

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

HEART OF FLORIDA UNITED WAY, INC.

59-0808854

Name and title of officer

JEFFERY HAYWARD

PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	27,077,525.
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CHERRY BEKAERT LLP

ERO firm name

to enter my PIN 08854

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

1.23.17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59395533076

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

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	
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32804-4714		G Gross receipts \$ 27,155,071.
F Name and address of principal officer: JEFFERY HAYWARD 1940 TRAYLOR BLVD., ORLANDO, FL 32804-4714		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) 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: <u>SEE SCHEDULE O.</u>		
	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	34
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	210
	6 Total number of volunteers (estimate if necessary)	6	3707
	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, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	24,818,144.	26,005,308.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,720.	442,627.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	590,985.	479,626.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,828.	149,964.
		25,908,677.	27,077,525.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,629,823.	15,170,871.
	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)	5,988,707.	7,049,666.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,505,935.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,924,092.	6,021,926.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,542,622.	28,242,463.	
19 Revenue less expenses. Subtract line 18 from line 12	-633,945.	-1,164,938.	
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)	31,524,310.	30,725,647.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,371,688.	6,163,409.
		26,152,622.	24,562,238.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JEFFERY HAYWARD, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00633872
	Firm's name ▶ CHERRY BEKAERT LLP	Firm's EIN ▶ 56-0574444		Phone no. 407-423-7911	
	Firm's address ▶ 800 NORTH MAGNOLIA AVE, SUITE 1300 ORLANDO, FL 32803				

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 []

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 ENGAGING ALL CITIZENS TO WORK TOGETHER TO BUILD HEALTHY, SAFE, CARING AND STRONG COMMUNITIES.

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 \$ 17,572,834. including grants of \$ 7,750,384.) (Revenue \$ 442,627.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 7,420,487. including grants of \$ 7,420,487.) (Revenue \$) HEART OF FLORIDA UNITED WAY, INC. ALLOWS FOR OPEN DONOR CHOICE WHERE DONORS ARE ALLOWED TO DESIGNATE TO ANY 501(C)(3) ORGANIZATION.

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

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

4e Total program service expenses 24,993,321.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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? Note. All Form 990 filers are required to complete Schedule O	X	

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (35); 1b Enter the number of voting members included in line 1a, above, who are independent (34); 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, or 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); 7b 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 in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JILL GREVI - 407-835-0900
1940 TRAYLOR BLVD., 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) MALCOLM C. BARNES BOARD MEMBER	2,50	X					0.	0.	0.	
(2) SHAWN BARTELT BOARD MEMBER	2,50	X					0.	0.	0.	
(3) ADRIAN BENNETT BOARD MEMBER	2,50	X					0.	0.	0.	
(4) MARIBETH BISIENERE BOARD MEMBER	2,50	X					0.	0.	0.	
(5) DIANA BOLIVAR BOARD MEMBER	2,50	X					0.	0.	0.	
(6) JOHN F. DAVIS BOARD MEMBER	2,50	X					0.	0.	0.	
(7) SEAN DEMARTINO BOARD MEMBER	2,50	X					0.	0.	0.	
(8) JOHN FADOOL BOARD MEMBER	2,50	X					0.	0.	0.	
(9) MICHAEL FRUMKIN BOARD MEMBER	2,50	X					0.	0.	0.	
(10) ERIC GEBOFF BOARD MEMBER	2,50	X					0.	0.	0.	
(11) ELISHA GONZALEZ BOARD MEMBER	2,50	X					0.	0.	0.	
(12) LINDA LANDMAN GONZALEZ BOARD MEMBER	2,50	X					0.	0.	0.	
(13) MICHAEL HARDING BOARD MEMBER	2,50	X					0.	0.	0.	
(14) SANDY HOSTETTER BOARD MEMBER	2,50	X					0.	0.	0.	
(15) AVIDO KHAHAIFA BOARD MEMBER	2,50	X					0.	0.	0.	
(16) BYRON KNIBBS BOARD MEMBER	2,50	X					0.	0.	0.	
(17) PATRICIA MADDOX BOARD MEMBER	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) KEVIN MADDON BOARD MEMBER	2.50	X					0.	0.	0.	
(19) MARIE MARTINEZ BOARD MEMBER	2.50	X					0.	0.	0.	
(20) CHIEF JOHN W. MINA BOARD MEMBER	2.50	X					0.	0.	0.	
(21) ROBERT NEWLAND BOARD MEMBER	2.50	X					0.	0.	0.	
(22) MICHAEL E. PATILLO BOARD MEMBER	2.50	X					0.	0.	0.	
(23) DR. RONALD F. PICCOLO, PH.D BOARD MEMBER	2.50	X					0.	0.	0.	
(24) RONALD O. ROGERS BOARD MEMBER	2.50	X					0.	0.	0.	
(25) GERALD ROUX BOARD MEMBER	2.50	X					0.	0.	0.	
(26) DAVID RUIZ BOARD MEMBER	2.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							821,249.	0.	160,588.	
d Total (add lines 1b and 1c)							821,249.	0.	160,588.	

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 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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 VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 311,688.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,282,449.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 21,411,171.				
	g Noncash contributions included in lines 1a-1f: \$	2,002,052.				
	h Total. Add lines 1a-1f	▶ 26,005,308.				
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code 812900	293,324.	293,324.	
b GIFT IN KIND PROGRAM		900099	66,579.	66,579.		
c SERVICE FEE INCOME		900099	46,297.	46,297.		
d OTHER REVENUE		900099	36,427.	36,427.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 442,627.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 380,236.			380,236.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real 109,373.				
		(ii) Personal				
		b Less: rental expenses	0.			
	c Rental income or (loss)	109,373.				
	d Net rental income or (loss)	▶ 109,373.			109,373.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities 99,390.				
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	99,390.			
	d Net gain or (loss)	▶ 99,390.			99,390.	
	8 a Gross income from fundraising events (not including \$ 311,688. of contributions reported on line 1c). See Part IV, line 18	a 118,137.				
		b Less: direct expenses	b 77,546.			
c Net income or (loss) from fundraising events		▶ 40,591.			40,591.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶ 27,077,525.	442,627.	0.	629,590.		

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 ...	15,170,871.	15,170,871.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	446,562.	174,336.	228,617.	43,609.
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	4,582,558.	3,212,827.	620,939.	748,792.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	350,795.	205,708.	71,603.	73,484.
9 Other employee benefits	1,669,751.	1,096,499.	293,341.	279,911.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	62,850.		62,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,618.	39,618.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	95,148.	80,257.	3,648.	11,243.
12 Advertising and promotion	136,601.	3,669.	3,077.	129,855.
13 Office expenses	255,394.	163,280.	26,532.	65,582.
14 Information technology	62,367.	37,990.	15,994.	8,383.
15 Royalties				
16 Occupancy	199,333.	137,190.	31,627.	30,516.
17 Travel	65,868.	42,602.	7,264.	16,002.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,846.	34,551.	3,636.	6,659.
20 Interest				
21 Payments to affiliates	231,268.	88,476.	120,180.	22,612.
22 Depreciation, depletion, and amortization	196,859.		177,611.	19,248.
23 Insurance	99,826.	77,607.	11,831.	10,388.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY ASSISTANCE PA	2,108,180.	2,108,180.		
b CASE MANAGEMENT	765,831.	765,831.		
c MEDICAL	308,741.	308,741.		
d ORAL HEALTH CARE	274,560.	274,560.		
e All other expenses	1,074,636.	970,528.	64,457.	39,651.
25 Total functional expenses. Add lines 1 through 24e	28,242,463.	24,993,321.	1,743,207.	1,505,935.
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	9,289,376.	1	8,336,449.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	8,053,619.	3	8,655,956.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	90,553.	7	26,950.
	8 Inventories for sale or use	336,116.	8	215,416.
	9 Prepaid expenses and deferred charges	165,441.	9	159,004.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,375,132.		
	b Less: accumulated depreciation	10b 2,600,449.		
		3,890,776.	10c	3,774,683.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,698,429.	12	9,557,189.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,524,310.	16	30,725,647.	
Liabilities	17 Accounts payable and accrued expenses	1,622,237.	17	2,133,892.
	18 Grants payable		18	
	19 Deferred revenue	13,926.	19	73,596.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,735,525.	25	3,955,921.
	26 Total liabilities. Add lines 17 through 25	5,371,688.	26	6,163,409.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,339,126.	27	12,684,602.
	28 Temporarily restricted net assets	11,013,496.	28	11,077,636.
	29 Permanently restricted net assets	800,000.	29	800,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	26,152,622.	33	24,562,238.	
34 Total liabilities and net assets/fund balances	31,524,310.	34	30,725,647.	

