OF AGENCIES RECEIVING UNITED WAY FUNDING INCLUDE THE FOLLOWING PRINCIPLES FOR THE DELIVERY OF HEALTH AND HUMAN SERVICES 1)THE AGENCY DEMONSTRATES OVERALL ACCOUNTABILITY AND PROGRAM SPECIFIC ACCOUNTABILITY IT SHOULD REFLECT GOOD STEWARDSHIP (MONEY, LEADERSHIP, VOLUNTEERS) IT SHOULD ADHERE TO BUDGET DETAIL, REPORTING REQUIREMENTS, LEVEL OF STANDARDS OF PERFORMANCE, AND DEMANDS OF ITS GOVERNING BOARD 2)PROGRAMS ARE MONITORED AND PERIODICALLY EVALUATED IN TERMS OF CLEARLY DEFINED OUTPUT OBJECTIVES AND OUTCOME-BASED MEASURES AN OUTCOME-BASED PROGRAM EVALUATION SYSTEM IS USED TO ASSESS, IN AN ONGOING FASHION, THE IMPACT OF CLIENT-BASED PROGRAM SERVICES 3)ANY SIGNIFICANT CHANGE TO THE AGENCY OR UNITED WAY'S FUNDED PROGRAM(S) MUST BE REPORTED TO THE HEART OF FLORIDA UNITED WAY, INC SR VICE PRESIDENT OF COMMUNITY INVESTMENT EXAMPLES INCLUDE ANY CHANGE TO PROGRAM PROTOCOLS, AGENCY OR PROGRAM LEADERSHIP, CHANGE IN LOCATION, ETC IN ADDITION, THE AGENCY IS REQUIRED TO REPORT ANY SIGNIFICANT INCIDENTS, OR LEGAL ACTIONS INITIATED AGAINST THE AGENCY, AS WELL AS TO PROVIDE ACCURATE DATA FOR HEART OF FLORIDA UNITED WAY 2-1-1 COMMUNITY DATABASE Heart of Florida United Way's Gifts in Kind Center (GIKC) provides nonprofit, 501(c)(3), health &amp; human services organizations in Orange, Osceola, and Seminole Counties with access to quality in-kind goods The purpose of GIKC is to assist agencies in leveraging their dollars while providing donors with an outlet for distributing surplus and increasing their contribution and support of the local community To qualify for membership, organizations must be 501(c)(3), health and human services, serve the tri-county area (Orange, Osceola and/or Seminole Counties), and must provide documentation as such TO BE ELIGIBLE TO RECEIVE DONOR DESIGNATED DOLLARS, AGENCIES ARE REQUIRED TO SUBMIT A CURRENT 501(C)(3) STATUS, AS WELL AS THE SIGNED PATRIOT ACT COMPLIANCE FORM REQUIRED TO BE FILED PER THE ANTI-TERRORISM ACT</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-0808854  
**Name:** Heart of Florida United Way Inc

