

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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

Doing business as

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

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

F Name and address of principal officer
JEFFERY HAYWARD
1940 TRAYLOR BLVD
ORLANDO, FL 328044714

D Employer identification number
59-0808854

E Telephone number
(407) 835-0900

G Gross receipts \$ 34,825,604

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

- I** Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
- J** Website: ▶ WWW HFUW ORG
- 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

3 Number of voting members of the governing body (Part VI, line 1a)	37
4 Number of independent voting members of the governing body (Part VI, line 1b)	37
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	223
6 Total number of volunteers (estimate if necessary)	3,740
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	29,274,458	29,286,190
9 Program service revenue (Part VIII, line 2g)	668,601	739,758
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	856,583	182,195
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,203	101,050
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,933,845	30,309,193
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,861,964	11,229,646
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,746,111	8,213,351
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,358,218		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,156,904	8,441,140
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,764,979	27,884,137
19 Revenue less expenses Subtract line 18 from line 12	168,866	2,425,056
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	30,569,493	30,932,314
21 Total liabilities (Part X, line 26)	5,581,257	2,951,517
22 Net assets or fund balances Subtract line 21 from line 20	24,988,236	27,980,797

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 2019-01-17

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 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 Phone no (407) 423-7911
ORLANDO, FL 32803

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 \$ 18,119,325 including grants of \$ 4,511,998) (Revenue \$ 739,758)
See Additional Data

4b (Code) (Expenses \$ 6,717,648 including grants of \$ 6,717,648) (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 ▶ 24,836,973

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 (37), 1b (37), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (FL), 18 (Own website, Another's website, Upon request, Other), 19, 20 (JILL GREVI 1940 TRAYLOR BLVD ORLANDO, FL 328044714 (407) 835-0900).

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	313,717			
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,319,243			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,653,230			
	g Noncash contributions included in lines 1a-1f \$ _____		1,218,306			
	h Total. Add lines 1a-1f		29,286,190			
Program Service Revenue			Business Code			
	2a MANAGEMENT FEES		812900	361,615	361,615	
	b SERVICE FEE INCOME		900099	194,007	194,007	
	c OTHER REVENUE		900099	137,575	137,575	
	d GIFT IN KIND PROGRAM		900099	46,561	46,561	
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		739,758				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		227,586		227,586	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		12,540				
		b Less rental expenses	0			
		c Rental income or (loss)	12,540			
	d Net rental income or (loss)			12,540	12,540	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		4,411,135				
		b Less cost or other basis and sales expenses	4,456,526			
		c Gain or (loss)	-45,391			
	d Net gain or (loss)			-45,391	-45,391	
	8a Gross income from fundraising events (not including \$ 313,717 of contributions reported on line 1c) See Part IV, line 18	a	148,395			
		b Less direct expenses	59,885			
c Net income or (loss) from fundraising events			88,510		88,510	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		30,309,193	739,758	0	283,245	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,229,646	11,229,646		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	499,851	204,939	244,927	49,985
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	5,237,382	4,014,512	499,000	723,870
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	400,235	277,945	67,757	54,533
9 Other employee benefits.	1,636,985	1,210,473	218,981	207,531
10 Payroll taxes.	438,898	322,788	56,910	59,200
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	81,200		81,200	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	67,031		67,031	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	196,254	196,254		
12 Advertising and promotion.	225,055	165,634	282	59,139
13 Office expenses.	257,441	179,204	21,538	56,699
14 Information technology.	157,685	123,934	19,467	14,284
15 Royalties.				
16 Occupancy.	185,573	145,534	18,458	21,581
17 Travel.	65,013	46,580	4,822	13,611
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	63,156	41,546	12,948	8,662
20 Interest.				
21 Payments to affiliates.	270,139	131,248	116,353	22,538
22 Depreciation, depletion, and amortization.	214,311		196,431	17,880
23 Insurance.	1,099,372	1,082,901	7,216	9,255
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOMELESSNESS SERVICES	2,880,243	2,880,243		
b CASE MANAGEMENT	695,255	695,255		
c MEDICAL	384,263	384,263		
d ORAL HEALTH CARE	225,642	225,642		
e All other expenses	1,373,507	1,278,432	55,625	39,450
25 Total functional expenses. Add lines 1 through 24e.	27,884,137	24,836,973	1,688,946	1,358,218
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance 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
Assets	1 Cash—non-interest-bearing	79,192	1	98,356
	2 Savings and temporary cash investments	6,825,276	2	7,920,065
	3 Pledges and grants receivable, net	8,688,609	3	7,513,721
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	417,389	7	317,040
	8 Inventories for sale or use	260,738	8	267,408
	9 Prepaid expenses and deferred charges	98,077	9	190,361
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,657,852		
	b Less accumulated depreciation	3,020,502		
		3,821,894	10c	3,637,350
	11 Investments—publicly traded securities	8,684,258	11	9,230,038
	12 Investments—other securities See Part IV, line 11	1,694,060	12	1,757,975
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,569,493	16	30,932,314	
Liabilities	17 Accounts payable and accrued expenses	1,924,141	17	1,300,229
	18 Grants payable		18	
	19 Deferred revenue	320,098	19	190,337
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,337,018	25	1,460,951
	26 Total liabilities. Add lines 17 through 25	5,581,257	26	2,951,517
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,142,979	27	15,586,725
	28 Temporarily restricted net assets	11,045,257	28	11,594,072
	29 Permanently restricted net assets	800,000	29	800,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	24,988,236	33	27,980,797	
34 Total liabilities and net assets/fund balances	30,569,493	34	30,932,314	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,309,193
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,884,137
3	Revenue less expenses Subtract line 2 from line 1	3	2,425,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,988,236
5	Net unrealized gains (losses) on investments	5	567,505
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,980,797