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	27,077,525.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,242,463.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,164,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,152,622.
5	Net unrealized gains (losses) on investments	5	-425,446.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,562,238.

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 in 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 in 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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,954,825.	22,919,199.	22,108,332.	24,818,144.	26,005,308.	117,805,808.
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	21,954,825.	22,919,199.	22,108,332.	24,818,144.	26,005,308.	117,805,808.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,177,858.
6 Public support. Subtract line 5 from line 4.						113,627,950.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	21,954,825.	22,919,199.	22,108,332.	24,818,144.	26,005,308.	117,805,808.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	271,231.	277,620.	390,823.	532,182.	489,609.	1,961,465.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	377,693.	365,402.	494,871.	395,587.	560,764.	2,194,317.
11 Total support. Add lines 7 through 10						121,961,590.
12 Gross receipts from related activities, etc. (see instructions)					12	1,456,192.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	93.17 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.55 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (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 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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	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).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI

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

PART II, LINE 10

OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING EVENTS ALONG WITH

INCOME FROM VARIOUS COMMUNITY VOLUNTEER PROJECTS AND A COMMUNITY

INVESTMENT SUMMIT.

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

OMB No. 1545-0047

2015

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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

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	_____ _____ _____	\$ 2,014,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,505,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,016,831.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 3,210,981.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,038,389.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 2,414,115.	Person <input checked="" 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
------------------------------------------------------------------	-----------------------------------------------------

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
7	_____ _____ _____	\$ 872,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
---------------------------------------------------------------	--------------------------------------------------

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
---------------------------------------------------------------	--------------------------------------------------

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.

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

OMB No. 1545-0047

2015 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 about 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 types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and modified structures), and several yes/no questions about monitoring 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 and 1b about reporting works of art, and question 2 about reporting amounts for works of art held for financial gain.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,259,984.	1,234,655.	1,214,822.	1,113,482.	1,084,924.
b Contributions					
c Net investment earnings, gains, and losses	-70,579.	25,329.	19,833.	101,340.	28,558.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,189,405.	1,259,984.	1,234,655.	1,214,822.	1,113,482.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		275,000.		275,000.
b Buildings		5,375,775.	2,045,649.	3,330,126.
c Leasehold improvements				
d Equipment		724,357.	554,800.	169,557.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,774,683.

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) MUTUAL AND MONEY MARKET FUNDS	8,001,974.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS AT COMMUNITY FOUNDATION	1,555,215.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,557,189.	

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 UNITED WAY ORGANIZATIONS	310,501.
(4) CAMPAIGN PLEDGES DUE TO DESIGNATED AGENCIES	3,645,420.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,955,921.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	19,940,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-425,446.
b	Donated services and use of facilities	2b	670,718.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	77,546.
e	Add lines 2a through 2d	2e	322,818.
3	Subtract line 2e from line 1	3	19,617,420.
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	39,618.
b	Other (Describe in Part XIII.)	4b	7,420,487.
c	Add lines 4a and 4b	4c	7,460,105.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	27,077,525.

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

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

1	Total expenses and losses per audited financial statements	1	21,530,622.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	670,718.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	77,546.
e	Add lines 2a through 2d	2e	748,264.
3	Subtract line 2e from line 1	3	20,782,358.
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	39,618.
b	Other (Describe in Part XIII.)	4b	7,420,487.
c	Add lines 4a and 4b	4c	7,460,105.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,242,463.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 77,546.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUES DESIGNATED BY DONOR 7,420,487.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

SPECIAL EVENT EXPENSE 77,546.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS DESIGNATED BY DONOR 7,420,487.

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))
		CHEF ' S GALA (event type)	WOMEN ' S LEADERSHIP LUNCHEON (event type)	NONE (total number)	
Revenue	1 Gross receipts	239,340.	190,485.		429,825.
	2 Less: Contributions	161,148.	150,540.		311,688.
	3 Gross income (line 1 minus line 2)	78,192.	39,945.		118,137.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,231.		1,231.
	7 Food and beverages		19,357.		19,357.
	8 Entertainment		45,901.		45,901.
	9 Other direct expenses	10,116.	941.		11,057.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				77,546.
11 Net income summary. Subtract line 10 from line 3, column (d)				40,591.	