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A GIFT FOR TEACHING 6501 MAGIC WAY STE 400C ORLANDO, FL 32809	59-3515162	501(C)(3)	11,613				COMMUNITY BENEFIT
ADULT LITERACY LEAGUE 345 W MICHIGAN ST ORLANDO, FL 32806	23-7076600	501(C)(3)	102,216				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFTER SCHOOL PROGRAMS INC 1520 S POWERLINE ROAD DEERFIELD BEACH, FL 33442	65-0915728	501(C)(3)	178,928				COMMUNITY BENEFIT
AMERICA'S CHARITIES SUNTRUST BANK WHOLESAL E DEPT LOCKBOX 79570 BALTIMORE, MD 21279	54-1517707	501(C)(3)	17,528				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	6,597				COMMUNITY BENEFIT
AMERICAN DIABETES ASSOCIATION 2290 LUCIEN WAY STE 230 MAITLAND, FL 32751	13-1623888	501(C)(3)	5,054				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 237 E MARKS STREET ORLANDO, FL 32803	13-5613797	501(C)(3)	8,332				COMMUNITY BENEFIT
AMERICAN RED CROSS PO BOX 536726 ORLANDO, FL 32853	59-0624357	501(C)(3)	250,385				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANTIOCH ZION ORTHODOX PRIMITIVE BAPTIST CHURCH 4124 PAPPY KENNEDY STREET ORLANDO, FL 32853	59-2962043	501(C)(3)	5,040				COMMUNITY BENEFIT
APOSTOLIC CHURCH CHURCH OF FAITH ACTS 238 INC 485 WURST ROAD OCOEE, FL 34761	35-2303894	501(C)(3)		108,824	FMV	SUPPLIES	COMMUNITY BENEFIT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASPIRE HEALTH PARTNERS 5151 ADANSON ST STE 201 ORLANDO, FL 32804	59-2301233	501(C)(3)	140,376				COMMUNITY BENEFIT
ASPIRE INC 5151 ADANSON ST ORLANDO, FL 32804	59-1532941	501(C)(3)	7,400				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERSBIG SISTERS 807 S ORLANDO AVE WINTER PARK, FL 32789	59-6555007	501(C)(3)	36,258				COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703	59-0624376	501(C)(3)	117,152				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA PO BOX 2987 ORLANDO, FL 32802	59-0951887	501(C)(3)	688,484				COMMUNITY BENEFIT
CANINE COMPANIONS FOR INDEPENDENCE 8150 CLARCONA OCOEE ROAD ORLANDO, FL 32818	94-2494324	501(C)(3)	6,775				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES 1819 N SEMORAN BOULEVARD ORLANDO, FL 32807	59-1214353	501(C)(3)	226,981				COMMUNITY BENEFIT
CENTRAL FLORIDA YMCA 433 N MILLS AVE ORLANDO, FL 32803	59-0624430	501(C)(3)	180,774				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL FLORIDA CENTER FOR INDEPENDENT LIVING 720 N DENNING DRIVE WINTER PARK, FL 32789	59-1828770	501(C)(3)	8,055				COMMUNITY BENEFIT
CENTER FOR CHANGE 810 ROSEMIST CT ORLANDO, FL 34761	20-3062727	501(C)(3)		9,278	FMV	SUPPLIES	COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION INC 1814 W COLONIAL DR ORLANDO, FL 32804	59-3368679	501(C)(3)		7,854	FMV	SUPPLIES	COMMUNITY BENEFIT
CHILDREN'S HOME SOCIETY 1485 S SEMORAN BLVD WINTER PARK, FL 32792	59-0192430	501(C)(3)	180,994				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN HELP FOUNDATION 450 SEMINOLA BLVD CASSELBERRY, FL 32707	59-3107271	501(C)(3)	14,830	6,141	FMV	SUPPLIES	COMMUNITY BENEFIT
CHRISTIAN SERVICE CENTER 808 W CENTRAL BLVD ORLANDO, FL 32801	59-1353031	501(C)(3)	61,057				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COALITION FOR THE HOMELESS 639 W CENTRAL BLVD ORLANDO, FL 32801	59-2814255	501(C)(3)	409,454				COMMUNITY BENEFIT
COMMUNITY BASED CARE OF CENTRAL FLORIDA 117 E LAKE MARY BLVD SANFORD, FL 32733	01-0631375	501(C)(3)	82,690				COMMUNITY BENEFIT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY COORDINATED CARE FOR CHILDREN 3500 W COLONIAL DRIVE ORLANDO, FL 32808	59-1371754	501(C)(3)	413,232				COMMUNITY BENEFIT
COMMUNITY HEALTH CENTERS INC PO BOX 1249 APOPKA, FL 32703	59-1480970	501(C)(3)	60,197				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF FLORIDA 333 W PENSACOLA ST TALLAHASSEE, FL 32301	13-6167225	501(C)(3)	13,772				COMMUNITY BENEFIT
CONCERNS OF POLICE SURVIVORS 2500 W COLONIAL DR ORLANDO, FL 32804	59-3233259	501(C)(3)	5,162				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSUMER DEBT COUNSELORS 831 W MORSE BLVD WINTER PARK, FL 32789	59-3548266	501(C)(3)		6,419	FMV	SUPPLIES	COMMUNITY BENEFIT
CORRECTIONAL PEACE OFFICERS PO BOX 348390 TALLAHASSEE, FL 32301	68-0023302	501(C)(3)	6,624				COMMUNITY BENEFIT

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

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DELTONA ALLIANCE CHURCH 921 DELTONA BLVD DELTONA, FL 32725	59-1919672	501(C)(3)	5,200				COMMUNITY BENEFIT
DEVEREUX FOUNDATION TREATMENT NETWORK 5850 TG LEE BLVD ORLANDO, FL 32822	23-1390618	501(C)(3)	141,576				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EARLY LEARNING COALITION OF SEMINOLE 280 HUNT PARK COVE STE 1020 LONGWOOD, FL 32750	59-3664594	501(C)(3)	125,000				COMMUNITY BENEFIT
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	59-1150182	501(C)(3)	40,637				COMMUNITY BENEFIT

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

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ELEVATE ORLANDO 2700 WESTHILL LN STE 137 MAITLAND, FL 32751	59-0914205	501(C)(3)	42,500				COMMUNITY BENEFIT
FIRST BAPTIST CHURCH OF OVIEDO 45 W BROADWAY OVIEDO, FL 32765	59-0914205	501(C)(3)	7,295				COMMUNITY BENEFIT

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

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FLORIDA HOSPITAL FOUNDATION 550 E ROLLINS ST 6TH FLOOR ORLANDO, FL 32803	59-2219301	501(C)(3)	311,679				COMMUNITY BENEFIT
FOUNDATION FOR FOSTER CHILDREN 2265 LEE RD STE 203 WINTER PARK, FL 32789	26-1682601	501(C)(3)	7,945				COMMUNITY BENEFIT

