

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization HEART OF FLORIDA UNITED WAY, INC. D Employer identification number 59-0808854 E Telephone number 407-835-0900 G Gross receipts \$ 23,894,999. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.HFUW.ORG K Form of organization: L Year of formation: 1988 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O; 2-7a Governance and revenue metrics; 8-12 Revenue breakdown; 13-19 Expenses breakdown; 20-22 Net assets or fund balances.

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.

Signature fields for Officer (JEFFERY HAYWARD, PRESIDENT & CEO), Preparer (MELANIE MCPEAK), and Preparer's firm (CHERRY BEKAERT ADVISORY LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 STANDING UP FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN CENTRAL FLORIDA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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 \$ 9,139,282. including grants of \$ 3,874,354.) (Revenue \$ 2,500,270.) FOUNDED IN 1939, HEART OF FLORIDA UNITED WAY (UNITED WAY) IS CENTRAL FLORIDA'S LARGEST SUPPORTER OF LOCAL HEALTH AND HUMAN SERVICE AGENCIES. IN 2024-2025, \$21 MILLION DOLLARS WERE INVESTED INTO CENTRAL FLORIDA, INCLUDING OVER \$6.7 MILLION DOLLARS RAISED DURING THE ANNUAL CAMPAIGN THAT HELPS FUND LOCAL HEALTH AND HUMAN SERVICE PROGRAMS. WITH THESE INVESTMENTS, UNITED WAY TOUCHED THE LIVES OF 870,113 INDIVIDUALS THROUGH COMMUNITY PARTNERSHIPS, AS WELL AS THROUGH DIRECT SERVICES DESIGNED TO CREATE A THRIVING COMMUNITY WHERE ADULTS AND CHILDREN ACHIEVE THEIR FULL POTENTIAL WITH ACCESS TO A SOLID EDUCATION, GOOD HEALTH, SAFE NEIGHBORHOODS AND JOBS THAT PAY A LIVING WAGE.

4b (Code:) (Expenses \$ 5,169,170. including grants of \$) (Revenue \$) IN FY 2024-2025, HEART OF FLORIDA UNITED WAY 211 AND CRISIS SERVICES CONTACT CENTER MANAGED GRANTS AND FEE-FOR-SERVICE CONTRACTS, TOTALING \$4.4 MILLION, TO PROVIDE 24/7 INFORMATION, REFERRAL, AND CRISIS SUPPORT SERVICES VIA PHONE, CHAT, TEXT, EMAIL AND ONLINE DATABASE ACCESS IN THE TRI-COUNTY AREA OF ORANGE, OSCEOLA AND SEMINOLE, FLORIDA. HFUW 211 IS ALSO CONTRACTED TO PROVIDE SERVICES IN 17 ADDITIONAL COUNTIES IN FLORIDA, AS WELL AS SERVING AS THE NATIONAL DISASTER DISTRESS HELPLINE TEXT CENTER AND REGIONAL 988 SUICIDE & CRISIS LIFELINE. HFUW 211 AND CRISIS SERVICES ANSWERED OVER 242,000 CONTACTS IN FY 2025.

4c (Code:) (Expenses \$ 2,652,962. including grants of \$ 2,274,799.) (Revenue \$) HEART OF FLORIDA UNITED WAY SERVES AS THE LEAD AGENCY FOR RYAN WHITE PART B/GENERAL REVENUE, A FLORIDA DEPARTMENT OF HEALTH-FUNDED PROGRAM THAT PROVIDES CARE AND SUPPORT TO PEOPLE LIVING WITH HIV IN ORANGE, OSCEOLA, SEMINOLE AND BREVARD COUNTIES. ADDITIONALLY, HEART OF FLORIDA UNITED WAY RECEIVES FEDERAL FUNDING FROM ORANGE COUNTY GOVERNMENT TO PROVIDE TECHNICAL ASSISTANCE FOR THE CENTRAL FLORIDA HIV PLANNING COUNCIL, A COMMUNITY PLANNING GROUP THAT MAKES RECOMMENDATIONS TO THE RECIPIENT OFFICES ON RYAN WHITE PART FUNDS, THROUGH THE MANAGEMENT OF THE PLANNING COUNCIL SUPPORT PROGRAM. THE PLANNING COUNCIL PROVIDES PREVENTION AND CARE PLANNING FOR ORANGE, OSCEOLA, SEMINOLE, LAKE AND BREVARD COUNTIES.