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))
Revenue	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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**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 non-cash assistance	(h) Purpose of grant or assistance
A GIFT FOR TEACHING 6501 MAGIC WAY, STE. 400C ORLANDO, FL 32809	59-3515162	501(C)(3)	11,122.	0.			COMMUNITY BENEFIT
ADULT LITERACY LEAGUE 345 W. MICHIGAN ST. ORLANDO, FL 32806	23-7076600	501(C)(3)	98,704.	0.			COMMUNITY BENEFIT
AFTER SCHOOL PROGRAMS, INC. 1520 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442	65-0915728	501(C)(3)	144,318.	0.			COMMUNITY BENEFIT
AMERICA'S CHARITIES SUNTRUST BANK WHOLESALE DEPT LOCKBOX 79570 - BALTIMORE, MD 21279	54-1517707	501(C)(3)	19,973.	0.			COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET, NW ATLANTA, GA 30303	13-1788491	501(C)(3)	26,352.	0.			COMMUNITY BENEFIT
AMERICAN DIABETES ASSOCIATION 2290 LUCIEN WAY STE 230 MAITLAND, FL 32751	13-1623888	501(C)(3)	30,008.	0.			COMMUNITY BENEFIT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 120.
- 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) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 536726 ORLANDO, FL 32853	59-0624357	501(C)(3)	207,612.	0.			COMMUNITY BENEFIT
APOPKA FAMILY LEARNING CENTER 800 S. HAWTHORNE AVE. APOPKA, FL 32703	59-1787037	501(C)(3)	23,512.	0.			COMMUNITY BENEFIT
ASPIRE HEALTH PARTNERS 5151 ADANSON ST., STE 201 ORLANDO, FL 32804	59-2301233	501(C)(3)	137,677.	5,571.	FMV	SUPPLIES	COMMUNITY BENEFIT
BETA CENTER, INC. 4680 LAKE UNDERHILL ROAD ORLANDO, FL 32807	23-7446558	501(C)(3)	247,652.	0.			COMMUNITY BENEFIT
BIG BROTHERS/BIG SISTERS 807 S. ORLANDO AVE. WINTER PARK, FL 32789	59-6555007	501(C)(3)	52,461.	0.			COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA 1951 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703	59-0624376	501(C)(3)	110,461.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA - PO BOX 2987 - ORLANDO, FL 32802	59-0951887	501(C)(3)	583,458.	0.			COMMUNITY BENEFIT
CATHOLIC CHARITIES 1819 N. SEMORAN BOULEVARD ORLANDO, FL 32807	59-1214353	501(C)(3)	269,827.	0.			COMMUNITY BENEFIT
CENTRAL FLORIDA YMCA 433 N. MILLS AVE. ORLANDO, FL 32803	59-0624430	501(C)(3)	301,513.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA COMMISSION ON HOMELESSNESS - 255 S ORANGE AVE STE 108 - ORLANDO, FL 32801	46-0994106	501(C)(3)	6,119.	0.			COMMUNITY BENEFIT
CENTRAL FLORIDA FAIR PO BOX 2268 ORLANDO, FL 32802	59-0188975	501(C)(3)	17,065.	0.			COMMUNITY BENEFIT
CENTRAL FLORIDA CENTER FOR INDEPENDENT LIVING - 720 N. DENNING DRIVE - WINTER PARK, FL 32789	59-1828770	501(C)(3)	9,442.	6,728.	FMV	SUPPLIES	COMMUNITY BENEFIT
CENTRAL FLORIDA PHARMACY COUNCIL 1814 W. COLONIAL DR. ORLANDO, FL 32804	59-3396371	501(C)(3)	0.	32,457.	FMV	SUPPLIES	COMMUNITY BENEFIT
CENTER FOR CHANGE 810 ROSEMIST CT. ORLANDO, FL 34761	20-3062727	501(C)(3)	0.	108,783.	FMV	SUPPLIES	COMMUNITY BENEFIT
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION, INC. - 1814 W. COLONIAL DR. - ORLANDO, FL 32804	59-3368679	501(C)(3)	0.	28,738.	FMV	SUPPLIES	COMMUNITY BENEFIT
CENTER POINTE COMMUNITY CHURCH OF THE NAZARENE - 9580 CURRY FORD RD - ORLANDO, FL 32825	59-0838084	501(C)(3)	6,269.	0.			COMMUNITY BENEFIT
CHILDREN'S HOME SOCIETY 1485 S. SEMORAN BLVD. WINTER PARK, FL 32792	59-0192430	501(C)(3)	154,138.	0.			COMMUNITY BENEFIT
CHRISTIAN HELP FOUNDATION 450 SEMINOLA BLVD. CASSELBERRY, FL 32707	59-3107271	501(C)(3)	141,912.	6,864.	FMV	SUPPLIES	COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN SERVICE CENTER 808 W. CENTRAL BLVD. ORLANDO, FL 32801	59-1353031	501(C)(3)	70,781.	0.			COMMUNITY BENEFIT
CITY YEAR, INC. 201 S. ORANGE AVE. ORLANDO, FL 32801	22-2882549	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
COALITION FOR THE HOMELESS 639 W. CENTRAL BLVD. ORLANDO, FL 32801	59-2814255	501(C)(3)	379,531.	0.			COMMUNITY BENEFIT
COMMUNITY BASED CARE OF SEMINOLE 117 E. LAKE MARY BLVD. SANFORD, FL 32733	01-0631375	501(C)(3)	50,201.	0.			COMMUNITY BENEFIT
COMMUNITY COORDINATED CARE FOR CHILDREN - 3500 W. COLONIAL DRIVE - ORLANDO, FL 32808	59-1371754	501(C)(3)	408,391.	0.			COMMUNITY BENEFIT
COMMUNITY HEALTH CENTERS, INC. PO BOX 1249 APOPKA, FL 32703	59-1480970	501(C)(3)	54,000.	0.			COMMUNITY BENEFIT
COMMUNITY HEALTH CHARITIES OF FLORIDA - 333 W. PENSACOLA ST. - TALLAHASSEE, FL 32301	59-3218006	501(C)(3)	60,033.	0.			COMMUNITY BENEFIT
CONSUMER DEBT COUNSELORS 831 W. MORSE BLVD. WINTER PARK, FL 32789	59-3548266	501(C)(3)	0.	11,003.	FMV	SUPPLIES	COMMUNITY BENEFIT
CORRECTIONAL PEACE OFFICERS PO BOX 348390 TALLAHASSEE, FL 32301	68-0023302	501(C)(3)	5,388.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAL CARE ACCESS FOUNDATION 800 N. MILLS AVE. ORLANDO, FL 32803	20-1531222	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
DEVEREUX FOUNDATION TREATMENT NETWORK - 5850 T.G. LEE BLVD. - ORLANDO, FL 32822	23-1390618	501(C)(3)	143,061.	0.			COMMUNITY BENEFIT
EARLY LEARNING COALITION OF SEMINOLE - 280 HUNT PARK COVE, STE 1020 - LONGWOOD, FL 32750	59-3664594	501(C)(3)	125,000.	0.			COMMUNITY BENEFIT
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH RD. ORLANDO, FL 32835	59-1150182	501(C)(3)	98,456.	0.			COMMUNITY BENEFIT
FIRST BAPTIST CHURCH OF OVIEDO 45 W. BROADWAY OVIEDO, FL 32765	59-0914205	501(C)(3)	11,161.	0.			COMMUNITY BENEFIT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 MAITLAND SUMMIT BLVD. ORLANDO, FL 32810	44-0610626	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
FIREFIGHTER CANCER SUPPORT NETWORK 5TH-FLR-PMB608 2600 WEST OLIVE AVE BURBANK, CA 91505	20-4192265	501(C)(3)	12,058.	0.			COMMUNITY BENEFIT
FLORIDA HOSPITAL FOUNDATION 550 E. ROLLINS ST., 6TH FLOOR ORLANDO, FL 32803	59-2219301	501(C)(3)	373,394.	0.			COMMUNITY BENEFIT
FLORIDA OPERA THEATRE INC. PO BOX 547937 ORLANDO, FL 32854	27-0406958	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONTLINE OUTREACH 3000 SR SMITH ST ORLANDO, FL 32805	23-7227148	501(C)(3)	20,525.	0.			COMMUNITY BENEFIT
GIRL SCOUTS OF CITRUS COUNCIL 341 N. MILLS AVE. ORLANDO, FL 32803	59-0696293	501(C)(3)	6,217.	0.			COMMUNITY BENEFIT
GIVE KIDS THE WORLD 210 S. BASS RD. KISSIMMEE, FL 34746	59-2654440	501(C)(3)	22,944.	0.			COMMUNITY BENEFIT
GOD'S LITTLE LAMBS LEARNING CENTER INC. - 1056 NORTH PINE HILLS ROAD - ORLANDO, FL 32808	75-3104924	501(C)(3)	0.	6,580.	FMV	SUPPLIES	COMMUNITY BENEFIT
GOODWILL INDUSTRIES OF CF 7531 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32809	59-0908166	501(C)(3)	12,860.	0.			COMMUNITY BENEFIT
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	29,569.	0.			COMMUNITY BENEFIT
GREAT HONOR HOUSE 103 ROLLINS STREET SANFORD, FL 32771	75-3160252	501(C)(3)	0.	17,920.	FMV	SUPPLIES	COMMUNITY BENEFIT
HARBOR HOUSE PO BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	151,900.	0.			COMMUNITY BENEFIT
HARVEST OF HOPE 672 SO PARK AVE. TITUSVILLE, FL 32796	45-4221127	501(C)(3)	0.	554,119.	FMV	SUPPLIES	COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY START COALITION OF ORANGE COUNTY - 600 COURTLAND ST, STE 565 - ORLANDO, FL 32804	59-3125675	501(C)(3)	289,634.	0.			COMMUNITY BENEFIT
HELP NOW OSCEOLA PO BOX 420370 KISSIMMEE, FL 34742	59-2283508	501(C)(3)	101,919.	0.			COMMUNITY BENEFIT
HOPE N LITERACY INTERNATIONAL FOUNDATION INC - 5095 NEPONSET AVENUE - ORLANDO, FL 32808	80-0423321	501(C)(3)	0.	174,745.	FMV	SUPPLIES	COMMUNITY BENEFIT
HOPE COMMUNTIY CENTER 1016 N. PARK AVENUE APOPKA, FL 32712	56-2551312	501(C)(3)	103,197.	0.			COMMUNITY BENEFIT
HOWARD PHILLIPS CENTER FOR CHILDREN/FAMILIES - 601 W. MICHIGAN ST. - ORLANDO, FL 32805	59-2244943	501(C)(3)	156,316.	0.			COMMUNITY BENEFIT
IDEAL TUTORING PROGRAM 800 N PINE HILLS RD ORLANDO, FL 32808	26-2203490	501(C)(3)	0.	32,526.	FMV	SUPPLIES	COMMUNITY BENEFIT