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

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FOUNDATION OF ORANGE COUNTY PUBLIC SCHOOLS 445 W AMELIA ST ORLANDO, FL 32801	59-2788435	501(C)(3)	84,000				COMMUNITY BENEFIT
FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOLS 400 E LAKE MARY BLVD SANFORD, FL 32773	59-2775956	501(C)(3)	85,954				COMMUNITY BENEFIT



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

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GIRL SCOUTS OF CITRUS COUNCIL 341 N MILLS AVE ORLANDO, FL 32803	59-0696293	501(C)(3)	8,857				COMMUNITY BENEFIT
GIVE KIDS THE WORLD 210 S BASS RD KISSIMMEE, FL 34746	59-2654440	501(C)(3)	37,017				COMMUNITY BENEFIT

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

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GOODWILL INDUSTRIES OF CF 7531 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32809	59-0908166	501(C)(3)	6,896				COMMUNITY BENEFIT
GRACE COMMUNITY OF FAITH BAPTIST CHURCH 624 EXECUTIVE PARK CT 1048 APOPKA, FL 32703	59-3589219	501(C)(3)		5,147	FMV	SUPPLIES	COMMUNITY BENEFIT

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

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GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	51,631				COMMUNITY BENEFIT
GREATER OASIS CHRISTIAN ACADEMY 2622 MEADOW OAKS LOOP CLERMONT, FL 34714	45-4703563	501(C)(3)		5,928	FMV	SUPPLIES	COMMUNITY BENEFIT

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

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HAITI HEALTH & REHABILITATION 469 ALINOLE CIRCLE LAKE MARY, FL 32746	80-0603185	501(C)(3)		5,099	FMV	SUPPLIES	COMMUNITY BENEFIT
HARBOR HOUSE PO BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	172,737				COMMUNITY BENEFIT

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

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HARVEST OF HOPE 672 SO PARK AVE TITUSVILLE, FL 32796	45-4221127	501(C)(3)		416,860	FMV	SUPPLIES	COMMUNITY BENEFIT
HEALTHCARE CENTER FOR HOMELESS 232 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	59-3185020	501(C)(3)	136,364				COMMUNITY BENEFIT

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

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HEALTHY START COALITION OF ORANGE COUNTY 600 COURTLAND ST STE 565 ORLANDO, FL 32804	59-3125675	501(C)(3)	250,022				COMMUNITY BENEFIT
HELP NOW OSCEOLA PO BOX 420370 KISSIMMEE, FL 34742	59-2283508	501(C)(3)	109,596				COMMUNITY BENEFIT

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

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HOPE COMMUNTIY CENTER 1016 N PARK AVENUE APOPKA, FL 32712	56-2551312	501(C)(3)	106,183				COMMUNITY BENEFIT
HOWARD PHILLIPS CENTER FOR CHILDREN FAMILIES 601 W MICHIGAN ST ORLANDO, FL 32805	59-2244943	501(C)(3)	148,544				COMMUNITY BENEFIT

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

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INDEPENDENT CHARITIES OF AMERICA 1000 LAKEPUR LANDING CIR STE 340 LAKEPUR, CA 94939	94-3067804	501(C)(3)	11,219				COMMUNITY BENEFIT
INTERNATIONAL ASSOCIATION OF ACADEMIC METHODS 6103 BEECHMONT BLVD ORLANDO, FL 32808	27-2009085	501(C)(3)		27,639	FMV	SUPPLIES	COMMUNITY BENEFIT



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

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INTERNATIONAL MINISTRIES OF HOPE 5095 NEPONSET AVENUE ORLANDO, FL 32808	80-0423321	501(C)(3)		139,919	FMV	SUPPLIES	COMMUNITY BENEFIT
IMPOWER INC 3157 N ALAFAYA TRAIL ORLANDO, FL 32826	65-0439778	501(C)(3)	36,344				COMMUNITY BENEFIT

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

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JEWISH FAMILY SERVICES 2100 LEE ROAD WINTER PARK, FL 32789	59-1873758	501(C)(3)	62,198				COMMUNITY BENEFIT
JOURNEY CHRISTIAN CHURCH 1965 ORANGE BLOSSOM TRAIL APOPKA, FL 32703	59-1532755	501(C)(3)	22,840				COMMUNITY BENEFIT

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

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LANE TEENAGE GIRLS PO BOX 609087 ORLANDO, FL 32860	45-0533559	501(C)(3)	25,653				COMMUNITY BENEFIT
L'ECOLE COMMUNAUTAIRE DUMARSOIS ESTIME INC 7458 RADIANT CIRCLE ORLANDO, FL 32810	81-1966712	501(C)(3)		298,317	FMV	SUPPLIES	COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY NORTH & CENTRAL FLORIDA 341 N MAITLAND AVE STE 100 MAITLAND, FL 32751	13-5644916	501(C)(3)	6,895				COMMUNITY BENEFIT
LIFT ORLANDO 215 E CENTRAL BLVD ORLANDO, FL 32801	46-3607865	501(C)(3)	21,200				COMMUNITY BENEFIT