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

4e Total program service expenses 16,961,414.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational activities, financial reporting, and compliance with various IRS sections.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 33; 1b Enter the number of voting members included on line 1a... 33; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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 on 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 on 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 on 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 on 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LATESHA DANIS - 407-835-0900
1940 CANNERY WAY, ORLANDO, FL 32804-4714

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFERY HAYWARD PRESIDENT AND CHIEF EXECUTIVE OFFICE	50.00 0.00			X			415,030.	0.	45,659.	
(2) JILL GREVI CHIEF FINANCIAL OFFICER	50.00 0.00			X			288,751.	0.	33,984.	
(3) GRACIELA NORIEGA JACOBY CHIEF OPERATING OFFICER	50.00 0.00				X		282,188.	0.	32,230.	
(4) ASHLEY BLASEWITZ SENIOR VICE PRESIDENT COMMUNICATIONS	50.00 0.00				X		143,707.	0.	24,838.	
(5) CAROLYN SHERMER SENIOR VICE PRESIDENT TECHNOLOGY	50.00 0.00				X		139,361.	0.	16,650.	
(6) JAHKIYA BELL SENIOR ADVISOR TO THE PRESIDENT AND	50.00 0.00				X		116,454.	0.	23,362.	
(7) RAYMOND LARSEN SENIOR VICE PRESIDENTSTRATEGIC IMPAC	50.00 0.00				X		111,376.	0.	23,800.	
(8) NAVEED SHUJAAT BOARD CHAIR (FROM 7/24)	2.50 0.00	X		X			0.	0.	0.	
(9) STEPHANIE GARDNER TREASURER	2.50 0.00	X		X			0.	0.	0.	
(10) JAMES TOSCANO, ESQ SECRETARY	2.50 0.00	X		X			0.	0.	0.	
(11) JAMES ADAMCZYK DIRECTOR	2.50 0.00	X					0.	0.	0.	
(12) LYSA BARBANO DIRECTOR	2.50 0.00	X					0.	0.	0.	
(13) NICOLLA BINFORD DIRECTOR	2.50 0.00	X					0.	0.	0.	
(14) GRACE CHEHANSKY DIRECTOR	2.50 0.00	X					0.	0.	0.	
(15) JAY DARULLA DIRECTOR	2.50 0.00	X					0.	0.	0.	
(16) JOHN F. DAVIS DIRECTOR	2.50 0.00	X					0.	0.	0.	
(17) HEIDI DEBENEDETTI DIRECTOR	2.50 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JARROD DILLON DIRECTOR (FROM 7/24)	2.50 0.00	X						0.	0.	0.
(19) SUSIE DYER DIRECTOR (FROM 7/24)	2.50 0.00	X						0.	0.	0.
(20) DONNA DYSON DIRECTOR	2.50 0.00	X						0.	0.	0.
(21) EDDY ELGUEZABAL DIRECTOR	2.50 0.00	X						0.	0.	0.
(22) STEPHANIE GARRIS, ESQ. DIRECTOR	2.50 0.00	X						0.	0.	0.
(23) TODD GOODMAN DIRECTOR	2.50 0.00	X						0.	0.	0.
(24) CHAR JORDAN DIRECTOR	2.50 0.00	X						0.	0.	0.
(25) GEORGIA LORENZ DIRECTOR	2.50 0.00	X						0.	0.	0.
(26) MARIE MARTINEZ DIRECTOR	2.50 0.00	X						0.	0.	0.
1b Subtotal								1,496,867.	0.	200,523.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,496,867.	0.	200,523.