IGLESIA DE DIOSTORRE DE REFUGIO 3057 CURRY FLORD RD ORLANDO, FL 32806	01-0814010	501(C)(3)	0.	12,567.	FMV	SUPPLIES	COMMUNITY BENEFIT
INDEPENDENT CHARITIES OF AMERICA 1000 LAKESPUR LANDING CIR, STE 340 LAKESPUR, CA 94939	59-2244943	501(C)(3)	12,432.	0.			COMMUNITY BENEFIT
INTERFAITH HUMANITARIAN SERVICES 2013 CRICKET DR ORLANDO, FL 32808-5426	59-3709634	501(C)(3)	0.	25,603.	FMV	SUPPLIES	COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL ASSOCIATION OF ACADEMIC METHODS - 6103 BEECHMNT BLVD - ORLANDO, FL 32808	27-2009085	501(C)(3)	0.	24,943.	FMV	SUPPLIES	COMMUNITY BENEFIT
INTERNATIONAL MINISTRIES OF HOPE 5095 NEPONSET AVENUE ORLANDO, FL 32808	80-0423321	501(C)(3)	0.	475,845.	FMV	SUPPLIES	COMMUNITY BENEFIT
IMPOWER, INC. 3157 N ALAFAYA TRAIL ORLANDO, FL 32826	65-0439778	501(C)(3)	81,460.	0.			COMMUNITY BENEFIT
JAMES MADISON INSTITUTE PUBLIC POLICY - PO BOX 13894 - TALLAHASSEE, FL 32317	59-2811908	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
JEWISH FAMILY SERVICES 2100 LEE ROAD WINTER PARK, FL 32789	59-1873758	501(C)(3)	59,384.	0.			COMMUNITY BENEFIT
JOURNEY CHRISTIAN CHURCH 1965 ORANGE BLOSSOM TRAIL APOPKA, FL 32703	59-1532755	501(C)(3)	19,300.	0.			COMMUNITY BENEFIT
KATE AND JUSTIN ROSE FOUNDATION 10524 MOSS PARK RD STE 204-712 ORLANDO, FL 32832	45-3577312	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
KINGDOM LIFE MINISTRIES 2817 BELCO DRIVE #10 ORLANDO, FL 32808	26-1958837	501(C)(3)	0.	15,178.	FMV	SUPPLIES	COMMUNITY BENEFIT
LANE TEENAGE GIRLS PO BOX 609087 ORLANDO, FL 32860	45-0533559	501(C)(3)	26,956.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFT ORLANDO 215 E. CENTRAL BLVD. ORLANDO, FL 32801	46-3607865	501(C)(3)	38,365.	0.			COMMUNITY BENEFIT
LIGHTHOUSE CENTRAL FLORIDA 215 E. NEW HAMPSHIRE STREET ORLANDO, FL 32804	59-2418228	501(C)(3)	189,803.	0.			COMMUNITY BENEFIT
MEALS ON WHEELS 2801 S. FINANCIAL CT. SANFORD, FL 32773	59-2977907	501(C)(3)	103,487.	0.			COMMUNITY BENEFIT
MERCY DRIVE MINISTRIES 1531 MERCY DRIVE ORLANDO, FL 32808	26-2811941	501(C)(3)	6,265.	0.			COMMUNITY BENEFIT
MINISTRY OF HOPE 4421 S KIRMAN RD #102 ORLANDO, FL 32811	54-1598036	501(C)(3)	0.	45,300.	FMV	SUPPLIES	COMMUNITY BENEFIT
MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH - 2525 WEST CHURCH STREET - ORLANDO, FL 32805	59-3551114	501(C)(3)	0.	7,955.	FMV	SUPPLIES	COMMUNITY BENEFIT
NAVY LEAGUE OF THE UNITED STATES PO BOX 1762 WINTER PARK, FL 32790	59-2994198	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
NEW HOPE FOR KIDS 544 MAYO AVE MAITLAND, FL 32751	59-1791345	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
NEW LIFE FAMILY PRAYER CENTER 160 S. CENTRAL AVE. OVIEDO, FL 32765	01-0724189	501(C)(3)	0.	26,937.	FMV	SUPPLIES	COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE HEART FOR WOMEN AND CHILDREN 914 ALMOND TREE CIR ORLANDO, FL 32835	30-0584360	501(C)(3)	0.	169,443.	FMV	SUPPLIES	COMMUNITY BENEFIT
ORLANDO & KISSIMMEE COMMUNITY DEVELOPMENT CORPORATION - 1709 ELISE PARK CT. - KISSIMMEE, FL 34744	26-2543168	501(C)(3)	0.	10,026.	FMV	SUPPLIES	COMMUNITY BENEFIT
ORLANDO AFTER SCHOOL ALL-STARS 400 S. ORANGE AVE, 9TH FLOOR ORLANDO, FL 32801	59-3313614	501(C)(3)	11,629.	0.			COMMUNITY BENEFIT
ORLANDO COMMUNITY & YOUTH TRUST 595 N. PRIMROSE DRIVE ORLANDO, FL 32803	65-0572536	501(C)(3)	389,660.	0.			COMMUNITY BENEFIT
ORLANDO DAY NURSERY 626 LAKE DOT CIRCLE ORLANDO, FL 32801	59-0651096	501(C)(3)	116,641.	0.			COMMUNITY BENEFIT
ORLANDO SCIENCE CENTER 777 E PRINCETON ST ORLANDO, FL 32803	59-0896343	501(C)(3)	750,000.	0.			COMMUNITY BENEFIT
ORLANDO FIREFIGHTERS BENEVOLENT 4005 N. ORANGE BLOSSOM TRL, STE A ORLANDO, FL 32804	20-0794508	501(C)(3)	41,513.	0.			COMMUNITY BENEFIT
OSCEOLA COUNTY COUNCIL ON AGING 700 GENERATION PT KISSIMMEE, FL 34744-5957	59-1595398	501(C)(3)	351,756.	0.			COMMUNITY BENEFIT
PACE CENTER FOR GIRLS 445 N. WYMORE ROAD WINTER PARK, FL 32789	59-2414492	501(C)(3)	16,647.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEST PO BOX 531125 ORLANDO, FL 32853	59-2013160	501(C)(3)	8,899.	0.			COMMUNITY BENEFIT
REPAIRER OF BROKEN WALLS 328 BALOGH PLACE LONGWOOD, FL 32750	47-3124052	501(C)(3)	0.	37,822.	FMV	SUPPLIES	COMMUNITY BENEFIT
RESCUE OUTREACH MISSION PO BOX 412 SANFORD, FL 32772	59-2876415	501(C)(3)	114,182.	0.			COMMUNITY BENEFIT
ROANOKE VALLEY ORGANIZATION ROICH 1901 W COLONIAL DRIVE, SUITE 8 ORLANDO, FL 32804	54-2181386	501(C)(3)	0.	26,822.	FMV	SUPPLIES	COMMUNITY BENEFIT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL FLORIDA - 1030 N ORANGE AVE STE 105 - ORLANDO, FL 32801	59-3211250	501(C)(3)	500,706.	0.			COMMUNITY BENEFIT
ROTARY CLUB OF ORLANDO FOUNDATION PO BOX 560388 ORLANDO, FL 32856	59-2192841	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
RICK & SUSAN GOINGS BOYS & GIRLS CLUB - PO BOX 93 - FLORENCE, SC 29503	57-6026677	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
RUNWAY TO HOPE 7411 INTERNATIONAL DR ORLANDO, FL 32819	27-3272616	501(C)(3)	6,860.	0.			COMMUNITY BENEFIT
SAFEHOUSE OF SEMINOLE (SEMINOLE CTY VICTIMS' RIGHTS COALITION) - PO BOX 471279 - LAKE MONROE, FL 32747	59-2934243	501(C)(3)	96,170.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - ORLANDO PO BOX 540657 ORLANDO, FL 32854	58-0660607	501(C)(3)	299,064.	0.			COMMUNITY BENEFIT
SALVATION ARMY - SEMINOLE PO BOX 1946 SANFORD, FL 32772	13-5562351	501(C)(3)	45,851.	0.			COMMUNITY BENEFIT
SEAWORLD BUSCH GARDENS CONSERVATION FUND - 9205 SOUTH PARK CENTER LOOP - ORLANDO, FL 32819	11-3692807	501(C)(3)	7,276.	0.			COMMUNITY BENEFIT
SECOND HARVEST FOOD BANK 2008 BRENGLE AVE. ORLANDO, FL 32808	59-2142315	501(C)(3)	377,150.	0.			COMMUNITY BENEFIT
SENIORS FIRST 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	129,182.	0.			COMMUNITY BENEFIT
SHEPHERD'S HOPE 4851 S. APOPKA VINELAND ROAD ORLANDO, FL 32819	59-3420727	501(C)(3)	5,231.	0.			COMMUNITY BENEFIT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 1755 OVIEDA MALL BLVD. - OVIEDO, FL 32765	75-2844636	501(C)(3)	5,753.	0.			COMMUNITY BENEFIT
STRENGTHEN ORLANDO 4TH FLR 400 S ORANGE AVE ORLANDO, FL 32801	27-1964941	501(C)(3)	18,380.	0.			COMMUNITY BENEFIT
SUMMIT CHURCH 735 HERDON AVE ORLANDO, FL 32839	35-1161320	501(C)(3)	5,877.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION FOR SEMINOLE PUBLIC SCHOOLS - 400 E. LAKE MARY BLVD. - SANFORD, FL 32773	59-2775956	501(C)(3)	80,879.	0.			COMMUNITY BENEFIT
THE FLORIDA REAL ESTATE FOUNDATION 1330 LEE RD ORLANDO, FL 32810	20-1544138	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CTR PKWY MAITLAND, FL 32751	59-1166446	501(C)(3)	27,615.	0.			COMMUNITY BENEFIT
UCP OF CENTRAL FLORIDA 1221 W COLONIAL DR STE 300 ORLANDO, FL 32804	59-0799925	501(C)(3)	383,857.	0.			COMMUNITY BENEFIT
UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 32922	59-0836384	501(C)(3)	11,950.	0.			COMMUNITY BENEFIT
UNITED WAY OF CENTRAL FLORIDA PO BOX 1357 HIGHLAND CITY, FL 33846	59-2116280	501(C)(3)	13,826.	0.			COMMUNITY BENEFIT
UNITED WAY OF LAKE & SUMTER COUNTIES - PO BOX 490720 - LEESBURG, FL 34749	36-2167949	501(C)(3)	33,130.	0.			COMMUNITY BENEFIT
UNITED WAY SUNCOAST 5201 WEST KENNEDY BLVD, SUITE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	9,279.	0.			COMMUNITY BENEFIT
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	16,841.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTER PARK DAY NURSERY 741 S. PENNSYLVANIA AVE. WINTER PARK, FL 32789	59-0638506	501(C)(3)	84,125.	0.			COMMUNITY BENEFIT
WINTER PARK PRESBYTERIAN CHURCH 400 S. LAKEMONT AVE. WINTER PARK, FL 32792	59-0830757	501(C)(3)	5,492.	0.			COMMUNITY BENEFIT
WWP, INC. 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	5,765.	0.			COMMUNITY BENEFIT
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862-8200	95-1831097	501(C)(3)	21,569.	0.			COMMUNITY BENEFIT
X-TENDING HANDS, INC. 7067 BLAIR DRIVE ORLANDO, FL 32808	82-0582436	501(C)(3)	0.	11,572.	FMV	SUPPLIES	COMMUNITY BENEFIT