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

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LIGHTHOUSE CENTRAL FLORIDA 215 E NEW HAMPSHIRE STREET ORLANDO, FL 32804	59-2418228	501(C)(3)	154,549				COMMUNITY BENEFIT
MEALS ON WHEELS 2801 S FINANCIAL CT SANFORD, FL 32773	59-2977907	501(C)(3)	124,681				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINISTRY OF HOPE 4421 S KIRKMAN RD 102 ORLANDO, FL 32811	54-1598036	501(C)(3)		5,932	FMV	SUPPLIES	COMMUNITY BENEFIT
NEW LIFE FAMILY PRAYER CENTER 160 S CENTRAL AVE OVIEDO, FL 32765	01-0724189	501(C)(3)		9,945	FMV	SUPPLIES	COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE HEART FOR WOMEN AND CHILDREN 914 ALMOND TREE CIR ORLANDO, FL 32835	30-0584360	501(C)(3)		714,666	FMV	SUPPLIES	COMMUNITY BENEFIT
ORLANDO COMMUNITY & YOUTH TRUST 595 N PRIMROSE DRIVE ORLANDO, FL 32803	65-0572536	501(C)(3)	348,423				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ORLANDO DAY NURSERY 626 LAKE DOT CIRCLE ORLANDO, FL 32801	59-0651096	501(C)(3)	119,436				COMMUNITY BENEFIT
ORLANDO FIREFIGHTERS BENEVOLENT 4005 N ORANGE BLOSSOM TRL STE A ORLANDO, FL 32804	20-0794508	501(C)(3)	45,704				COMMUNITY BENEFIT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OSCEOLA COUNTY COUNCIL ON AGING 700 GENERATION PT KISSIMMEE, FL 347445957	59-1595398	501(C)(3)	203,888				COMMUNITY BENEFIT
PET ALLIANCE OF GREATER ORLANDO INC (FORMERLY SPCA) 2727 CONROY RD ORLANDO, FL 32839	59-0637883	501(C)(3)	6,888				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PET RESCUE BY JUDY 401 S LAUREL AVE SANFORD, FL 32771	59-3297626	501(C)(3)	5,415				COMMUNITY BENEFIT
RESCUE OUTREACH MISSION PO BOX 412 SANFORD, FL 32772	59-2876415	501(C)(3)	125,113				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFEHOUSE OF SEMINOLE (SEMINOLE CTY VICTIMS' RIGHTS COALITION) PO BOX 471279 LAKE MONROE, FL 32747	59-2934243	501(C)(3)	85,612				COMMUNITY BENEFIT
SALVATION ARMY - ORLANDO PO BOX 540657 ORLANDO, FL 32854	58-0660607	501(C)(3)	286,072				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY - SEMINOLE PO BOX 1946 SANFORD, FL 32772	13-5562351	501(C)(3)	43,471				COMMUNITY BENEFIT
SECOND HARVEST FOOD BANK 2008 BREngle AVE ORLANDO, FL 32808	59-2142315	501(C)(3)	340,415				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SEMINOLE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY 101 W PALMETTO AVENUE LONGWOOD, FL 32750	59-1591554	501(C)(3)	97,511				COMMUNITY BENEFIT
SENIORS FIRST 5395 LB MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	130,287				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN BAPTIST CHURCH 2025 W CENTRAL BLVD ORLANDO, FL 32805	59-1694436	501(C)(3)		10,379	FMV	SUPPLIES	COMMUNITY BENEFIT
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	8,588				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STRENGTHEN ORLANDO 4TH FLR 400 S ORANGE AVE ORLANDO, FL 32801	27-1964941	501(C)(3)	33,667				COMMUNITY BENEFIT
SUMMIT CHURCH 735 HERNDON AVE ORLANDO, FL 32839	35-1161320	501(C)(3)	9,217				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CHRIST SCHOOL 106 E CHURCH STREET ORLANDO, FL 32801	59-3364919	501(C)(3)	5,416				COMMUNITY BENEFIT
THE MOUNTAIN FOUNDATION 686 MAYA SUSAN LOOP APOPKA, FL 32712	59-3492720	501(C)(3)	5,494				COMMUNITY BENEFIT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE RUSSELL HOUSE 510 HOLDEN AVENUE ORLANDO, FL 32839	59-1051408	501(C)(3)	8,183				COMMUNITY BENEFIT
UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CTR PKWY MAITLAND, FL 32751	59-1166446	501(C)(3)	20,159				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UCP OF CENTRAL FLORIDA 1221 W COLONIAL DR STE 300 ORLANDO, FL 32804	59-0799925	501(C)(3)	111,472				COMMUNITY BENEFIT
UNION LEAGUE BOYS & GIRLS CLUB 65 W JACKSON BLVD CHICAGO, IL 60604	32-2167939	501(C)(3)	20,000				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 32922	59-0836384	501(C)(3)	9,152				COMMUNITY BENEFIT
UNITED WAY OF CENTRAL FLORIDA PO BOX 1357 HIGHLAND CITY, FL 33846	59-2116280	501(C)(3)	21,107				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	59-1087090	501(C)(3)	5,654				COMMUNITY BENEFIT
UNITED WAY OF LAKE & SUMTER COUNTIES PO BOX 490720 LEESBURG, FL 34749	36-2167949	501(C)(3)	44,939				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY SUNCOAST 5201 WEST KENNEDY BLVD SUITE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	9,943				COMMUNITY BENEFIT
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	28,803				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN THINK 363 N PARRAMORE AVE ORLANDO, FL 32801	26-2534274	501(C)(3)	20,000				COMMUNITY BENEFIT
WINTER PARK DAY NURSERY 741 S PENNSYLVANIA AVE WINTER PARK, FL 32789	59-0638506	501(C)(3)	84,124				COMMUNITY BENEFIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WINTER PARK PRESBYTERIAN CHURCH 400 S LAKEMONT AVE WINTER PARK, FL 32792	59-0830757	501(C)(3)	6,750				COMMUNITY BENEFIT
WWP INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	8,594				COMMUNITY BENEFIT