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 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WESH PO BOX 9296, DES MOINES, IA 50306	ADVERTISING	337,172.
ORLANTECH, INC. 230 LOOKOUT PLACE, MAITLAND, FL 32751	TECHNOLOGY SUPPORT	120,812.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) MARITZA MARTINEZ-GUERRERO DIRECTOR	2.50 0.00	X						0.	0.	0.
(28) ATTILA MISZTI DIRECTOR	2.50 0.00	X						0.	0.	0.
(29) MICHAEL MUELLER DIRECTOR	2.50 0.00	X						0.	0.	0.
(30) JOHN MYERS IV DIRECTOR	2.50 0.00	X						0.	0.	0.
(31) PHIL NIX DIRECTOR	2.50 0.00	X						0.	0.	0.
(32) GABY ORTIGONI DIRECTOR	2.50 0.00	X						0.	0.	0.
(33) TAMMY PAYCER DIRECTOR	2.50 0.00	X						0.	0.	0.
(34) JOHN PISAN DIRECTOR	2.50 0.00	X						0.	0.	0.
(35) ORLANDO ROLON DIRECTOR	2.50 0.00	X						0.	0.	0.
(36) DAVID RUIZ DIRECTOR	2.50 0.00	X						0.	0.	0.
(37) ED TIMBERLAKE DIRECTOR	2.50 0.00	X						0.	0.	0.
(38) ANNETTA WILSON DIRECTOR	2.50 0.00	X						0.	0.	0.
(39) BILL WILSON, ESQ. DIRECTOR	2.50 0.00	X						0.	0.	0.
(40) CHAD WILSON DIRECTOR	2.50 0.00	X						0.	0.	0.
(41) TRACEY D. POWELL BOARD CHAIR (TERM 9/24)	2.50 0.00	X		X				0.	0.	0.
(42) HOPE NEWSOME ESQ. VICE CHAIR (TERM 11/24)	2.50 0.00	X		X				0.	0.	0.
(43) JOAN SOAPES DIRECTOR (TERM 9/24)	2.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	133,500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,300,760.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,991,750.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 141,983.				
	h Total. Add lines 1a-1f			17,426,010.			
Program Service Revenue	2 a VOLUNTEER EVENTS	Business Code					
		900099	2,325,915.	2,325,915.			
	b SERVICE FEES	900099	89,310.	89,310.			
	c MANAGEMENT FEES	900099	73,045.	73,045.			
	d						
	e						
	f All other program service revenue	900099	12,000.	12,000.			
g Total. Add lines 2a-2f			2,500,270.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,555,703.			1555703.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	111,396.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	111,396.				
	d Net rental income or (loss)			111,396.		111,396.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,262,414.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,026,738.				
	c Gain or (loss)	7c	235,676.				
	d Net gain or (loss)			235,676.		235,676.	
8 a Gross income from fundraising events (not including \$ 133,500. of contributions reported on line 1c). See Part IV, line 18	8a		19,554.				
b Less: direct expenses	8b	102,845.					
c Net income or (loss) from fundraising events			-83,291.		-83,291.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		900099	19,652.			19,652.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			19,652.				
12 Total revenue. See instructions			21,765,416.	2,500,270.	0.	1839136.	

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 ...	3,874,354.	3,874,354.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,274,799.	2,274,799.		
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	994,315.	418,804.	422,148.	153,363.
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	7,390,468.	5,443,256.	1,236,387.	710,825.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	209,147.	165,408.	27,966.	15,773.
9 Other employee benefits	1,388,666.	1,059,438.	183,397.	145,831.
10 Payroll taxes	634,464.	476,585.	90,176.	67,703.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,554.		2,554.	
c Accounting	91,710.		91,710.	
d Lobbying	26,135.	26,135.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	107,374.		107,374.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	282,945.	247,646.	20,967.	14,332.
12 Advertising and promotion	1,190,877.	72,516.	294,303.	824,058.
13 Office expenses	379,985.	322,141.	23,526.	34,318.
14 Information technology	277,755.	221,793.	24,979.	30,983.
15 Royalties				
16 Occupancy	202,198.	156,990.	27,812.	17,396.
17 Travel	52,867.	38,341.	7,833.	6,693.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	163,521.	124,658.	21,012.	17,851.
20 Interest				
21 Payments to affiliates	214,434.	96,764.	105,293.	12,377.
22 Depreciation, depletion, and amortization	246,708.		232,468.	14,240.
23 Insurance	116,442.	89,535.	16,896.	10,011.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EMERGENCY HOMELESSNESS	729,057.	729,057.		
b CASE MANAGEMENT	385,022.	385,022.		
c EARLY INTERVENTION SERV	232,301.	232,301.		
d MEMBERSHIP DUES	56,411.	12,570.	12,171.	31,670.
e All other expenses	519,469.	493,301.	23,633.	2,535.
25 Total functional expenses. Add lines 1 through 24e	22,043,978.	16,961,414.	2,972,605.	2,109,959.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	105,838.	1	89,480.
	2 Savings and temporary cash investments	11,391,302.	2	15,677,341.
	3 Pledges and grants receivable, net	3,505,367.	3	3,395,058.
	4 Accounts receivable, net	1,250.	4	17,569.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	276,312.	9	231,059.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,835,128.		
	b Less: accumulated depreciation	10b 3,868,876.		
	11 Investments - publicly traded securities	3,087,480.	10c	2,966,252.
	12 Investments - other securities. See Part IV, line 11	29,282,424.	11	26,470,382.
	13 Investments - program-related. See Part IV, line 11	2,574,491.	12	2,221,271.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,224,464.	15	51,068,412.	
17 Accounts payable and accrued expenses	1,340,594.	16	1,385,373.	
18 Grants payable	1,999,331.	17	1,803,960.	
19 Deferred revenue	1,100,818.	18	811,366.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,262,309.	24	2,310,870.	
26 Total liabilities. Add lines 17 through 25	6,703,052.	25	6,311,569.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
27 Net assets without donor restrictions	37,859,610.	27	37,869,315.	
28 Net assets with donor restrictions	5,661,802.	28	6,887,528.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	43,521,412.	32	44,756,843.	
33 Total liabilities and net assets/fund balances	50,224,464.	33	51,068,412.	

