

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEART OF FLORIDA UNITED WAY, INC.		D Employer identification number 59-0808854
	Doing business as		E Telephone number 407-835-0900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 42,162,232.
	1940 CANNERY WAY		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32804-4714		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: JEFFERY HAYWARD SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HFUW.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	153
	6 Total number of volunteers (estimate if necessary)	6	1908
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,570,638.	39,918,871.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449,103.	589,149.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	667,202.	1,213,499.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,550.	97,397.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,788,493.	41,818,916.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,720,979.	11,887,772.
	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)	6,768,197.	6,528,425.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 828,795.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,705,866.	4,546,661.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,195,042.	22,962,858.
19 Revenue less expenses. Subtract line 18 from line 12	593,451.	18,856,058.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	34,712,635.	57,659,357.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,182,727.	7,367,714.
		29,529,908.	50,291,643.

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 Jeffery J. Hayward Digitally signed by Jeffery J. Hayward Date: 2022.02.02 16:25:54 -05'00' 2.2.22
	JEFFERY HAYWARD, PRESIDENT/CEO Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS <i>Amanda Adams</i> 2022.01.31 Date: 2022.01.31 12:31:45 -05'00' Check if self-employed <input type="checkbox"/> PTIN P00748038
	Firm's name ▶ CHERRY BEKAERT LLP Firm's EIN ▶ 56-0574444 Firm's address ▶ 800 NORTH MAGNOLIA AVE, SUITE 1300 ORLANDO, FL 32803 Phone no. 407-423-7911

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] 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 [X] 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 \$ 12,971,004. including grants of \$ 8,198,519.) (Revenue \$ 573,624.) FOUNDED IN 1939, HEART OF FLORIDA UNITED WAY (UNITED WAY) IS CENTRAL FLORIDA'S LARGEST SUPPORTER OF LOCAL HEALTH AND HUMAN SERVICE AGENCIES. IN 2020-2021, \$20.8 MILLION DOLLARS WERE INVESTED INTO CENTRAL FLORIDA, INCLUDING OVER \$9.7 MILLION DOLLARS RAISED DURING THE ANNUAL CAMPAIGN THAT HELPS FUND LOCAL HEALTH AND HUMAN SERVICE PROGRAMS. WITH THESE INVESTMENTS, UNITED WAY TOUCHED THE LIVES OF 728,095 INDIVIDUALS THROUGH COMMUNITY PARTNERSHIPS, 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.

CONTINUED ON SCHEDULE O

4b (Code:) (Expenses \$ 2,566,253. including grants of \$ 2,566,253.) (Revenue \$) HEART OF FLORIDA UNITED WAY'S DONOR CHOICE PROGRAM PROVIDES DONORS WITH AN OPPORTUNITY TO DIRECT THEIR GIFT TO SPECIFIC 501(C)(3) NON-PROFIT ORGANIZATIONS OF PERSONAL INTEREST TO THEM. FOR DONORS, THIS PROGRAM PROVIDES THE OPTION TO DONATE TO THEIR FAVORITE CHARITY THROUGH THEIR WORKPLACE CAMPAIGN IN A SIMPLE, COST-EFFECTIVE MANNER. FOR AGENCIES, NOT ONLY DOES UNITED WAY'S FUNDRAISING PROVIDE ACCESS TO MANY VENUES, IT ALSO PROVIDES ACCESS TO UNRESTRICTED FUNDING. UNRESTRICTED FUNDING IS TRADITIONALLY THE MOST DIFFICULT FUNDING TO RAISE IN ANY COMMUNITY. IN 2020-2021, \$2.5 MILLION DOLLARS WERE DISTRIBUTED.

4c (Code:) (Expenses \$ 2,665,663. including grants of \$ 1,123,000.) (Revenue \$) UNITED WAY SERVES AS THE LEAD AGENCY 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. UNITED WAY IS ALSO 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.

CONTINUED ON SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,138,968. including grants of \$) (Revenue \$ 15,525.)