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>1 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>2a 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>	2a		No
<p>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>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-0808854

Name: HEART OF FLORIDA UNITED WAY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN PISAN CHAIR	2 50	X		X				0	0	0
SEAN DEMARTINO VICE CHAIR	2 50	X		X				0	0	0
BILL WILSON SECRETARY	2 50	X		X				0	0	0
MICHAEL MUELLER TREASURER	2 50	X		X				0	0	0
JAN ASPURU BOARD MEMBER	2 50	X						0	0	0
MALCOLM 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
ROBERT BOBROFF 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			
DIANA BOLIVAR BOARD MEMBER	2 50	X						0	0	0
JAY DARULLA BOARD MEMBER	2 50	X						0	0	0
JOHN DAVIS BOARD MEMBER	2 50	X						0	0	0
EDDIE FRANCIS BOARD MEMBER	2 50	X						0	0	0
MICHAEL FRUMKIN PHD BOARD MEMBER	2 50	X						0	0	0
DAVID FULLER 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
LINDA LANDMAN GONZALEZ BOARD MEMBER	2 50	X						0	0	0
MICHAEL HARDING 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			
SANDY HOSTETTER BOARD MEMBER	2 50	X						0	0	0
AVIDO KHAHAIFA BOARD MEMBER	2 50	X						0	0	0
FRANK LOPEZ BOARD MEMBER	2 50	X						0	0	0
KEVIN MADDRON BOARD MEMBER	2 50	X						0	0	0
MARIE MARTINEZ BOARD MEMBER	2 50	X						0	0	0
MARITZA MARTINEZ BOARD MEMBER	2 50	X						0	0	0
E ANN MCGEE EDD 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
MICHAEL PATTILLO 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			
DR RONALD PICCOLO PHD BOARD MEMBER	2 50	X						0	0	0
DAVID RUIZ 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
JEFFERY HAYWARD PRESIDENT & CEO (FROM 1/01/17)	50 00			X				370,164	0	48,424
ROBERT H BROWN PRESIDENT & CEO (TO 1/19/17)	50 00						X	52,135	0	6,327
JILL GREVI SR VP/CFO	50 00			X				150,254	0	28,987

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				
ASHLEY BLASEWITZ CHIEF MARKETING OFFICER	50 00					X			113,901	0	24,313
ROBERT HAIGHT SR VP OF RESOURCE DEVELOPMENT	50 00					X			137,489	0	27,866
JOAN NELSON SR VP OF COMMUNITY INVESTMENT	50 00					X			122,904	0	26,615
LARRY OLNESS SR VP OF STRATEGIC ENTERPRISES	50 00					X			140,561	0	28,441