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization Heart of Florida United Way Inc	Employer identification number 59-0808854
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in 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	Yes								
<b>2</b> 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 in line 1a?	2	Yes								
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	4a	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
<b>c</b> 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.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	5a	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	6a	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
<b>8</b> 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								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT H BROWN PRESIDENT & CEO	(i)	209,223 -----	84,000 -----	14,400 -----	24,820 -----	12,901 -----	345,344 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 JILL GREVISR VP/CFO	(i)	142,986 -----	0 -----	0 -----	14,608 -----	12,901 -----	170,495 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 ROBERT HAIGHT SR VP OF RESOURCE DEVELOPMENT	(i)	132,287 -----	0 -----	0 -----	13,724 -----	12,901 -----	158,912 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 LARRY OLNESS SR VP OF STRATEGIC ENTERPRISES	(i)	132,504 -----	0 -----	0 -----	13,801 -----	12,901 -----	159,206 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**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
Part I, Line 1a	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS OF \$2,232 WERE MADE FOR CERTAIN RELOCATION EXPENSES OF THE NEWLY HIRED PRESIDENT/CEO. THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. A TEMPORARY HOUSING ALLOWANCE OF \$4,605 WAS PROVIDED AS PART OF THE RELOCATION PACKAGE OFFERED TO THE NEWLY HIRED PRESIDENT/CEO. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION. PRIVATE CLUB DUES ARE PAID AS A NON-TAXABLE BENEFIT FOR THE PRESIDENT/CEO TO ELEVATE AND ENHANCE CURRENT AND PROSPECTIVE BUSINESS CONNECTIONS TO INCREASE PHILANTHROPIC GIVING.
Part I, Line 7	AN INCENTIVE COMPENSATION PAYOUT FOR THE PRESIDENT/CEO IS BASED UPON ACHIEVEMENT OF ANNUAL PERFORMANCE METRICS DETERMINED BY THE COMPENSATION COMMITTEE. THERE IS NO GUARANTEE OF PAYMENT AND THE INCENTIVE AWARD CAN RANGE FROM 0 TO 40% OF BASE SALARY DEPENDING UPON SUCCESSFUL ACHIEVEMENT OF ESTABLISHED METRICS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Heart of Florida United Way Inc

Employer identification number  
59-0808854

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	6	23,250	FMV
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( SUPPLIES ) . . . . .	X	400	1,872,359	FMV
<b>26</b> Other ▶ ( _____ ) . . . . .				
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> Other ▶ ( _____ ) . . . . .				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . **30a** No