4e Total program service expenses 20,341,888.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>	X	
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>		X
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>		X
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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 35		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JILL GREVI - 407-835-0900**
1940 CANNERY WAY, ORLANDO, FL 32804-4714

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFERY HAYWARD PRESIDENT & CEO	50.00			X			274,392.	0.	51,084.	
(2) JILL GREVI CFO	50.00			X			162,501.	0.	33,401.	
(3) GRACIELA N. JACOBY CHIEF OPERATING OFFICER	50.00					X	146,419.	0.	30,447.	
(4) JEFFREY COLLIGNON CHIEF DEVELOPMENT OFFICER	50.00					X	119,692.	0.	36,988.	
(5) RAYMOND LARSEN SR. VP STRATEGIC IMPACT & COMM. ENG.	50.00					X	115,728.	0.	36,484.	
(6) ASHLEY BLASEWITZ SR. VP DONOR & VOLUNTEER EXPERIENCE	50.00					X	117,251.	0.	27,658.	
(7) SEAN DEMARTINO CHAIR	2.50	X		X			0.	0.	0.	
(8) TRACEY POWELL VICE CHAIR	2.50	X		X			0.	0.	0.	
(9) EDDIE FRANCIS SECRETARY	2.50	X		X			0.	0.	0.	
(10) MICHAEL MUELLER TREASURER	2.50	X		X			0.	0.	0.	
(11) JAN ASPURU DIRECTOR	2.50	X					0.	0.	0.	
(12) MALCOLM C. BARNES DIRECTOR	2.50	X					0.	0.	0.	
(13) DAVID BELVIN DIRECTOR	2.50	X					0.	0.	0.	
(14) ADRIAN BENNETT DIRECTOR	2.50	X					0.	0.	0.	
(15) JAY DARULLA DIRECTOR	2.50	X					0.	0.	0.	
(16) JOHN DAVIS DIRECTOR	2.50	X					0.	0.	0.	
(17) DONNA DYSON DIRECTOR	2.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE NELSON GARRIS DIRECTOR	2.50	X						0.	0.	0.
(19) ELISHA GONZALEZ DIRECTOR	2.50	X						0.	0.	0.
(20) LINDA LANDMAN GONZALEZ DIRECTOR	2.50	X						0.	0.	0.
(21) TODD GOODMAN DIRECTOR	2.50	X						0.	0.	0.
(22) AVIDO KHAHAIFA DIRECTOR	2.50	X						0.	0.	0.
(23) ROBERT MAIOCCO DIRECTOR	2.50	X						0.	0.	0.
(24) MARIE MARTINEZ DIRECTOR	2.50	X						0.	0.	0.
(25) MARITZA MARTINEZ-GUERRERO DIRECTOR	2.50	X						0.	0.	0.
(26) PETER MEYER DIRECTOR	2.50	X						0.	0.	0.
1b Subtotal								935,983.	0.	216,062.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								935,983.	0.	216,062.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals such as SHERIFF JOHN W. MINA, SHAWN MOLSBERGER, ROBERT NEWLAND, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	56,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,425,893.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,436,978.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 50,844.				
	h Total. Add lines 1a-1f			39,918,871.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		900099	396,170.	396,170.			
	b SERVICE FEES	900099	51,621.	51,621.			
	c						
	d						
	e						
	f All other program service revenue	900099	141,358.	141,358.			
g Total. Add lines 2a-2f			589,149.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		768,417.			768,417.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	85,051.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	85,051.				
	d Net rental income or (loss)			85,051.		85,051.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	751,939.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	306,857.				
c Gain or (loss)	7c	445,082.					
d Net gain or (loss)			445,082.		445,082.		
8 a Gross income from fundraising events (not including \$ 56,000. of contributions reported on line 1c). See Part IV, line 18	8a		48,805.				
b Less: direct expenses	8b	36,459.					
c Net income or (loss) from fundraising events			12,346.		12,346.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			41,818,916.	589,149.	0.	1,310,896.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,035,729.	6,035,729.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,852,043.	5,852,043.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	670,691.	295,104.	248,156.	127,431.
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	4,324,517.	3,243,280.	643,924.	437,313.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	161,767.	118,824.	37,908.	5,035.
9 Other employee benefits	1,040,625.	745,844.	168,143.	126,638.
10 Payroll taxes	330,825.	234,342.	59,081.	37,402.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,137.		2,137.	
c Accounting	70,350.		70,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	70,806.		70,806.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	301,685.	249,413.	36,972.	15,300.
12 Advertising and promotion	118,746.	88,428.	24,713.	5,605.
13 Office expenses	344,331.	301,541.	19,469.	23,321.
14 Information technology	134,570.	97,675.	27,363.	9,532.
15 Royalties				
16 Occupancy	99,571.	88,074.	11,497.	
17 Travel	15,821.	9,943.	4,377.	1,501.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	20,636.	19,019.	1,617.	
20 Interest				
21 Payments to affiliates	243,918.	88,290.	143,240.	12,388.
22 Depreciation, depletion, and amortization	200,361.		183,573.	16,788.
23 Insurance	51,280.	41,594.	5,779.	3,907.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOMELESSNESS SERVICES	1,479,684.	1,479,684.		
b CASE MANAGEMENT	861,837.	861,837.		
c EARLY INTERVENTION SERV	182,260.	182,260.		
d MEMBERSHIP DUES	36,985.	21,238.	11,997.	3,750.
e All other expenses	311,683.	287,726.	21,073.	2,884.
25 Total functional expenses. Add lines 1 through 24e	22,962,858.	20,341,888.	1,792,175.	828,795.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	299,709.	1	66,315.
	2 Savings and temporary cash investments	15,137,882.	2	31,712,807.
	3 Pledges and grants receivable, net	3,781,903.	3	4,680,107.
	4 Accounts receivable, net	145,490.	4	290,144.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	90,708.	9	123,475.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,880,260.		
	b Less: accumulated depreciation	10b 3,645,241.	10c	3,235,019.
	11 Investments - publicly traded securities	9,806,201.	11	14,995,264.
	12 Investments - other securities. See Part IV, line 11	2,104,150.	12	2,556,226.
	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 33)	34,712,635.	16	57,659,357.	
Liabilities	17 Accounts payable and accrued expenses	1,247,658.	17	1,453,447.
	18 Grants payable	1,381,834.	18	2,044,059.
	19 Deferred revenue	445,596.	19	2,331,528.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,178,200.	24	1,178,200.
	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	929,439.	25	360,480.
	26 Total liabilities. Add lines 17 through 25	5,182,727.	26	7,367,714.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,993,937.	27	42,552,297.
	28 Net assets with donor restrictions	9,535,971.	28	7,739,346.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,529,908.	32	50,291,643.
33 Total liabilities and net assets/fund balances	34,712,635.	33	57,659,357.	