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	21,765,416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,043,978.
3	Revenue less expenses. Subtract line 2 from line 1	3	-278,562.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,521,412.
5	Net unrealized gains (losses) on investments	5	1,512,708.
6	Donated services and use of facilities	6	1,285.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	44,756,843.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39918871.	19266808.	19779536.	19760757.	17426010.	116151982
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	39918871.	19266808.	19779536.	19760757.	17426010.	116151982
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)						1343233.
6 Public support. Subtract line 5 from line 4.						114808749

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	39918871.	19266808.	19779536.	19760757.	17426010.	116151982
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	853,468.	915,053.	1164059.	1549735.	1667099.	6149414.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	12,346.	26,468.	116,601.			155,415.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				11,069.	19,652.	30,721.
11 Total support. Add lines 7 through 10						122487532
12 Gross receipts from related activities, etc. (see instructions)					12	4,865,693.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	93.73 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	94.51 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Table with 2 columns: Name of the organization (HEART OF FLORIDA UNITED WAY, INC.) and Employer identification number (59-0808854)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,653,168.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,778,178.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,160,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,078,244.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,016,597.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HEART OF FLORIDA UNITED WAY, INC.	Employer identification number (EIN) 59-0808854
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	26,135.													
c Total lobbying expenditures (add lines 1a and 1b)	26,135.													
d Other exempt purpose expenditures	21,910,469.													
e Total exempt purpose expenditures (add lines 1c and 1d)	21,936,604.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures			14,180.	26,135.	40,315.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 2 columns: Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

GOVERNMENTAL CONSULTING SERVICES RELATED TO SEEKING APPROPRIATIONS AND REPRESENTING HFUW'S INTEREST IN LEGISLATIVE MATTERS.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,702,819.	3,404,935.	3,236,130.	3,721,590.	3,026,897.
b Contributions					
c Net investment earnings, gains, and losses	497,872.	386,305.	258,667.	-379,469.	783,105.
d Grants or scholarships		73,578.	72,629.	80,481.	66,072.
e Other expenditures for facilities and programs	95,909.				
f Administrative expenses		14,843.	17,233.	25,510.	22,340.
g End of year balance	4,104,782.	3,702,819.	3,404,935.	3,236,130.	3,721,590.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 80.5100 %
 - b Permanent endowment 19.4900 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		5,689,736.	3,292,693.	2,397,043.
c Leasehold improvements				
d Equipment		799,084.	517,997.	281,087.
e Other		71,308.	58,186.	13,122.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,966,252.

Part VII Investments - Other Securities

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

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

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, line 13, col. (B))		

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, line 15, col. (B))	

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 UW'S	5,026.
(3) CAMPAIGN PLEDGES DUE TO AGENCIES	518,459.
(4) UNEARNED REVENUE - ERC	1,787,385.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,310,870.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,209,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,512,708.
b	Donated services and use of facilities	2b	555,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,068,108.
3	Subtract line 2e from line 1	3	20,141,410.
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	107,374.
b	Other (Describe in Part XIII.)	4b	1,516,632.
c	Add lines 4a and 4b	4c	1,624,006.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,765,416.