**b** If "Yes," describe the arrangement in Part II

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** Yes

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . **32a** No

**b** If "Yes," describe in Part II

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No

**Part II****Supplemental Information.**

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

Heart of Florida United Way Inc

**Employer identification number**

59-0808854

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION	The mission of Heart of Florida United Way is to improve lives by mobilizing the caring power of our communities. This is accomplished by fighting for the health, education, and financial stability of every person in Central Florida. Founded in 1939, Heart of Florida United Way (United Way) is Central Florida's largest supporter of local health and human service agencies. In 2016-2017, \$28 million dollars were invested into Central Florida including over \$17.7 million raised during the annual campaign that helps fund local health and human service programs. United Way touched the lives of over 464,000 individuals through Investing in Results grant supported programs, as well as through direct services designed to create a thriving community where adults and children achieve their full potential with access to a solid education, good health, safe neighborhoods and jobs that pay a living wage. Bottom line, United Way fights for the health, education, and financial stability of every person in Central Florida.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>In addition to raising money on behalf of other nonprofits (Investing in Results), United Way also provides direct services and runs programs that are vitally important to the Central Florida Community. These programs and services include Central Florida College Access Network, the FamilyWise discount prescription program, Schools and Communities Together for Tomorrow serving Title I schools, ReadingPals providing volunteer leads, weekly pre-literacy skill development interventions in 19 VPK classrooms, United Way's Financial Stability Coalition assisting families with free tax assistance, Emergency and Homelessness Services, Pathways to Success providing mentoring and support to 10th, 11th, and 12th grade high school students, the Ryan White HIV/AIDS Program, and the Gifts in Kind Center. The following provides a snapshot of a few of United Way's programs and services and key accomplishments.</p> <p><b>United Way Investing in Results</b> United Way improves the lives of individuals and families, building strong communities by uniting people and organizations to create measurable results and a lasting impact. United Way is focused on prevention and finding long-term solutions for pressing problems. Known as Investing in Results, this philosophy is guiding our work to move the needle in four critical impact areas: Education, Income, Health and Basic Needs.</p> <p><b>Program Highlights</b></p> <p><b>Education</b> United Way served 6,606 children, youth, and parents/guardians through program services designed to boost every child's chance for success in school, work and life. 79% of ReadingPals students demonstrated kindergarten readiness, 78% of the youth served by the AmeriCorps Together for Tomorrow program improved standardized test scores in reading and/or math, 96% of AmeriCorps Pathways to Success students improved scores on standardized and end of course assessments, 83% of Destination Graduation students who received persistence funds were able to stay enrolled during the term where they received services and re-enroll in the following term.</p> <p><b>Income</b> 79,758 individuals and their families benefitted from services and initiatives for low-income working families to succeed in the five building blocks of financial stability: sustaining employment, income supports, affordable housing, manageable budgets and increased savings and assets. 98% of clients improved their employability skills, 100% accessed public and/or employer benefits to increase income supports, 99% increased financial literacy, 82% Siemer Institute for Family Stability program participants increased their household stability and avoided moving their children to a different school.</p> <p><b>Health</b> 19,814 Central Floridians participated in programs and services that helped them avoid risky behaviors and increase their health and wellbeing. 94% of parents/caregivers improved their parenting skills, 92% of children demonstrated age appropriate levels of developmental functioning, 90% became enrolled in health insurance programs, a</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>nd 86% achieved one or more health care treatment goals Basic Needs United Way worked to reduce the level of crisis for 358,541 of our community members by helping to meet immediate, emergency needs 95% of eligible households received mainstream resources, 96% of seniors reported maintained or improved ability to live independently, and 95% of seniors reported maintained or improved physical and mental well-being United Way 2-1-1 United Way's 2-1-1 Information and Assistance Helpline is the link between someone in distress and the help they need This vital in-house resource is powerful enough to provide more than individual assistance on basic needs Call specialists stand-by 24/7/365 to assist in suicide intervention, regional, or national disasters Program Highlights The United Way 2-1-1 responded to 119,015 contacts during FY 16/17 Of these contacts, 3,198 were chats, 7,866 were texts and 779 were emails, representing a 57% increase in electronic contacts over FY 15/16 United Way 2-1-1 responded to 23,048 crisis contacts (1,635 of which required suicide prevention services), representing a 23% increase in crisis contacts over FY 15/16 United Way 2-1-1 also scheduled 8,331 families for a financial assistance eligibility appointment with a case manager, provided information to over 2,500 community members regarding the Earned Income Tax Credit program, and provided information to over 900 community members about the Affordable Care Act In FY 16/17, 254 families successfully completed the Smoke Free Homes program with 2-1-1 support calls and 153 families received Help Me Grow navigation services United Way Emergency and Homelessness Services (EHS) Program Tri-county residents facing impending homelessness, hunger and other emergencies also received help through United Way's Emergency &amp; Homelessness Services (EHS) The network of agencies under EHS provide the case work, verify/document needs, determine client eligibility, and submit assistance requests for vendor payment processing The needs addressed by this program are 1) providing allocation and expenditure accountability to funders by ensuring that funding guidelines are followed and clients are served confidentially and expeditiously, and 2) preventing duplication of services by providing a centralized database that is accessible to participating agencies, enabling them to view previous assistance history of clients and track fund balances Program Highlights 4,392 tri-county residents facing impending homelessness, hunger and other emergencies received help through United Way's Emergency &amp; Homelessness Services (EHS) division through a network of agencies that provide case management, determination of client eligibility, and submission of assistance requests for vendor payment processing 285 individuals avoided or recovered from homelessness through veteran assistance programs which help clients to reduce debt, increase income, and build self-sufficiency 