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	41,818,916.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,962,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,856,058.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,529,908.
5	Net unrealized gains (losses) on investments	5	1,905,677.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,291,643.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization <p style="text-align:center">HEART OF FLORIDA UNITED WAY, INC.</p>	Employer identification number <p style="text-align:center">59-0808854</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29274259.	29286190.	23725842.	19570638.	39918871.	141775800
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	29274259.	29286190.	23725842.	19570638.	39918871.	141775800
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)						4895925.
6 Public support. Subtract line 5 from line 4.						136879875

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	29274259.	29286190.	23725842.	19570638.	39918871.	141775800
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	507,494.	240,126.	356,227.	567,538.	853,468.	2524853.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	22,664.	88,510.	66,575.	6,796.	12,346.	196,891.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						144497544
12 Gross receipts from related activities, etc. (see instructions)					12	2,800,947.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94.73 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.66 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
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>		
2		

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>		
1		

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?		
1		
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>		
2		
3 By reason of the relationship described in line 2, above, 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>		
3		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HEART OF FLORIDA UNITED WAY, INC.

Employer identification number

59-0808854

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HEART OF FLORIDA UNITED WAY, INC.	Employer identification number 59-0808854
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,602,659.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,141,932.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,788,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,060,524.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>20,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART OF FLORIDA UNITED WAY, INC.	Employer identification number 59-0808854
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization HEART OF FLORIDA UNITED WAY, INC.	Employer identification number 59-0808854
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b regarding reporting of art collections and question 2 regarding financial gain, with dollar amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,026,897.	3,060,490.	2,940,826.	2,815,489.	2,744,620.
b Contributions				4,689.	
c Net investment earnings, gains, and losses	783,105.	113,649.	203,387.	203,898.	329,560.
d Grants or scholarships	66,072.	126,160.	64,071.	63,291.	61,548.
e Other expenditures for facilities and programs					178,521.
f Administrative expenses	22,340.	21,082.	19,652.	19,959.	18,621.
g End of year balance	3,721,590.	3,026,897.	3,060,490.	2,940,826.	2,815,490.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 58.4600 %
 - b Permanent endowment 41.5400 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		275,000.		275,000.
b Buildings		5,551,530.	2,731,448.	2,820,082.
c Leasehold improvements				
d Equipment		922,922.	785,182.	137,740.
e Other		130,808.	128,611.	2,197.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,235,019.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAMPAIGN PLEDGES DUE TO OTHER	
(3) UNITED WAY ORGANIZATIONS	68,733.
(4) CAMPAIGN PLEDGES DUE TO DESIGNATED	
(5) AGENCIES	291,747.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	360,480.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	41,614,387.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,905,677.
b	Donated services and use of facilities	2b	490,394.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,396,071.
3	Subtract line 2e from line 1	3	39,218,316.
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	70,806.
b	Other (Describe in Part XIII.)	4b	2,529,794.
c	Add lines 4a and 4b	4c	2,600,600.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	41,818,916.

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	20,852,652.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	490,394.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	36,459.
e	Add lines 2a through 2d	2e	526,853.
3	Subtract line 2e from line 1	3	20,325,799.
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	70,806.
b	Other (Describe in Part XIII.)	4b	2,566,253.
c	Add lines 4a and 4b	4c	2,637,059.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,962,858.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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. THE UNITED WAY ALSO HAS AN ENDOWMENT OF BOARD-DESIGNATED FUNDS TO SUPPORT THE MISSION OF THE ORGANIZATION.

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 2,566,253.

Part XIII Supplemental Information (continued)

DIRECT FUNDRAISING EVENT EXPENSES -36,459.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,529,794.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES 36,459.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 2,566,253.

Multiple horizontal lines for additional entries.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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
- 2 a** 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 10 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			
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN UNITED LUNCHEON		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	104,805.			104,805.
	2 Less: Contributions	56,000.			56,000.
	3 Gross income (line 1 minus line 2)	48,805.			48,805.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	36,459.			36,459.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				36,459.
11 Net income summary. Subtract line 10 from line 3, column (d)				12,346.	

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.