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

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

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

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

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

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	22,108,332	24,818,144	26,005,308	29,274,259	29,286,190	131,492,233
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22,108,332	24,818,144	26,005,308	29,274,259	29,286,190	131,492,233
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,453,870
6 Public support. Subtract line 5 from line 4						127,038,363

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	22,108,332	24,818,144	26,005,308	29,274,259	29,286,190	131,492,233
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	390,823	532,182	489,609	507,494	240,126	2,160,234
9 Net income from unrelated business activities, whether or not the business is regularly carried on				22,664	88,510	111,174
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	494,871	395,587	560,764			1,451,222
11 Total support. Add lines 7 through 10						135,214,863

12 Gross receipts from related activities, etc (see instructions) **12** 2,670,213

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	93.950 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	93.440 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 59-0808854

Name: HEART OF FLORIDA UNITED WAY INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2017
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.

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,815,489	2,744,620	2,920,051	2,967,810	2,785,647
b Contributions	4,689				
c Net investment earnings, gains, and losses	203,898	329,560	-10,910	34,000	330,783
d Grants or scholarships	63,291	61,548	60,860	62,796	0
e Other expenditures for facilities and programs		178,521	85,670		144,015
f Administrative expenses	19,959	18,621	17,991	18,963	4,605
g End of year balance	2,940,826	2,815,490	2,744,620	2,920,051	2,967,810

- 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 ▶ 27 200 %
 - c** Temporarily restricted endowment ▶ 72 800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		275,000		275,000
b Buildings		5,497,551	2,319,846	3,177,705
c Leasehold improvements				
d Equipment		754,493	605,292	149,201
e Other		130,808	95,364	35,444
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,637,350

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	1,757,975	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	1,757,975	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAMPAIGN PLEDGES DUE TO OTHER UNITED WAY ORGANIZATIONS	528,738
CAMPAIGN PLEDGES DUE TO DESIGNATED AGENCIES	932,213
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,460,951

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	25,543,204
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	567,505
b	Donated services and use of facilities	2b	1,391,300
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	59,885
e	Add lines 2a through 2d	2e	2,018,690
3	Subtract line 2e from line 1	3	23,524,514
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,031
b	Other (Describe in Part XIII)	4b	6,717,648
c	Add lines 4a and 4b	4c	6,784,679
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	30,309,193

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

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

1	Total expenses and losses per audited financial statements	1	22,550,643
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,391,300
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	59,885
e	Add lines 2a through 2d	2e	1,451,185
3	Subtract line 2e from line 1	3	21,099,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,031
b	Other (Describe in Part XIII)	4b	6,717,648
c	Add lines 4a and 4b	4c	6,784,679
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	27,884,137

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 XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 59,885

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	REVENUES DESIGNATED BY DONOR 6,717,648

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 59,885

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS DESIGNATED BY DONOR 6,717,648

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**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.

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						
Total						

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)
		CHEF'S GALA (event type)	WOMEN'S LEADERSHIP LUNCHEON (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	294,270	167,842		462,112
2	Less Contributions	182,114	131,603		313,717
3	Gross income (line 1 minus line 2)	112,156	36,239		148,395
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		14,505		14,505
	7 Food and beverages		21,000		21,000
	8 Entertainment		1,467		1,467
	9 Other direct expenses	20,448	2,465		22,913
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				88,510

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))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	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
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	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

a	The organization's facility	%
b	An outside facility	%

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 provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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

Table with 8 columns: (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. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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 & 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.

(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
AFTER SCHOOL PROGRAMS INC 1520 S POWERLINE ROAD DEERFIELD BEACH, FL 33442	65-0915728	501(C)(3)	144,800				COMMUNITY BENEFIT
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIR STE 240 LARKSPUR, CA 94939	94-3067804	501(C)(3)	6,708				COMMUNITY BENEFIT

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AMERICAN DIABETES ASSOCIATION 2290 LUCIEN WAY STE 230 MAITLAND, FL 32751	13-1623888	501(C)(3)	5,167				COMMUNITY BENEFIT
AMERICAN RED CROSS PO BOX 536726 ORLANDO, FL 32853	59-0624357	501(C)(3)	62,397				COMMUNITY BENEFIT