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

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

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 COMMUNITY INVESTMENT. EXAMPLES INCLUDE ANY CHANGE TO PROGRAM PROTOCOLS, AGENCY OR PROGRAM LEADERSHIP, CHANGE IN LOCATION, ETC. IN ADDITION, THE AGENCY IS REQUIRED TO REPORT ANY SIGNIFICANT INCIDENTS, OR LEGAL ACTIONS INITIATED AGAINST THE AGENCY, AS WELL AS TO PROVIDE ACCURATE DATA FOR HEART OF FLORIDA UNITED WAY 2-1-1 COMMUNITY DATABASE.

HEART OF FLORIDA UNITED WAY'S GIFTS IN KIND CENTER (GIKC) PROVIDES NONPROFIT, 501(C)(3), HEALTH & HUMAN SERVICES ORGANIZATIONS IN ORANGE, OSCEOLA, AND SEMINOLE COUNTIES WITH ACCESS TO QUALITY IN-KIND GOODS. THE PURPOSE OF GIKC IS TO ASSIST AGENCIES IN LEVERAGING THEIR DOLLARS WHILE PROVIDING DONORS WITH AN OUTLET FOR DISTRIBUTING SURPLUS AND INCREASING THEIR CONTRIBUTION AND SUPPORT OF THE LOCAL COMMUNITY.

TO QUALIFY FOR MEMBERSHIP, ORGANIZATIONS MUST BE 501(C)(3), HEALTH AND HUMAN SERVICES, SERVE THE TRI-COUNTY AREA (ORANGE, OSCEOLA AND/OR SEMINOLE COUNTIES), AND MUST PROVIDE DOCUMENTATION AS SUCH.

TO BE ELIGIBLE TO RECEIVE DONOR DESIGNATED DOLLARS, AGENCIES ARE REQUIRED

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
HEART OF FLORIDA UNITED WAY, INC.

Employer identification number
59-0808854

Part I 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 (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- 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" to 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 non-fixed 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" to 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) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT H. BROWN PRESIDENT & CEO	(i)	206,966.	80,000.	14,954.	26,038.	16,636.	344,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JILL GREVI SR. VP/CFO	(i)	141,388.	0.	0.	13,918.	14,136.	169,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HAIGHT SR. VP OF RESOURCE DEVELOP	(i)	132,186.	0.	0.	13,199.	15,936.	161,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LARRY OLNESS SR. VP/CHIEF STRATEGY OFFI	(i)	131,504.	0.	0.	12,954.	20,098.	164,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 FOR THE PRESIDENT/CEO TO ELEVATE AND ENHANCE
CURRENT AND PROSPECTIVE BUSINESS CONNECTIONS TO INCREASE PHILANTHROPIC
GIVING.