		(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	13a	%
b An outside facility	13b	%
- 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 to be 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **HEART OF FLORIDA UNITED WAY, INC.** Employer identification number **59-0808854**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADULT LITERACY LEAGUE 345 W MICHIGAN STREET ORLANDO, FL 32806	23-7076600	501(C)(3)	54,152.	0.			COMMUNITY BENEFIT
AFTER SCHOOL PROGRAMS, INC. 5700 HORIZONS LANE MARGATE, FL 33063	65-0322167	501(C)(3)	6,381.	0.			COMMUNITY BENEFIT
ALL-STAR DADS 5319 LAKE JESSAMINE DR ORLANDO, FL 32839	82-2947609	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY 507 N NEW YORK AVE STE 100 WINTER PARK, FL 32789	13-1788491	501(C)(3)	8,780.	0.			COMMUNITY BENEFIT
AMERICAN DIABETES ASSOCIATION 2301 MAITLAND CENTER PKWY SUITE 126 MAITLAND, FL 32751	13-1623888	501(C)(3)	5,213.	0.			COMMUNITY BENEFIT
AMERICAN RED CROSS CENTRAL FLORIDA 5 N BUMBY AVENUE ORLANDO, FL 32803	53-0196605	501(C)(3)	26,121.	0.			COMMUNITY BENEFIT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **69.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAHAMAS HABITAT 1649 LAKESTONE VILLAGE LN FUQUAY, NC 27526	87-0809313	501(C)(3)	11,294.	0.			COMMUNITY BENEFIT
BE A PLAYER 7150 CITRUS AVENUE WINTER PARK, FL 32792	46-1295977	501(C)(3)	32,931.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA - PO BOX 2987 - ORLANDO, FL 32802	59-0951887	501(C)(3)	249,378.	0.			COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA- CENTRAL FLORIDA COUNCIL - 1951 S ORANGE BLOSSOM TRAIL - AOPKA, FL 32703	59-0624376	501(C)(3)	22,888.	0.			COMMUNITY BENEFIT
CATHOLIC CHARITIES OF CENTRAL FLORIDA - 1819 N SEMORAN BOULEVARD - ORLANDO, FL 32807	59-1214353	501(C)(3)	191,840.	0.			COMMUNITY BENEFIT
CENTRAL FLORIDA COMMUNITY ARTS 250 SW IVANHOE BOULEVARD ORLANDO, FL 32804	45-2324172	501(C)(3)	54,309.	0.			COMMUNITY BENEFIT
CHILDREN'S HOME SOCIETY OF CENTRAL FLORIDA - 482 KELLER ROAD - ORLANDO, FL 32810	59-0192430	501(C)(3)	18,017.	0.			COMMUNITY BENEFIT
CHRISTIAN HELP FOUNDATION INC 450 SEMINOLA BLVD CASSELBERRY, FL 32707	59-1782028	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
CHRISTIAN SERVICE CENTER CENTRAL FLORIDA - 808 W CENTRAL BOULEVARD - ORLANDO, FL 32805	59-1353031	501(C)(3)	154,281.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN SHARING CENTER 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	59-2744535	501(C)(3)	81,347.	0.			COMMUNITY BENEFIT
CITY YEAR ORLANDO 201 S ORANGE AVENUE SUITE 600 ORLANDO, FL 32801	22-2882549	501(C)(3)	100,683.	0.			COMMUNITY BENEFIT
COALITION FOR THE HOMELESS 639 W CENTRAL BOULEVARD ORLANDO, FL 32801	59-2814255	501(C)(3)	196,552.	0.			COMMUNITY BENEFIT
COMMUNITY COORDINATED CARE FOR CHILDREN - 3500 W COLONIAL DRIVE - ORLANDO, FL 32808	59-1371754	501(C)(3)	233,759.	0.			COMMUNITY BENEFIT
COMMUNITY LEGAL SERVICES OF MID-FL 128 ORANGE AVE DAYTONA BEACH, FL 32114	59-2013486	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
CORRECTIONAL PEACE OFFICERS FOUNDATION - 1346 N MARKET BOULEVARD - SACRAMENTO, CA 95834	68-0023302	501(C)(3)	15,913.	0.			COMMUNITY BENEFIT