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

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

1	Total expenses and losses per audited financial statements	1	20,974,087.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	554,115.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	102,845.
e	Add lines 2a through 2d	2e	656,960.
3	Subtract line 2e from line 1	3	20,317,127.
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	107,374.
b	Other (Describe in Part XIII.)	4b	1,619,477.
c	Add lines 4a and 4b	4c	1,726,851.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,043,978.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE BUILDING ENDOWMENT WAS DONATED BY A LOCAL FOUNDATION AS A PERMANENTLY RESTRICTED FUND AND THE INVESTMENT EARNINGS ARE USED TO OFFSET MAJOR BUILDING MAINTENANCE AND REPAIRS. THE UNITED WAY ALSO HAS AN ENDOWMENT OF BOARD-DESIGNATED FUNDS TO SUPPORT THE MISSION OF THE ORGANIZATION.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	1,619,477.
DIRECT FUNDRAISING EVENT EXPENSES	-102,845.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,516,632.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	102,845.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	1,619,477.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN UNITED LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	153,054.		153,054.
	2	Less: Contributions	133,500.		133,500.
	3	Gross income (line 1 minus line 2)	19,554.		19,554.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	60,386.		60,386.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	42,459.		42,459.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-83,291.

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			
	2	Cash prizes			
Direct Expenses	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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN CHAMBER OF COMMERCE - 3201 E COLONIAL DR, STE A-20 - ORLANDO, FL 32803	93-1377750	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ARNOLD & WINNIER PALMER FOUNDATION 9000 BAY HILL BLVD ORLANDO, FL 32819	46-5468220	501(C)(3)	250,221.	0.			COMMUNITY BENEFIT
BE A PLAYER 7150 CITRUS AVENUE WINTER PARK, FL 32792	46-1295977	501(C)(3)	39,394.	0.			COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA-CENTRAL FLORIDA COUNCIL - 1951 S ORANGE BLOSSOM TRAIL - AOPKA, FL 32703	59-0624376	501(C)(3)	28,180.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA - PO BOX 2987 - ORLANDO, FL 32802	59-0951887	501(C)(3)	142,358.	0.			COMMUNITY BENEFIT
CAREERSOURCE CENTRAL FLORIDA 390 N ORANGE AVE SUITE 700 ORLANDO, FL 32801	59-3396497	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 71.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF CENTRAL FLORIDA - 1819 N SEMORAN BOULEVARD - ORLANDO, FL 32807	59-1214353	501(C)(3)	97,088.	0.			COMMUNITY BENEFIT
CENTRAL FLORIDA PUBLIC MEDIA 11510 E COLONIAL DRIVE ORLANDO, FL 32817	59-6155012	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
CHILDREN'S SAFETY VILLAGE OF CENTRAL FLORIDA - 910 FAIRVILLA RD - ORLANDO, FL 32808	59-2898030	501(C)(3)	22,212.	0.			COMMUNITY BENEFIT
CHRISTIAN SERVICE CENTER CENTRAL FLORIDA - 808 W CENTRAL BOULEVARD - ORLANDO, FL 32805	59-1353031	501(C)(3)	21,459.	0.			COMMUNITY BENEFIT
CITY YEAR ORLANDO 3165 MCCRORY PLACE, STE 122 ORLANDO, FL 32803	22-2882549	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