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APOSTOLIC CHURCH CHURCH OF FAITH ACTS 238 INC 485 WURST ROAD OCOEE, FL 34761	35-2303894	501(C)(3)		152,655	FMV	SUPPLIES	COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703	59-0624376	501(C)(3)	106,856				COMMUNITY BENEFIT

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BOYS & GIRLS CLUBS OF CENTRAL FLORIDA PO BOX 2987 ORLANDO, FL 32802	59-0951887	501(C)(3)	307,829				COMMUNITY BENEFIT
CATHOLIC CHARITIES 1819 N SEMORAN BOULEVARD ORLANDO, FL 32807	59-1214353	501(C)(3)	99,682	91,953	FMV	SUPPLIES	COMMUNITY BENEFIT

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CENTER FOR CHANGE 810 ROSEMIST CT ORLANDO, FL 34761	20-3062727	501(C)(3)		15,687	FMV	SUPPLIES	COMMUNITY BENEFIT
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION INC 1814 W COLONIAL DR ORLANDO, FL 32804	59-3368679	501(C)(3)		6,539	FMV	SUPPLIES	COMMUNITY BENEFIT

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CHILDREN'S HOME OF CENTRAL FLORIDA 482 KELLER RD ORLANDO, FL 32810	59-0192430	501(C)(3)	17,246				COMMUNITY BENEFIT
CHRISTIAN SERVICE CENTER 808 W CENTRAL BLVD ORLANDO, FL 32801	59-1353031	501(C)(3)	15,010				COMMUNITY BENEFIT

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COALITION FOR THE HOMELESS 639 W CENTRAL BLVD ORLANDO, FL 32801	59-2814255	501(C)(3)	186,329				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

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COMMUNITY COORDINATED CARE FOR CHILDREN 3500 W COLONIAL DRIVE ORLANDO, FL 32808	59-1371754	501(C)(3)	230,572				COMMUNITY BENEFIT
COMMUNITY HEALTH CHARITIES OF FLORIDA 333 W PENSACOLA ST TALLAHASSEE, FL 32301	13-6167225	501(C)(3)	8,421				COMMUNITY BENEFIT

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EARLY LEARNING COALITION OF SEMINOLE 280 HUNT PARK COVE STE 1020 LONGWOOD, FL 32750	59-3664594	501(C)(3)	100,000				COMMUNITY BENEFIT
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	59-1150182	501(C)(3)	258,820				COMMUNITY BENEFIT

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ELEVATE ORLANDO 2700 WESTHILL LN STE 137 MAITLAND, FL 32751	59-0914205	501(C)(3)	42,500				COMMUNITY BENEFIT
EMBRACE FAMILIES 4001 PEELE ST STE 200 ORLANDO, FL 32817	01-0631375	501(C)(3)	50,373				COMMUNITY BENEFIT

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FLORIDA HOUSING COALITION 1367 E LAFAYETTE ST STE C TALLAHASSEE, FL 32301	59-2235835	501(C)(3)	7,500				COMMUNITY BENEFIT
FOUNDATION OF ORANGE COUNTY PUBLIC SCHOOLS 445 W AMELIA ST STE 901 ORLANDO, FL 32801	59-2788435	501(C)(3)	84,000				COMMUNITY BENEFIT

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GIVE KIDS THE WORLD 210 S BASS RD KISSIMMEE, FL 34746	59-2654440	501(C)(3)	8,226				COMMUNITY BENEFIT
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	48,399				COMMUNITY BENEFIT

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GREATER OASIS CHRISTIAN ACADEMY 2622 MEADOW OAKS LOOP CLERMONT, FL 34714	45-4703563	501(C)(3)		9,340	FMV	SUPPLIES	COMMUNITY BENEFIT
HAITI HEALTH & REHABILITATION 469 ALINOLE CIRCLE LAKE MARY, FL 32746	80-0603185	501(C)(3)		12,641	FMV	SUPPLIES	COMMUNITY BENEFIT

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HARBOR HOUSE PO BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	59,567				COMMUNITY BENEFIT
HARVEST OF HOPE 672 SO PARK AVE TITUSVILLE, FL 32796	45-4221127	501(C)(3)		310,812	FMV	SUPPLIES	COMMUNITY BENEFIT