EARLY LEARNING COALITION OF SEMINOLE - 280 HUNT PARK COVE, SUITE 1020 - LONGWOOD, FL 32750	59-3664594	501(C)(3)	101,066.	0.			COMMUNITY BENEFIT
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD ORLANDO, FL 32835	59-1150182	501(C)(3)	13,547.	0.			COMMUNITY BENEFIT
EMBRACE FAMILIES 4001 PELEE ST SUITE 200 ORLANDO, FL 32817	01-0631375	501(C)(3)	13,935.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FONDOS UNIDOS DE PUERTO RICO CALLE LOS ANGELES ESQ BLVD PARADA 26.5 - SANTURCE, '00909, PUERTO RICO	66-0269222	501(C)(3)	24,507.	0.			COMMUNITY BENEFIT
FOUNDATION OF ORANGE COUNTY PUBLIC SCHOOLS - 445 W AMELIA STREET SUITE 901 - ORLANDO, FL 32801	59-2788435	501(C)(3)	8,241.	0.			COMMUNITY BENEFIT
GIVE KIDS THE WORLD 210 S BASS ROAD KISSIMMEE, FL 34746	59-2654440	501(C)(3)	7,861.	0.			COMMUNITY BENEFIT
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	153,057.	0.			COMMUNITY BENEFIT
HARBOR HOUSE PO BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	131,223.	0.			COMMUNITY BENEFIT
HEALTHCARE CENTER FOR HOMELESS 232 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	59-3185020	501(C)(3)	59,228.	0.			COMMUNITY BENEFIT
HELP NOW OSCEOLA PO BOX 420370 KISSIMMEE, FL 34742	59-2283508	501(C)(3)	101,611.	0.			COMMUNITY BENEFIT
HOPE COMMUNITY CENTER 1016 N PARK AVENUE APOPKA, FL 32712	56-2551312	501(C)(3)	53,147.	0.			COMMUNITY BENEFIT
HOWARD PHILLIPS CENTER CHILDREN/FAMILIES - 601 W MICHIGAN STREET - ORLANDO, FL 32805	59-2244943	501(C)(3)	80,803.	0.			COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGLESIA EPISCOPAL JESUS DE NAZARET 26 WILLOW DRIVE ORLANDO, FL 32807	20-0764997	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
JEWISH FAMILY SERVICES 2100 LEE ROAD WINTER PARK, FL 32789	59-1873758	501(C)(3)	63,617.	0.			COMMUNITY BENEFIT
LANES TEENAGE GIRLS, INC. PO BOX 609087 ORLANDO, FL 32860	45-0533559	501(C)(3)	50,525.	0.			COMMUNITY BENEFIT
LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOC. - 100 E ROBINSON ST - ORLANDO, FL 32801	59-1208322	501(C)(3)	120,196.	0.			COMMUNITY BENEFIT
LGBT CENTER ORLANDO 946 N MILLS AVE ORLANDO, FL 32803	13-3217805	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
LIFT ORLANDO 215 E CENTRAL BOULEVARD ORLANDO, FL 32801	46-3607865	501(C)(3)	12,735.	0.			COMMUNITY BENEFIT
LIGHTHOUSE CENTRAL FLORIDA 215 E NEW HAMPSHIRE STREET ORLANDO, FL 32804	59-2418228	501(C)(3)	14,347.	0.			COMMUNITY BENEFIT
MEALS ON WHEELS 2801 S FINANCIAL COURT SANFORD, FL 32773	59-2977907	501(C)(3)	82,088.	0.			COMMUNITY BENEFIT
MUSTARD SEED OF CENTRAL FLORIDA INC - 12 MUSTARD SEED LN - ORLANDO, FL 32810	59-2906383	501(C)(3)	5,161.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW IMAGE YOUTH CENTER 208 S PARRAMORE AVE ORLANDO, FL 32805	56-2482818	501(C)(3)	73,482.	0.			COMMUNITY BENEFIT
ORLANDO DAY NURSERY 626 LAKE DOT CIR ORLANDO, FL 32801	59-0651096	501(C)(3)	51,645.	0.			COMMUNITY BENEFIT
ORLANDO NEIGHBORHOOD IMPROVEMENT CORPORATION - 101 S TERRY AVENUE - ORLANDO, FL 32805	59-2669952	501(C)(3)	8,028.	0.			COMMUNITY BENEFIT