COALITION FOR THE HOMELESS 639 W CENTRAL BOULEVARD ORLANDO, FL 32801	59-2814255	501(C)(3)	19,592.	0.			COMMUNITY BENEFIT
COMMUNITY COORDINATED CARE FOR CHILDREN - 3500 W COLONIAL DRIVE - ORLANDO, FL 32808	59-1371754	501(C)(3)	85,000.	0.			COMMUNITY BENEFIT
COMMUNITY LEGAL SERVICES OF MID-FL 128 ORANGE AVE DAYTONA BEACH, FL 32114	59-2013486	501(C)(3)	8,000.	0.			COMMUNITY BENEFIT
CONCERNS OF POLICE SURVIVORS INC. PO BOX 782385 ORLANDO, FL 32878	59-3233259	501(C)(3)	52,291.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORRECTIONAL PEACE OFFICERS FOUNDATION - 1346 N MARKET BOULEVARD - SACRAMENTO, CA 95834	68-0023302	501(C)(3)	7,017.	0.			COMMUNITY BENEFIT
DESERT VOICES ORAL LEARNING CENTER 3426 E SHEA BLVD PHOENIX, AZ 85028	86-0834633	501(C)(3)	8,028.	0.			COMMUNITY BENEFIT
EARLY LEARNING COALITION OF SEMINOLE - 280 HUNT PARK COVE, SUITE 120 - LONGWOOD, FL 32750	59-3664594	501(C)(3)	85,000.	0.			COMMUNITY BENEFIT
EDIBLE EDUCATION EXPERIENCE 26 EAST KING STREET ORLANDO, FL 32804	46-5655482	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ELEVATE ORLANDO PO BOX 940633 MAITLAND, FL 32794	26-3330456	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
FIREFIGHTER CANCER SUPPORT NETWORK 2600 WEST OLIVE AVE, 5TH FLOOR-PMB BURBANK, CA 91505	20-4192265	501(C)(3)	29,947.	0.			COMMUNITY BENEFIT
FIRST BAPTIST CHURCH-ORLANDO 3000 S JOHN YOUNG PKWY ORLANDO, FL 32805	59-0696287	501(C)(3)	8,175.	0.			COMMUNITY BENEFIT
FIRST PRESBYTERIAN CHURCH OF ORLANDO - 106 E CHURCH ST - ORLANDO, FL 32801	59-0624394	501(C)(3)	6,561.	0.			COMMUNITY BENEFIT
FOREST LAKE EDUCATION CENTER 1275 LEARNING LOOP LONGWOOD, FL 32779	59-3143238	501(C)(3)	5,033.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOLS - 400 E LAKE MARY BLVD - SANFORD, FL 32773	59-2775956	501(C)(3)	47,500.	0.			COMMUNITY BENEFIT
GAY OFFICERS ACTION LEAGUE CFL PO BOX 1646 ORLANDO, FL 32802	83-3575245	501(C)(3)	5,185.	0.			COMMUNITY BENEFIT
GIVE KIDS THE WORLD 210 S BASS RD KISSIMMEE, FL 34746	59-2654440	501(C)(3)	5,116.	0.			COMMUNITY BENEFIT
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	20,907.	0.			COMMUNITY BENEFIT
HARBOR HOUSE PO BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	93,918.	0.			COMMUNITY BENEFIT
HEALTHCARE CENTER FOR HOMELESS 232 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	59-3185020	501(C)(3)	72,345.	0.			COMMUNITY BENEFIT
HEBNI NUTRITION CONSULTANTS INC. 2009 W CENTRAL BLVD ORLANDO, FL 32805	59-3258397	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
HELP NOW OSCEOLA PO BOX 420370 KISSIMMEE, FL 34742	59-2283508	501(C)(3)	80,959.	0.			COMMUNITY BENEFIT
HOMETOWN HEROS ALLIANCE INC 227 CLEARVIEW RD CHULUOTA, FL 32766	47-2182833	501(C)(3)	5,484.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE PARTNERSHIP INC. 122 W. SPROULE AVE KISSIMMEE, FL 34741	80-0855060	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
HOWARD PHILLIPS CENTER CHILDREN/FAMILIES - 601 W MICHIGAN STREET - ORLANDO, FL 32805	59-2244943	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
JEWISH FAMILY SERVICES OF GREATER ORLANDO - 2100 LEE ROAD - WINTER PARK, FL 32789	59-1873758	501(C)(3)	56,093.	0.			COMMUNITY BENEFIT
JOBS PARTNERSHIP OF FLORIDA INC. 2250 LEE ROAD, NO 201 WINTER PARK, FL 32789	59-3612893	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