307 people received cri</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>tical assistance with rent, mortgage, utilities, food, and/or shelter through more than \$9 19,700 in federal Emergency Food &amp; Shelter Program (EFSP) funds, which United Way distribu ted to supplement the work of local agencies, and 637 residents in need were able to keep their electricity on thanks to utility assistance programs that United Way administers in partnership with the Orlando Utilities Commission (OUC), Duke Energy and others United Wa y Financial Stability Coalition The Central Florida Financial Stability Coalition addresse s growing poverty in Central Florida by promoting financial literacy for low-income reside nts, improving access to financial services and by providing resources during eviction, fo reclosure or other crises As part of the Financial Stability Coalition activities, United Way promotes the Earned Income Tax Credit (EITC), VITA (Volunteer Income Tax Assistance), MyFreeTaxes (free self-preparation with online access), and the FamilyWize card, a free, easy-to-use prescription discount program which reduces the cost of medications by an aver age of 35% Program Highlights Through United Way's Financial Stability Coalition, 1,089 low-to moderate-households were able to receive tax refunds or claim the federal Earned Inc ome Tax Credit A total of 12,978 received free tax preparation through the work of volunt eers who were available at convenient VITA locations, AARP locations, and through the MyFr eeTaxes online tax preparation system Ryan White HIV/AIDS Program United Way serves as th e lead agency for Ryan White Part B/General Revenue, a Florida Department of Health funded program that provides care and support to HIV/AIDS consumers in Orange, Osceola, Seminole , and Brevard counties Additionally, United Way is the contracted agency that coordinates support and payment of health insurance premiums, co-pays, and deductibles for Orange Cou nty Government under the Ryan White Part A Program</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED</p>	<p>Program Highlights Serving HIV/AIDS patients throughout Brevard, Lake, Orange, Osceola, &amp; Seminole counties, the Ryan White Program helps improve the quality of life for thousands of people each year. As the lead agency, Heart of Florida United Way annually receives almost \$4 million in federal and state funds from the Florida Department of Health and Orange County Government to provide patient care services across the five counties. Care is coordinated through a network of seven AIDS service organizations and more than 200 service providers. Program dollars are targeted for underserved groups, such as people who may be uninsured/underinsured or unable to pay for sometimes costly HIV/AIDS treatments. Provided services include medical care, case management, pharmaceutical assistance, transportation, mental health services, early intervention services, food baskets, medical nutritional therapy and more. Through coordination of effort among AIDS Service Organizations, the Florida Department of Health, and other Ryan White Program recipients, consumers of these services are offered a care system with a holistic approach to treating HIV/AIDS.</p> <p>Orlando United Assistance Center Following the tragedy on June 12, 2016, the Orlando United Assistance Center (OUAC) was established to meet the needs of individuals impacted by the Pulse tragedy. Conveniently located near Downtown Orlando, OUAC is a place offering services and support to aid in the physical and emotional healing of those who were present at Pulse on June 12, survivors and immediate family members of those lost. Services available to those impacted by the Pulse tragedy include case management working directly with an OUAC Victims Advocate, navigation of community resources, referrals for mental health and counseling services unique to the individual's need, and connection with community resources to help address issues such as rent/mortgage assistance, immigration, utility assistance and transportation issues.</p> <p>Program Highlights The OUAC has served 887 households since July of 2016. Services include assisting 887 total, unduplicated people at the Family Assistance Center/OUAC since July, 2016, answering 4,154 calls to (407) 500 - 4673 (HOPE) from inception to October 18, 2017, victim advocates serving 347 clients, completing 2,494 victim advocate appointments, serving 335 walk-ins for victim advocate appointments, and conducting 54 home visits. OUAC has many unique partnerships to meet the needs of clients including Uber and other local organizations to support the transportation of its clients from their homes to important appointments such as doctor's visits, therapy, group therapy, and appointments with OUAC case managers, mental health providers for behavioral health services, financial institutions for financial education and counseling assistance, nonprofit and pro-bono law offices for legal assistance, and more. OUAC also provided home visits focusing on individuals facing severe PTSD and</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	<p>depression caused by the Pulse tragedy Other direct assistance provided to clients included financial assistance The OUAC has not denied service to anyone walking into its doors, to include individuals who were not directly impacted by the Pulse tragedy, but were in need of support and/or referrals to community services In addition to these direct client services, OUAC has provided numerous workshops and community events for survivors, family members and the community at large</p> <p><b>United Way Volunteer Resource Center</b> United Way's Volunteer Resource Center (VRC) matches thousands of volunteers, both groups and individuals, with more than 150 local nonprofit agencies to create exceptional volunteer experiences throughout Orange, Osceola and Seminole counties</p> <p><b>Program Highlights</b> The VRC engaged 2,450 volunteers in service opportunities that met the passions and interests of corporate, faith-based, civic and student groups in support of United Way's work under Education, Income, Health, and Basic Needs Under Education, the VRC secured \$173,946 in cash and in-kind donations, to include 2,000 literacy kits The VRC also collected 482 toys (valued at more than \$4,600) donated by Red Lobster, Interplan, LLC, JCPenney, Center for Reproductive Medicine, and Centene/Acaria Health, 296 suits donated by Mark O'Mara Law Firm, and 134 Rescue Buddies donated by Cherry Bekaert through Magnovo The VRC worked with Wells Fargo to create 500 hygiene kits (valued at \$3,000) and more than 300 bags of baby supplies donated by various donors through Basics for Babies (including 21,196 diapers, 19,964 wipes, 71 containers of formula, 114 blankets, 520 clothing items, and 135 miscellaneous items) valued at more than \$12,700</p> <p><b>United Way Gifts In Kind Center</b> United Way's Gifts in Kind Center (GIKC) solicits and collects donated merchandise and materials for redistribution to local nonprofit health and human service agencies and school PTAs</p> <p><b>Program Highlights</b> GIKC collected and distributed more than \$1.8 million worth of donated supplies and materials to local nonprofit organizations The GIKC also facilitated numerous community "pass-through" donations, which are advertised and given to GIKC member agencies, including office furniture and household goods</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Linda Landman Gonzalez and Elisha Gonzales, both serving on HFUW Board of Directors, have a family relationship as mother and daughter