OSCEOLA COUNTY COUNCIL ON AGING BARNEY E VEAL CENTER KISSIMMEE, FL 34744	59-1595398	501(C)(3)	330,184.	0.			COMMUNITY BENEFIT
PACE CENTER FOR GIRLS ORANGE COUNTY - 445 N WYMORE RD - WINTER PARK, FL 32789	59-2414492	501(C)(3)	51,435.	0.			COMMUNITY BENEFIT
RONALD MCDONALD HOUSE OF ORLANDO 2201 ALDEN ROAD ORLANDO, FL 32803	59-3211250	501(C)(3)	8,338.	0.			COMMUNITY BENEFIT
SAFEHOUSE OF SEMINOLE (SEMINOL CTY VICTIMS' RIGHTS COALITION) - PO BOX 471279 - LAKE MONROE, FL 32747	59-2934243	501(C)(3)	139,391.	0.			COMMUNITY BENEFIT
SALVATION ARMY-ORLANDO PO BOX 540657 ORLANDO, FL 32854	58-0660607	501(C)(3)	218,488.	0.			COMMUNITY BENEFIT
SALVATION ARMY-SEMINOLE PO BOX 1946 SANFORD, FL 32772	13-5562351	501(C)(3)	68,991.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN RESOURCE CENTER 9833 E COLONIAL DR ORLANDO, FL 32817	35-2409476	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
SECOND HARVEST FOOD BANK 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315	501(C)(3)	192,203.	0.			COMMUNITY BENEFIT
SEMINOLE COUNTY BAR ASSOC. LEGAL AID SOCIETY - 101 W PALMETTO AVE - LONGWOOD, FL 32750	59-1591554	501(C)(3)	11,103.	0.			COMMUNITY BENEFIT
SENIORS FIRST 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	101,402.	0.			COMMUNITY BENEFIT
SOS BY URBANDER, INC. 2584 DOVER GLEN CIR ORLANDO, FL 32828	82-3223402	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
THE NOBILO FOUNDATION 9460 THURBE PLACE ORLANDO, FL 32827	45-3454562	501(C)(3)	6,232.	0.			COMMUNITY BENEFIT
THE SHARING CENTER 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	59-2744535	501(C)(3)	86,348.	0.			COMMUNITY BENEFIT
UCP OF CENTRAL FLORIDA 4780 DATA COURT ORLANDO, FL 32817	59-0799925	501(C)(3)	808,893.	0.			COMMUNITY BENEFIT
UNITED AGAINST POVERTY 150 W MICHIGAN ST SUITE A ORLANDO, FL 32806	11-3697936	501(C)(3)	101,241.	0.			COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CTR PKWY MAITLAND, FL 32751	59-1166446	501(C)(3)	24,713.	0.			COMMUNITY BENEFIT
UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 32922	59-0836384	501(C)(3)	14,829.	0.			COMMUNITY BENEFIT
UNITED WAY OF LAKE & SUMTER COUNTIES - 32644 BLOSSOM LANE - LEESBURG, FL 34788	59-1143758	501(C)(3)	14,322.	0.			COMMUNITY BENEFIT
UNITED WAY OF VOLUSIA-FLAGLER COUNTIES - 3747 INTERNATIONAL SPEEDWAY BOULEVARD - DAYTONA BEACH, FL 32124	59-1099774	501(C)(3)	5,354.	0.			COMMUNITY BENEFIT
UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PKWY STE 250 ORLANDO, FL 32826	59-6211832	501(C)(3)	5,293.	0.			COMMUNITY BENEFIT
WINTER PARK DAY NURSERY 741 S PENNSYLVANIA AVE WINTER PARK, FL 32789	59-0638506	501(C)(3)	50,614.	0.			COMMUNITY BENEFIT
WYCLIFFE BIBLE TRANSLATORS 11221 JOHN WYCLIFFE BLVD STE 7 ORLANDO, FL 32832	95-1831097	501(C)(3)	12,621.	0.			COMMUNITY BENEFIT
YMCA OF CENTRAL FLORIDA 433 N. MILLS AVENUE ORLANDO, FL 32803	59-0624430	501(C)(3)	9,712.	0.			COMMUNITY BENEFIT
ZEBRA COALITION INC 911 N MILLS AVE ORLANDO, FL 32803	27-1645847	501(C)(3)	10,410.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING ASSISTANCE (RENT, MORTGAGE, & UTILITIES)	13294	4,729,043.	0.		
MEDICAL AND SUPPORT SERVICES	2315	1,123,000.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