PART I, LINE 3:

AN INCENTIVE COMPENSATION PAYOUT FOR THE PRESIDENT/CEO IS BASED UPON
ACHIEVEMENT OF ANNUAL PERFORMANCE METRICS DETERMINED BY THE COMPENSATION
COMMITTEE. THERE IS NO GUARANTEE OF PAYMENT AND THE INCENTIVE AWARD CAN
RANGE FROM 0 TO 40% OF BASE SALARY DEPENDING UPON SUCCESSFUL ACHIEVEMENT OF
ESTABLISHED METRICS.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT NEWLAND	BOARD MEMBER OF ORG	55,998.	CONTRACTED		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT NEWLAND

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: CONTRACTED SERVICES TO SEARCH FOR A NEW

PRESIDENT/CEO FOR THE ORGANIZATION.

PART IV

THE ORGANIZATION PAID ROBERT NEWLAND, BOARD MEMBER OF THE HEART OF

FLORIDA UNITED WAY, INC., IN 3 INSTALLMENTS OF \$18,666 EACH FOR THE

CONTRACTED SERVICES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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

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

Part I 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	5	61,529.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	389	1,940,523.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29** 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** 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 non-standard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2015)

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.

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

OMB No. 1545-0047

2015

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

FOUNDED IN 1939, HEART OF FLORIDA UNITED WAY (UNITED WAY) IS CENTRAL

FLORIDA'S LARGEST SUPPORTER OF LOCAL HEALTH AND HUMAN SERVICE AGENCIES.

IN 2015-2016, \$46 MILLION DOLLARS IN VALUE ADDED WENT BACK INTO CENTRAL

FLORIDA INCLUDING OVER \$18.6 MILLION RAISED DURING THE ANNUAL CAMPAIGN

THAT HELPS FUND LOCAL HEALTH AND HUMAN SERVICE PROGRAMS. OUR MISSION:

UNITED WAY IMPROVES LIVES BY MOBILIZING THE CARING POWER OF OUR

COMMUNITY. UNITED WAY TOUCHED THE LIVES OF 650,000 INDIVIDUALS THROUGH

INVESTING IN RESULTS GRANT SUPPORTED PROGRAMS, AS WELL AS THROUGH

DIRECT SERVICES DESIGNED TO CREATE A THRIVING COMMUNITY WHERE ADULTS

AND CHILDREN ACHIEVE THEIR FULL POTENTIAL WITH ACCESS TO A SOLID

EDUCATION, GOOD HEALTH, SAFE NEIGHBORHOODS AND JOBS THAT PAY A LIVING

WAGE.

FORM 990, PART III, LINE 4A - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IN ADDITION TO RAISING MONEY ON BEHALF OF OTHER NONPROFITS (INVESTING

IN RESULTS), UNITED WAY ALSO PROVIDES DIRECT SERVICES AND RUNS PROGRAMS

THAT ARE VITALLY IMPORTANT TO THE CENTRAL FLORIDA COMMUNITY. THESE

PROGRAMS IN SERVICES INCLUDE CENTRAL FLORIDA COLLEGE ACCESS NETWORK,

THE FAMILYWISE DISCOUNT PRESCRIPTION PROGRAM, SCHOOLS AND COMMUNITIES:

TOGETHER FOR TOMORROW SERVING TITLE I SCHOOLS, READINGPALS PROVIDING

VOLUNTEER LED, WEEKLY PRE-LITERACY SKILL DEVELOPMENT INTERVENTIONS IN

19 VPK CLASSROOMS, UNITED WAY'S FINANCIAL STABILITY COALITION ASSISTING

FAMILIES WITH FREE TAX ASSISTANCE, EMERGENCY AND HOMELESSNESS SERVICES,

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

Schedule O (Form 990 or 990-EZ) (2015)

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

PATHWAYS TO SUCCESS PROVIDING MENTORING AND SUPPORT TO 10TH, 11TH, AND

12TH GRADE HIGH SCHOOL STUDENTS, THE RYAN WHITE HIV/AIDS PROGRAM, AND

THE GIFTS IN KIND CENTER. THE FOLLOWING PROVIDES A SNAPSHOT OF A FEW OF

UNITED WAY'S PROGRAMS AND SERVICES AND KEY ACCOMPLISHMENTS.

UNITED WAY INVESTING IN RESULTS

UNITED WAY IMPROVES THE LIVES OF INDIVIDUALS AND FAMILIES, BUILDING

STRONG COMMUNITIES BY UNITING PEOPLE AND ORGANIZATIONS TO CREATE

MEASURABLE RESULTS AND A LASTING IMPACT. UNITED WAY IS FOCUSED ON

PREVENTION AND FINDING LONG-TERM SOLUTIONS FOR PRESSING PROBLEMS. KNOWN

AS INVESTING IN RESULTS, THIS PHILOSOPHY IS GUIDING OUR WORK TO MOVE

THE NEEDLE IN FOUR CRITICAL IMPACT AREAS: EDUCATION, INCOME, HEALTH AND

BASIC NEEDS.

PROGRAM HIGHLIGHTS

EDUCATION: UNITED WAY SERVED 13,602 CHILDREN, YOUTH, AND

PARENTS/GUARDIANS THROUGH PROGRAM SERVICES DESIGNED TO BOOST EVERY

CHILD'S CHANCE FOR SUCCESS IN SCHOOL, WORK AND LIFE. 70% OF

READINGPALS STUDENTS PERFORMED AT GRADE LEVEL IN READING, 76% OF

CHILDREN DEMONSTRATED KINDERGARTEN READINESS, 95% OF CHILDREN AND YOUTH

IMPROVED/MAINTAINED SCHOOL ATTENDANCE RATES, 97% OF CHILDREN AND YOUTH

WERE PROMOTED TO THE NEXT GRADE LEVEL, AND 96% OF HIGH SCHOOL SENIORS

GRADUATED ON TIME, 90% OF AMERICORPS PATHWAYS TO SUCCESS STUDENTS

MENTORED DEMONSTRATED IMPROVED KNOWLEDGE IN COLLEGE/CAREER READINESS,

AND 81% OF STUDENTS ARE ENROLLED TO ATTEND A COLLEGE, UNIVERSITY, OR

TECHNICAL PROGRAM WITHIN 12 MONTHS. INCOME: 157,757 INDIVIDUALS AND

THEIR FAMILIES BENEFITTED FROM SERVICES AND INITIATIVES FOR LOW-INCOME

WORKING FAMILIES TO SUCCEED IN THE FIVE BUILDING BLOCKS OF FINANCIAL

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STABILITY: SUSTAINING EMPLOYMENT, INCOME SUPPORTS, AFFORDABLE HOUSING,

MANAGEABLE BUDGETS AND INCREASED SAVINGS AND ASSETS. 96% IMPROVED THEIR

EMPLOYABILITY SKILLS, 100% ACCESSED PUBLIC AND/OR EMPLOYER BENEFITS TO

INCREASE INCOME SUPPORTS, 97% OBTAINED/MAINTAINED AFFORDABLE HOUSING,

96% INCREASED FINANCIAL LITERACY, AND 100% ACQUIRED ASSETS. HEALTH:

31,712 CENTRAL FLORIDIANS PARTICIPATED IN PROGRAMS AND SERVICES AND AN

INVESTMENT OF NEARLY \$6.4 MILLION THAT HELPED THEM AVOID RISKY

BEHAVIORS AND INCREASE THEIR HEALTH AND WELLBEING. 91% OF

PARENTS/CAREGIVERS IMPROVED THEIR PARENTING SKILLS, 93% OF CHILDREN

DEMONSTRATED AGE APPROPRIATE LEVELS OF DEVELOPMENTAL FUNCTIONING, 83%

INCREASED THEIR KNOWLEDGE OF HEALTHY FOOD AND EXERCISE OPTIONS, 79%

BECAME ENROLLED IN HEALTH INSURANCE PROGRAMS, AND 82% ACHIEVED ONE OR

MORE HEALTH CARE TREATMENT GOALS. BASIC NEEDS: UNITED WAY WORKED TO

REDUCE THE LEVEL OF CRISIS FOR 453,015 OF OUR COMMUNITY MEMBERS BY

HELPING TO MEET IMMEDIATE, EMERGENCY NEEDS. 94% OF ELIGIBLE HOUSEHOLDS

RECEIVED MAINSTREAM RESOURCES, 96% OF SENIORS REPORTED MAINTAINED OR

IMPROVED ABILITY TO LIVE INDEPENDENTLY, AND 96% OF SENIORS REPORTED

MAINTAINED OR IMPROVED PHYSICAL AND MENTAL WELL-BEING.

UNITED WAY 2-1-1

UNITED WAY'S 2-1-1 INFORMATION AND ASSISTANCE HELPLINE IS THE LINK

BETWEEN SOMEONE IN DISTRESS AND THE HELP THEY NEED. THIS VITAL IN-HOUSE

RESOURCE PROVIDES BASIC NEEDS ASSISTANCE TO INDIVIDUALS. CALL

SPECIALISTS STAND-BY 24/7/365 TO ASSIST IN SUICIDE INTERVENTION,

REGIONAL, OR NATIONAL DISASTERS.

PROGRAM HIGHLIGHTS

THE UNITED WAY 2-1-1 RESPONDED TO 125,202 CONTACTS DURING FY15/16. OF

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THESE CONTACTS, 2,897 WERE CHATS, 2,845 WERE TEXTS AND 1,811 WERE EMAILS; REPRESENTING A 15% INCREASE IN ELECTRONIC CONTACTS OVER FY14/15. UNITED WAY 2-1-1 RESPONDED TO 18,782 CRISIS CONTACTS (1,577 OF WHICH REQUIRED SUICIDE PREVENTION SERVICES); REPRESENTING A 64% INCREASE IN CRISIS CONTACTS OVER FY 14/15. UNITED WAY 2-1-1 ALSO SCHEDULED 2,476 FAMILIES FOR A FINANCIAL ASSISTANCE ELIGIBILITY APPOINTMENT WITH A CASE MANAGER, PROVIDED INFORMATION TO OVER 3,000 COMMUNITY MEMBERS REGARDING THE EARNED INCOME TAX CREDIT PROGRAM, PROVIDED INFORMATION TO OVER 1,500 COMMUNITY MEMBERS ABOUT THE AFFORDABLE CARE ACT, AND SCHEDULED 892 APPOINTMENTS FOR RESIDENTS SEEKING ENROLLMENT ASSISTANCE IN THE NATIONAL HEALTH CARE EXCHANGE. IN FY15/16, 335 FAMILIES SUCCESSFULLY COMPLETED THE SMOKE FREE HOMES PROGRAM WITH 2-1-1 SUPPORT CALLS AND 223 FAMILIES RECEIVED HELP ME GROW NAVIGATION SERVICES.

UNITED WAY EMERGENCY AND HOMELESSNESS SERVICES (EHS) PROGRAM TRI-COUNTY RESIDENTS FACING IMPENDING HOMELESSNESS, HUNGER AND OTHER EMERGENCIES ALSO RECEIVED HELP THROUGH UNITED WAY'S EMERGENCY & HOMELESSNESS SERVICES (EHS). THE NETWORK OF AGENCIES UNDER EHS PROVIDE THE CASE WORK, VERIFY/DOCUMENT NEEDS, DETERMINE CLIENT ELIGIBILITY, AND SUBMIT ASSISTANCE REQUESTS FOR VENDOR PAYMENT PROCESSING. THE NEEDS ADDRESSED BY THIS PROGRAM ARE: 1) PROVIDING ALLOCATION AND EXPENDITURE ACCOUNTABILITY TO FUNDERS BY ENSURING THAT FUNDING GUIDELINES ARE FOLLOWED AND CLIENTS ARE SERVED CONFIDENTIALLY AND EXPEDITIOUSLY; AND 2) PREVENTING DUPLICATION OF SERVICES BY PROVIDING A CENTRALIZED DATABASE THAT IS ACCESSIBLE TO PARTICIPATING AGENCIES, ENABLING THEM TO VIEW PREVIOUS ASSISTANCE HISTORY OF CLIENTS AND TRACK FUND BALANCES.

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PROGRAM HIGHLIGHTS

4,697 TRI-COUNTY RESIDENTS FACING IMPENDING HOMELESSNESS, HUNGER AND OTHER EMERGENCIES RECEIVED HELP THROUGH UNITED WAY'S EMERGENCY & HOMELESSNESS SERVICES (EHS) DIVISION THROUGH A NETWORK OF AGENCIES THAT PROVIDE CASE MANAGEMENT, DETERMINATION OF CLIENT ELIGIBILITY, AND SUBMISSION OF ASSISTANCE REQUESTS FOR VENDOR PAYMENT PROCESSING. 256 INDIVIDUALS AVOIDED OR RECOVERED FROM HOMELESSNESS THROUGH VETERAN ASSISTANCE PROGRAMS WHICH HELP CLIENTS TO REDUCE DEBT, INCREASE INCOME, AND BUILD SELF-SUFFICIENCY. 640 PEOPLE RECEIVED CRITICAL ASSISTANCE WITH RENT, MORTGAGE, AND UTILITIES THROUGH MORE THAN \$872,000 IN FEDERAL EMERGENCY FOOD & SHELTER PROGRAM (EFSP) FUNDS, WHICH UNITED WAY DISTRIBUTED TO SUPPLEMENT THE WORK OF LOCAL AGENCIES, AND 3,801 RESIDENTS IN NEED WERE ABLE TO KEEP THEIR ELECTRICITY ON THANKS TO UTILITY ASSISTANCE PROGRAMS THAT UNITED WAY ADMINISTERS IN PARTNERSHIP WITH THE ORLANDO UTILITIES COMMISSION (OUC), DUKE ENERGY AND OTHERS.

UNITED WAY FINANCIAL STABILITY COALITION

THE CENTRAL FLORIDA FINANCIAL STABILITY COALITION ADDRESSES GROWING POVERTY IN CENTRAL FLORIDA BY PROMOTING FINANCIAL LITERACY FOR LOW-INCOME RESIDENTS, IMPROVING ACCESS TO FINANCIAL SERVICES AND BY PROVIDING RESOURCES DURING EVICTION, FORECLOSURE OR OTHER CRISES. AS PART OF THE FINANCIAL STABILITY COALITION ACTIVITIES, UNITED WAY PROMOTES THE EARNED INCOME TAX CREDIT (EITC), VITA (VOLUNTEER INCOME TAX ASSISTANCE), MYFREETAXES (FREE SELF-PREPARATION OF TAXES WITH ONLINE ACCESS), AND THE FAMILYWISE CARD, A FREE, EASY-TO-USE PRESCRIPTION DISCOUNT PROGRAM WHICH REDUCES THE COST OF MEDICATIONS BY AN AVERAGE OF 35 PERCENT.