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HEALTHCARE CENTER FOR HOMELESS 232 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	59-3185020	501(C)(3)	379,034				COMMUNITY BENEFIT
HELP NOW OSCEOLA PO BOX 420370 KISSIMMEE, FL 34742	59-2283508	501(C)(3)	85,670				COMMUNITY BENEFIT

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HOPE COMMUNTIY CENTER 1016 N PARK AVENUE APOPKA, FL 32712	56-2551312	501(C)(3)	50,000				COMMUNITY BENEFIT
HOWARD PHILLIPS CENTER FOR CHILDREN FAMILIES 601 W MICHIGAN ST ORLANDO, FL 32805	59-2244943	501(C)(3)	207,607				COMMUNITY BENEFIT

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IMPOWER INC 3157 N ALAFAYA TRAIL ORLANDO, FL 32826	65-0439778	501(C)(3)	36,345				COMMUNITY BENEFIT
INTERFAITH HUMANITARIAN SERVICES 773 S KIRKMAN RD STE 120 ORLANDO, FL 32811	59-3709634	501(C)(3)		18,874	FMV	SUPPLIES	COMMUNITY BENEFIT

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INTERNATIONAL ASSOCIATION OF ACADEMIC METHODS 6103 BEECHMONT BLVD ORLANDO, FL 32808	27-2009085	501(C)(3)		20,067	FMV	SUPPLIES	COMMUNITY BENEFIT
INTERNATIONAL MINISTRIES OF HOPE 5095 NEPONSET AVENUE ORLANDO, FL 32808	80-0423321	501(C)(3)		78,590	FMV	SUPPLIES	COMMUNITY BENEFIT

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JEWISH FAMILY SERVICES 2100 LEE ROAD WINTER PARK, FL 32789	59-1873758	501(C)(3)	38,000				COMMUNITY BENEFIT
KINGDOM CHAMBER OF COMMERCE 4823 SILVER STAR RD 160 ORLANDO, FL 32808	46-5113750	501(C)(3)		35,280	FMV	SUPPLIES	COMMUNITY BENEFIT

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LANE TEENAGE GIRLS PO BOX 609087 ORLANDO, FL 32860	45-0533559	501(C)(3)	11,195				COMMUNITY BENEFIT
L'ECOLE COMMUNAUTAIRE DUMARSOIS ESTIME INC 7458 RADIANT CIRCLE ORLANDO, FL 32810	81-1966712	501(C)(3)		66,938	FMV	SUPPLIES	COMMUNITY BENEFIT

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LIFT ORLANDO 215 E CENTRAL BLVD ORLANDO, FL 32801	46-3607865	501(C)(3)	15,582				COMMUNITY BENEFIT
LIGHTHOUSE CENTRAL FLORIDA 215 E NEW HAMPSHIRE STREET ORLANDO, FL 32804	59-2418228	501(C)(3)	50,750				COMMUNITY BENEFIT

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MEALS ON WHEELS 2801 S FINANCIAL CT SANFORD, FL 32773	59-2977907	501(C)(3)	23,521				COMMUNITY BENEFIT
MINISTRY OF HOPE 4421 S KIRKMAN RD 102 ORLANDO, FL 32811	54-1598036	501(C)(3)		44,963	FMV	SUPPLIES	COMMUNITY BENEFIT

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ONE HEART FOR WOMEN AND CHILDREN 914 ALMOND TREE CIR ORLANDO, FL 32835	30-0584360	501(C)(3)		274,984	FMV	SUPPLIES	COMMUNITY BENEFIT
ORLANDO COMMUNITY & YOUTH TRUST 595 N PRIMROSE DRIVE ORLANDO, FL 32803	65-0572536	501(C)(3)	93,821				COMMUNITY BENEFIT

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ORLANDO FIREFIGHTERS BENEVOLENT 4005 N ORANGE BLOSSOM TRL STE A ORLANDO, FL 32804	20-0794508	501(C)(3)	11,312				COMMUNITY BENEFIT
ORLANDO NEIGHBORHOOD IMPROVEMENT 101 S TERRY AVE ORLANDO, FL 32805	59-2669952	501(C)(3)	80,000				COMMUNITY BENEFIT