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 STRATEGIC IMPACT & COMMUNITY ENGAGEMENT. 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.

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.

GRANTS MADE TO INDIVIDUALS ARE PAID TO THIRD PARTY PROVIDERS (I.E. LANDLORDS, LENDERS, ETC.) UPON RECEIPT OF SUPPORTING DOCUMENTATION AND THEREFORE NO MONITORING IS NECESSARY AS FUNDS ARE DISBURSED FOR THE INTENDED PURPOSES DIRECTLY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **HEART OF FLORIDA UNITED WAY, INC.**
 Employer identification number: **59-0808854**

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFERY HAYWARD PRESIDENT & CEO	(i)	262,392.	0.	12,000.	21,320.	29,764.	325,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JILL GREVI CFO	(i)	162,501.	0.	0.	13,120.	20,281.	195,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GRACIELA N. JACOBY CHIEF OPERATING OFFICER	(i)	146,419.	0.	0.	11,827.	18,620.	176,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY COLLIGNON CHIEF DEVELOPMENT OFFICER	(i)	119,692.	0.	0.	9,856.	27,132.	156,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAYMOND LARSEN SR. VP STRATEGIC IMPACT & COMM. ENG.	(i)	115,728.	0.	0.	9,540.	26,944.	152,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

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 4A:

JEFFREY COLLIGNON RECEIVED A ONE MONTH SEVERANCE PAYMENT OF \$10,625 IN JUNE OF 2021.

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. AN AMOUNT WAS ACCRUED FOR CALENDAR YEAR 2020 BUT NOT PAID UNTIL 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	6	50,844.	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 ()				
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 V, Donee Acknowledgement **29** **0**

	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 isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HEART OF FLORIDA UNITED WAY, INC.