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PROGRAM HIGHLIGHTS

THROUGH UNITED WAY'S FINANCIAL STABILITY COALITION, 3,802 LOW-TO MODERATE-HOUSEHOLDS WERE ABLE TO RECEIVE TAX REFUNDS OR CLAIM THE FEDERAL EARNED INCOME TAX CREDIT. A TOTAL OF 10,304 RECEIVED FREE TAX PREPARATION THROUGH THE WORK OF VOLUNTEERS WHO WERE AVAILABLE AT CONVENIENT VITA LOCATIONS, AARP LOCATIONS, AND THROUGH THE MYFREETAXES ONLINE TAX PREPARATION SYSTEM.

RYAN WHITE HIV/AIDS PROGRAM

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 HIV/AIDS CONSUMERS IN ORANGE, OSCEOLA, SEMINOLE, AND BREVARD COUNTIES.

PROGRAM HIGHLIGHTS

THE RYAN WHITE PROGRAM PROVIDED FUNDING TO 8 HIV/AIDS SERVICE ORGANIZATIONS IN ORANGE, OSCEOLA, SEMINOLE AND BREVARD COUNTIES. WITH FUNDING TOTALING OVER \$2 MILLION, MUCH NEEDED SERVICES AND LINKAGES TO CARE FOR PERSONS INFECTED WITH HIV/AIDS WERE PROVIDED IN 10 SERVICE CATEGORIES, INCLUDING OUTPATIENT AMBULATORY CARE, CASE MANAGEMENT, NON-MEDICAL CASE MANAGEMENT, PHARMACEUTICAL ASSISTANCE, TRANSPORTATION, MENTAL HEALTH SERVICES, HEALTH INSURANCE PREMIUMS/CO-PAYS, FOOD BASKETS, MEDICAL NUTRITIONAL THERAPY AND DENTAL CARE. OVER 2,000 PERSONS INFECTED WITH THIS DISEASE WERE SERVED DURING THE REPORTING PERIOD.

FORM 990, PART III, LINE 4A - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UNITED WAY VOLUNTEER RESOURCE CENTER

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UNITED WAY'S VOLUNTEER RESOURCE CENTER (VRC) MATCHES THOUSANDS OF VOLUNTEERS, BOTH GROUPS AND INDIVIDUALS, WITH MORE THAN 150 LOCAL NONPROFIT AGENCIES TO CREATE EXCEPTIONAL VOLUNTEER EXPERIENCES THROUGHOUT ORANGE, OSCEOLA AND SEMINOLE COUNTIES.

PROGRAM HIGHLIGHTS

THE VRC WERE AWARDED \$21,125 IN GRANTS FOR DAY OF ACTION, WHICH ALLOWED FOR ADDED ELEMENTS TO THE LITERACY PROJECTS FOCUSED ON FIGHTING THE SUMMER SLIDE. EACH CHILD WHO PARTICIPATED RECEIVED AT LEAST FIVE BOOKS, A BACKPACK, AND A GRADE-LEVEL APPROPRIATE READING JOURNAL. WE ALSO BROUGHT A CHILDREN'S AUTHOR TO PRESENT HIS BOOKS AND DO A BOOK SIGNING FOR THE CHILDREN. NEARLY 20,000 BOOKS WERE COLLECTED AND DISTRIBUTED TO CENTRAL FLORIDA YOUTH AS WELL AS \$96,653 IN SUPPLIES & RESOURCES COLLECTED. IN ADDITION, 7,116 VOLUNTEERS DONATED 63,380 HOURS OF SERVICE FOR A TOTAL VALUE OF \$1,462,177 OF SERVICE TO OUR COMMUNITY. THE VRC CONDUCTED ITS FIRST NATIONAL SERVICE TRAINING FOR 100 LOCAL NATIONAL SERVICE VOLUNTEERS, INCLUDING HFUW AMERICORPS MEMBERS, CENTRAL FLORIDA PUBLIC ALLIES AND CITY OF ORLANDO AMERICORPS MEMBERS. A PARTNERSHIP WITH CABOT CREAMERY AND THE FARMERS OF CABOT CREAMERY CO-OPERATIVE PROVIDED FREE BREAKFAST AND LUNCH FOR ALL PARTICIPANTS.

UNITED WAY GIFTS IN KIND CENTER

UNITED WAY'S GIFTS IN KIND CENTER (GIKC) SOLICITS AND COLLECTS DONATED MERCHANDISE AND MATERIALS FOR REDISTRIBUTION TO LOCAL NONPROFIT HEALTH AND HUMAN SERVICE AGENCIES AND SCHOOL PTAS.

PROGRAM HIGHLIGHTS

GIKC COLLECTED AND DISTRIBUTED \$1.9 MILLION WORTH OF DONATED SUPPLIES

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AND MATERIALS TO LOCAL NONPROFIT ORGANIZATIONS. THE GIKC ALSO
FACILITATED NUMEROUS COMMUNITY "PASS-THROUGH" DONATIONS, WHICH ARE
ADVERTISED AND GIVEN TO GIKC MEMBER AGENCIES, INCLUDING OFFICE
FURNITURE AND HOUSEHOLD GOODS.

FORM 990, PART VI, SECTION A, LINE 2:

LINDA LANDMAN GONZALEZ AND ELISHA GONZALES ARE MOTHER AND DAUGHTER.

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

THE FORM 990 IS REVIEWED BY THE CFO AND PRESIDENT/CEO AND IS THEN SUBMITTED
TO THE AUDIT COMMITTEE FOR A FORMAL, THOROUGH REVIEW LED BY THE INDEPENDENT
ACCOUNTING FIRM. ANY CHANGES ARE NOTATED AND UPON COMPLETION, A
RECOMMENDATION OF APPROVAL IS MADE BEFORE SUBMITTING TO THE BOARD OF
DIRECTORS FOR FINAL APPROVAL.

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 AND BENEFIT PLANS FOR THE HEART OF FLORIDA UNITED WAY
PRESIDENT/CEO AND OTHER EXECUTIVE LEVEL STAFF. THE COMMITTEE ENSURES THAT

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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, BENEFITS, AND INCENTIVE AWARDS. THE COMMITTEE WORKS IN CONJUNCTION WITH THE PRESIDENT/CEO AND SR. V.P./CFO TO DEVELOP INCENTIVE COMPENSATION GOALS AND MONITORS RESULTS AGAINST THOSE GOALS.

COMPENSATION COMMITTEE DISCUSSIONS ARE DOCUMENTED IN MEETING MINUTES AND A SUMMARY COMPILED BY THE COMPENSATION CHAIR.

THE PRIMARY OBJECTIVE OF THE COMPENSATION STRUCTURE IS TO PROVIDE REASONABLE AND COMPETITIVE TOTAL COMPENSATION OPPORTUNITIES TO ITS EXECUTIVES THAT ARE CONSISTENT WITH THE MARKET WHEN COMPARING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION.

WHEN MAKING ANY COMPENSATION DECISIONS, THE COMMITTEE REVIEWED COMPENSATION AND BENEFITS DATA FROM TWO NATIONAL INDEPENDENT GROUPS, ONE OF WHICH TARGETED UNITED WAYS AND THE OTHER TARGETED A MIX OF LARGER NON-PROFITS. IN ADDITION, THE COMMITTEE REVIEWED COMPENSATION LEVELS OF OTHER 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

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THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.