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ORLANDO SCIENCE CENTER 777 E PRINCETON ST ORLANDO, FL 32803	59-0896343	501(C)(3)	10,000				COMMUNITY BENEFIT
OSCEOLA COUNTY COUNCIL ON AGING 700 GENERATION PT KISSIMMEE, FL 347445957	59-1595398	501(C)(3)	221,178				COMMUNITY BENEFIT

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REBUILD GLOBALLY 106 E CHURCH STREET ORLANDO, FL 32801	27-2403572	501(C)(3)		7,776	FMV	SUPPLIES	COMMUNITY BENEFIT
RESCUE OUTREACH MISSION PO BOX 412 SANFORD, FL 32772	59-2876415	501(C)(3)	160,459				COMMUNITY BENEFIT

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ROANOKE VALLEY ORGANIZATION ROICH 701 W CONCORD ST ORLANDO, FL 328051452	54-2181386	501(C)(3)		22,260	FMV	SUPPLIES	COMMUNITY BENEFIT
SAFEHOUSE OF SEMINOLE (SEMINOLE CTY VICTIMS' RIGHTS COALITION) PO BOX 471279 LAKE MONROE, FL 32747	59-2934243	501(C)(3)	85,611				COMMUNITY BENEFIT

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SALVATION ARMY - ORLANDO PO BOX 540657 ORLANDO, FL 32854	58-0660607	501(C)(3)	195,799				COMMUNITY BENEFIT
SALVATION ARMY - SEMINOLE PO BOX 1946 SANFORD, FL 32772	13-5562351	501(C)(3)	38,000				COMMUNITY BENEFIT

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SECOND HARVEST FOOD BANK 2008 BREngle AVE ORLANDO, FL 32808	59-2142315	501(C)(3)	178,176				COMMUNITY BENEFIT
SEMINOLE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY 101 W PALMETTO AVENUE LONGWOOD, FL 32750	59-1591554	501(C)(3)	86,000				COMMUNITY BENEFIT

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SENIORS FIRST 5395 LB MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	85,161				COMMUNITY BENEFIT
STRENGTHEN ORLANDO 4TH FLR 400 S ORANGE AVE ORLANDO, FL 32801	27-1964941	501(C)(3)	15,304				COMMUNITY BENEFIT

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THE SHARING CENTER 600 N HWY 17-92 STE 158 LONGWOOD, FL 32750	59-2744535	501(C)(3)	40,000				COMMUNITY BENEFIT
UCP OF CENTRAL FLORIDA 3305 S ORANGE AVE ORLANDO, FL 32806	59-0799925	501(C)(3)	50,000				COMMUNITY BENEFIT

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UNITED AGAINST POVERTY 150 W MICHIGAN ST STE A ORLANDO, FL 32806	11-3697936	501(C)(3)	80,000				COMMUNITY BENEFIT
UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CTR PKWY MAITLAND, FL 32751	59-1166446	501(C)(3)	9,177				COMMUNITY BENEFIT

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UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 32922	59-0836384	501(C)(3)	5,743				COMMUNITY BENEFIT
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501(C)(3)	10,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN THINK 363 N PARRAMORE AVE ORLANDO, FL 32801	26-2534274	501(C)(3)	20,000				COMMUNITY BENEFIT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
HEART OF FLORIDA UNITED WAY INC

Employer identification number
59-0808854

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" 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 checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" 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)									
<p>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.</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 JEFFERY HAYWARD PRESIDENT & CEO (FROM 1/01/17)	(i)	250,000	43,750	76,414	27,958	20,466	418,588	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT H BROWN PRESIDENT & CEO (TO 1/19/17)	(i)	11,718	40,000	417	5,172	1,155	58,462	0
	(ii)	0	0	0	0	0	0	0
3 JILL GREVI SR VP/CFO	(i)	150,254	0	0	15,358	13,629	179,241	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT HAIGHT SR VP OF RESOURCE DEVELOPMENT	(i)	137,489	0	0	14,237	13,629	165,355	0
	(ii)	0	0	0	0	0	0	0
5 LARRY OLNESS SR VP OF STRATEGIC ENTERPRISES	(i)	140,561	0	0	14,592	13,849	169,002	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 \$72,083 WERE MADE FOR CERTAIN RELOCATION EXPENSES OF THE NEWLY HIRED PRESIDENT/CEO. THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. A TEMPORARY HOUSING ALLOWANCE OF \$52,009 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 30% OF BASE SALARY DEPENDING UPON SUCCESSFUL ACHIEVEMENT OF ESTABLISHED METRICS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	14,968	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	220	1,203,338	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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		

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

OMB No 1545-0047

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.