Employer identification number

59-0808854

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.

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

IN RESPONSE TO THE COVID-19/CORONAVIRUS, UNITED WAY IMPLEMENTED THE
ALICE RECOVERY FUND TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE FOR
RENT/MORTGAGE AND/OR UTILITY BILLS. DURING THE PERIOD OF JULY 1, 2020
THROUGH JUNE 30, 2021, UNITED WAY PROVIDED OVER 13,000 CLIENTS AND
THEIR FAMILIES WITH NEARLY \$7,300,000 IN EMERGENCY RENT AND/OR UTILITY
ASSISTANCE THROUGH GRANTS TO ORGANIZATIONS AND INDIVIDUALS. THIS
INCLUDES ADMINISTERING THE CITY OF ORLANDO CARES PROGRAM THAT PROVIDED
520 RESIDENTS IN ORLANDO CITY LIMITS WITH \$2,240,834 IN EMERGENCY RENT
ASSISTANCE.

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

UNITED WAY RECEIVED MORE THAN \$2.6 MILLION DOLLARS IN FEDERAL AND STATE
FUNDS FROM THE FLORIDA DEPARTMENT OF HEALTH AND ORANGE COUNTY
GOVERNMENT TO PROVIDE PATIENT CARE SERVICES TO 2,315 CLIENTS AND
PROVIDED OVER 95,199 CORE UNITS OF MEDICAL AND SUPPORT SERVICES.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization HEART OF FLORIDA UNITED WAY, INC.	Employer identification number 59-0808854
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EVERY DAY, HUNDREDS OF PEOPLE ACROSS CENTRAL FLORIDA TURN TO UNITED WAY 2-1-1 FOR INFORMATION AND SUPPORT WHETHER FOR FINANCIAL ASSISTANCE, HEALTH PROGRAMS, CRISIS SUPPORT AND MORE. IN 2020-2021, UNITED WAY 2-1-1 MANAGED GRANTS AND FEE-FOR-SERVICE CONTRACTS TOTALING \$2.9 MILLION. UNITED WAY 2-1-1 ANSWERED OVER 250,000 CONTACTS VIA PHONE CALLS, TEXTS, EMAILS AND CHAT, IMPACTING INDIVIDUALS BY PROVIDING PROBLEM SOLVING, CRISIS DE-ESCALATION AND CONNECTION TO RESOURCES TO MEET THEIR NEEDS RELATED TO HOUSING, UTILITIES, FOOD, ACCESSING HEALTHCARE SERVICES, AND OTHER SERVICES WHICH ALLOWED THEM TO BOTH MEET THEIR IMMEDIATE NEEDS AND INCREASE THE STABILITY OF THEIR HOUSEHOLD. EXPENSES \$ 2,138,968. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,525.

FORM 990, PART VI, SECTION A, LINE 1:

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.

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.

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 AND ETHICS COMMITTEE FOR A FORMAL, THOROUGH REVIEW LED BY THE INDEPENDENT ACCOUNTING FIRM. ANY CHANGES ARE NOTATED AND UPON COMPLETION, A

Name of the organization

HEART OF FLORIDA UNITED WAY, INC.

Employer identification number

59-0808854

RECOMMENDATION OF APPROVAL IS MADE BEFORE SUBMITTING TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE HEART OF FLORIDA UNITED WAY HAS A BOARD APPOINTED COMPENSATION COMMITTEE. THE COMMITTEE IS RESPONSIBLE FOR GOVERNANCE AND OVERSIGHT OF COMPENSATION PLANS FOR THE HEART OF FLORIDA UNITED WAY PRESIDENT/CEO AND OTHER EXECUTIVE LEVEL STAFF. THE COMMITTEE ENSURES THAT THE COMPENSATION POLICIES SUPPORT THE MISSION AND GOALS OF THE ORGANIZATION.

ON AN ANNUAL BASIS THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE PRESIDENT/CEO AND APPROVING ANY ADJUSTMENTS TO COMPENSATION AND INCENTIVE AWARDS. THE COMMITTEE WORKS IN CONJUNCTION WITH THE PRESIDENT/CEO AND 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

Name of the organization

HEART OF FLORIDA UNITED WAY, INC.

Employer identification number

59-0808854

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.

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).