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	The organizational bylaws were updated, including the following significant changes: Minimum and maximum number of members, increase in member term limits, President/CEO became an ex-officio member with no power to make motions or vote, addition and duties of standing committees, and contract signing authority.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FORM 990 IS REVIEWED BY THE CFO AND PRESIDENT/CEO AND IS THEN SUBMITTED TO THE AUDIT COMMITTEE FOR A FORMAL, THOROUGH REVIEW LED BY THE INDEPENDENT ACCOUNTING FIRM ANY CHANGES ARE NOTATED AND UPON COMPLETION, A RECOMMENDATION OF APPROVAL IS MADE BEFORE SUBMITTING TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	AS PART OF THE ANNUAL MEMBERSHIP CERTIFICATION PROCESS WITH UNITED WAY WORLD WIDE, THE HEART OF FLORIDA UNITED WAY BOARD OF DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO READ THE CONFLICT OF INTEREST POLICY AND DISCLOSE IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST WITH THE OPERATIONS OF HEART OF FLORIDA UNITED WAY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	THE HEART OF FLORIDA UNITED WAY HAS A BOARD APPOINTED COMPENSATION COMMITTEE THE COMMITTEE IS RESPONSIBLE FOR GOVERNANCE AND OVERSIGHT OF COMPENSATION PLANS FOR THE HEART OF FLORIDA UNITED WAY PRESIDENT/CEO AND OTHER EXECUTIVE LEVEL STAFF THE COMMITTEE ENSURES THAT THE COMPENSATION POLICIES SUPPORT THE MISSION AND GOALS OF THE ORGANIZATION ON AN ANNUAL BASIS THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE PRESIDENT/CEO AND APPROVING ANY ADJUSTMENTS TO COMPENSATION AND INCENTIVE AWARDS THE COMMITTEE WORKS IN CONJUNCTION WITH THE PRESIDENT/CEO AND SR V P /CFO TO DEVELOP INCENTIVE COMPENSATION GOALS AND MONITORS RESULTS AGAINST THOSE GOALS COMPENSATION COMMITTEE DISCUSSIONS ARE DOCUMENTED IN MEETING MINUTES AND A SUMMARY COMPILED BY THE COMPENSATION CHAIR THE PRIMARY OBJECTIVE OF THE COMPENSATION STRUCTURE IS TO PROVIDE REASONABLE AND COMPETITIVE TOTAL COMPENSATION OPPORTUNITIES TO ITS EXECUTIVES THAT ARE CONSISTENT WITH THE MARKET WHEN COMPARING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION WHEN MAKING ANY COMPENSATION DECISIONS, THE COMMITTEE REVIEWED COMPENSATION DATA FROM TARGETED UNITED WAYS AND A MIX OF LARGER NATIONAL AND LOCAL NON-PROFITS, SIMILAR IN SIZE AND LEVEL OF COMPLEXITY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	HEART OF FLORIDA UNITED WAY, INC MAKES ITS FINANCIAL STATEMENTS, 990, AND CONFLICT OF INTEREST/ETHICS POLICY AVAILABLE THROUGH THE CFFOUND ORG WEBSITE AND THE HFUW ORG WEBSITE, AS WELL AS AT THE PLACE OF BUSINESS FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104 (D)



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1a	The President/CEO is an ex-officio member of the Board and Executive Committee, but with no power to make motions or to vote. The Executive Committee has all the powers of the Board, except for the power to appoint and remove the President/CEO. While rarely occurring, all actions taken by the Executive Committee on behalf of the Board will be reported to the Board at its next meeting.