2017

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 2017-2018, \$27 9 MILLION DOLLARS WERE INVESTED INTO CENTRAL FLORIDA INCLUDING OVER \$16 5 MILLION RAISED DURING THE ANNUAL CAMPAIGN THAT HELPS FUND LOCAL HEALTH AND HUMAN SERVICE PROGRAMS UNITED WAY TOUCHED THE LIVES OF OVER 494,000 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 2	UNITED WAY ESTABLISHED FUNDING OPPORTUNITIES TO HELP ASSIST FAMILIES IN NEED OF HOUSING REPAIRS TO HELP THEM RECOVER FROM THE DAMAGE CAUSED BY HURRICANE IRMA. UNITED WAY PROVIDED \$4,105 IN EMERGENCY FOOD ASSISTANCE TO 198 SENIORS OVER THE AGE OF 50 WHO RECEIVED EMERGENCY MEALS SERVICES IN THE AFTERMATH OF HURRICANE IRMA. UNITED WAY ESTABLISHED PHASE II OF OUR RESPONSE TO HURRICANE MARIA, THE HURRICANE MARIA HOUSING ASSISTANCE PROGRAM AND PROVIDED \$70,841 IN LIMITED, ONE-TIME ASSISTANCE TO 42 ELIGIBLE HOUSEHOLDS TO HELP WITH EXPENSES SUCH AS FIRST MONTH'S RENT, LAST MONTH'S RENT, HOUSING SECURITY DEPOSIT, AND/OR UTILITY DEPOSITS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>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 FOR THE 2017-2018 FISCAL YEAR, UNITED WAY INVESTED \$3,770,391 IN FOUR CRITICAL IMPACT AREAS EDUCATION, HEALTH AND BASIC NEEDS THE FOLLOWING PROVIDES A SUMMARY OF OUR PROGRAM SERVICE ACCOMPLISHMENTS FOR FY 2017-2018 EDUCATION UNITED WAY SERVED 4,448 CHILDREN, YOUTH, AND PARENTS/GUARDIANS THROUGH PROGRAM SERVICES DESIGNED TO BOOST EVERY CHILD'S CHANCE FOR SUCCESS IN SCHOOL, WORK AND LIFE 88% OF READINGPALS STUDENTS DEMONSTRATED KINDERGARTEN READINESS, 94% OF A MERICORPS PATHWAYS TO SUCCESS STUDENTS IMPROVED SCORES ON STANDARDIZED AND END OF COURSE ASSESSMENTS, 71% 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 INCOME 82,742 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 87% OF CLIENTS IMPROVED THEIR EMPLOYABILITY SKILLS, 100% ACCESSED PUBLIC AND/OR EMPLOYER BENEFITS TO INCREASE INCOME SUPPORTS, 90% INCREASED FINANCIAL LITERACY, 84% SIEMER INSTITUTE FOR FAMILY STABILITY PROGRAM PARTICIPANTS INCREASED THEIR HOUSEHOLD STABILITY AND AVOIDED MOVING THEIR CHILDREN TO A DIFFERENT SCHOOL HEALTH 6,205 CENTRAL FLORIDIANS PARTICIPATED IN PROGRAMS AND SERVICES THAT HELPED THEM AVOID RISKY BEHAVIORS AND INCREASE THEIR HEALTH AND WELLBEING 89% OF PARENTS/CAREGIVERS IMPROVED THEIR PARENTING SKILLS, 79% OF CHILDREN DEMONSTRATED AGE APPROPRIATE LEVELS OF DEVELOPMENTAL FUNCTIONING, 86% BECAME ENROLLED IN HEALTH INSURANCE PROGRAMS, AND 65% ACHIEVED ONE OR MORE HEALTH CARE TREATMENT GOALS UNITED WAY ALSO SERVES AS THE LEAD AGENCY AND FOR RYAN WHITE PART B/GENERAL REVENUE, A FLORIDA DEPARTMENT OF HEALTH-FUNDED PROGRAM THAT PROVIDES CARE AND SUPPORT TO PEOPLE LIVING WITH HIV IN ORANGE, OSCEOLA, SEMINOLE AND BREVARD COUNTIES, IS THE CONTRACTED AGENCY THAT COORDINATES SUPPORT AND PAYMENT OF HEALTH INSURANCE PREMIUMS, CO-PAYMENTS, AND DEDUCTIBLES FOR ORANGE COUNTY GOVERNMENT UNDER THE RYAN WHITE PART A PROGRAM, AND PROVIDES TECHNICAL ASSISTANCE AND SUPPORT FOR THE CENTRAL FLORIDA HIV PLANNING COUNCIL, A COMMUNITY PLANNING GROUP THAT MAKES RECOMMENDATIONS TO THE RECIPIENT OFFICES ON RYAN WHITE PART FUNDS UNITED WAY RECEIVED ALMOST \$4 MILLION IN FEDERAL AND STATE FUNDS FROM THE FLORIDA DEPARTMENT OF HEALTH AND ORANGE COUNTY GOVERNMENT TO PROVIDE PATIENT CARE SERVICES TO A TOTAL OF 4,301</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CLIENTS AND PROVIDED 124,862 UNITS OF SERVICE UNITED WAY ALSO MANAGED THE ORLANDO UNITED ASSISTANCE CENTER WHICH OFFERS SERVICES AND SUPPORT FOR PHYSICAL AND EMOTIONAL HEALING OF THOSE IMPACTED BY THE PULSE SHOOTINGS NEAR DOWNTOWN ORLANDO IN 2016 UNITED WAY ANSWERED 1,005 CALLS THROUGH THE 500 HOPE LINE, REFERRED 92 INDIVIDUALS TO MENTAL HEALTH TREATMENT AND SERVICES, AND ASSISTED 80 CLIENTS WITH RENT, MORTGAGE AND/OR UTILITIES, FOR A TOTAL OF \$72,353 IN EMERGENCY ASSISTANCE BASIC NEEDS UNITED WAY MANAGED GRANTS AND FEE-FOR-SERVICE CONTRACTS, TOTALING \$1,823,370 TO PROVIDE 2-1-1 INFORMATION AND ASSISTANCE SERVICES VIA PHONE, CHAT, TEXTING AND EMAIL SERVICES IN SELECT FLORIDA, TENNESSEE, KENTUCKY, ARKANSAS, IOWA AND PENNSYLVANIA COUNTIES, AS WELL AS PROVIDED AFTER-HOURS/WEEKEND SERVICES FOR THE EPILEPSY FOUNDATION NATIONALLY AND IN PUERTO RICO 344,373 INDIVIDUALS WERE ASSISTED BY THE UNITED WAY 2-1-1 CRISIS HELPLINE AND PROVIDED PROBLEM SOLVING, CRISIS DE-ESCALATION AND CONNECTION TO RESOURCES TO MEET THEIR NEEDS RELATED TO HOUSING, UTILITIES, FOOD, ACCESSING HEALTHCARE SERVICES (TO INCLUDE HEALTH INSURANCE ENROLLMENT), AND OTHER SERVICES WHICH ALLOWED THEM TO BOTH MEET THEIR IMMEDIATE NEEDS AND INCREASE THE STABILITY OF THEIR HOUSEHOLD UNITED WAY ALSO WORKED TO REDUCE THE LEVEL OF CRISIS FOR 400,388 OF OUR COMMUNITY MEMBERS BY HELPING TO MEET IMMEDIATE, EMERGENCY NEEDS 91% OF ELIGIBLE HOUSEHOLDS RECEIVED MAIN STREAM RESOURCES, 97% OF SENIORS REPORTED MAINTAINED OR IMPROVED ABILITY TO LIVE INDEPENDENTLY, AND 93% OF SENIORS REPORTED MAINTAINED OR IMPROVED PHYSICAL AND MENTAL WELL-BEING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	LINDA LANDMAN GONZALEZ AND ELISHA GONZALEZ, 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 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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</p>

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