LAKE NONA INSTITUTE 6900 TAVISTOCK LAKES BLVD, STE 200 ORLANDO, FL 32827	27-3346737	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
LANES TEENAGE GIRLS INC. PO BOX 609087 ORLANDO, FL 32860	45-0533559	501(C)(3)	29,967.	0.			COMMUNITY BENEFIT
LGBT CENTER ORLANDO 946 N MILLS AVE ORLANDO, FL 32803	13-3217805	501(C)(3)	105,438.	0.			COMMUNITY BENEFIT
LIFT ORLANDO 710 S. TAMPA AVE, SUITE 209 ORLANDO, FL 32805	46-3607865	501(C)(3)	27,888.	0.			COMMUNITY BENEFIT
MEALS ON WHEELS 2801 S FINANCIAL COURT SANFORD, FL 32773	59-2977907	501(C)(3)	57,573.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA - 1525 E ROBINSON ST - ORLANDO, FL 32801	59-0816432	501(C)(3)	35,044.	0.			COMMUNITY BENEFIT
NEW IMAGE YOUTH CENTER 208 S PARRAMORE AVE ORLANDO, FL 32805	56-2482818	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
ORLANDO COMMUNITY & YOUTH TRUST INC. - 595 N PRIMROSE DR - ORLANDO, FL 32803	65-0572536	501(C)(3)	44,511.	0.			COMMUNITY BENEFIT
ORLANDO DAY NURSERY 626 LAKE DOT CIR ORLANDO, FL 32801	59-0651096	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ORLANDO HEALTH FOUNDATION INC. 83 W MILLER ST ORLANDO, FL 32806	59-2244943	501(C)(3)	10,703.	0.			COMMUNITY BENEFIT
OSCEOLA COUNTY COUNCIL ON AGING BARNEY E VEAL CENTER KISSIMMEE, FL 34744	59-1595398	501(C)(3)	143,583.	0.			COMMUNITY BENEFIT
PACE CENTER FOR GIRLS ORANGE COUNTY - 445 N WYMORE RD - WINTER PARK, FL 32789	59-2414492	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
PROSPERA 3201 E COLONIAL DR, STE A-20 ORLANDO, FL 32803	59-3341405	501(C)(3)	19,500.	0.			COMMUNITY BENEFIT
RONALD MCDONALD HOUSE CHARITIES 1030 N ORANGE AVE STE 105 ORLANDO, FL 32801	59-3211250	501(C)(3)	5,549.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUNWAY TO HOPE 2721 FORSYTH RD STE 365 WINTER PARK, FL 32792	27-3272616	501(C)(3)	29,918.	0.			COMMUNITY BENEFIT
SAFEHOUSE OF SEMINOLE PO BOX 471279 LAKE MONROE, FL 32747	59-2934243	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
SALVATION ARMY OF ORANGE COUNTY PO BOX 540657 ORLANDO, FL 32854	13-5562351	501(C)(3)	125,000.	0.			COMMUNITY BENEFIT
SALVATION ARMY, ORLANDO AREA COMMAND - 416 W COLONIAL DR - ORLANDO, FL 32804	58-0660607	501(C)(3)	5,074.	0.			COMMUNITY BENEFIT
SALVATION ARMY-SEMINOLE PO BOX 1946 SANFORD, FL 32772	13-5562351	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
SECOND HARVEST FOOD BANK 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315	501(C)(3)	110,159.	0.			COMMUNITY BENEFIT
SENIORS FIRST 5395 L.B. MCLEOD RD ORLANDO, FL 32811	59-2759603	501(C)(3)	118,869.	0.			COMMUNITY BENEFIT
SERVANTS HEART MINISTRY 6109 ANNO AVE PINE CASTLE, FL 32809	46-3741893	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
SHERIFF'S EMPLOYEE ASSISTANCE TRUST - 2500 W COLONIAL DR - ORLANDO, FL 32804	59-3578858	501(C)(3)	6,492.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,517.	0.			COMMUNITY BENEFIT
THE NEMOURS FOUNDATION 10140 CENTURION PKWY N JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
THE NOBILO FOUNDATION 9560 THURBE PL ORLANDO, FL 32827	45-3454562	501(C)(3)	6,062.	0.			COMMUNITY BENEFIT
THE SHARING CENTER 1401 61ST ST S GULFPORT, FL 33707	59-2744535	501(C)(3)	169,270.	0.			COMMUNITY BENEFIT
UNITED AGAINST POVERTY 150 W. MICHIGAN ST ORLANDO, FL 32806	11-3697936	501(C)(3)	60,000.	0.			COMMUNITY BENEFIT
UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CTR PKWY MAITLAND, FL 32751	59-1166446	501(C)(3)	14,108.	0.			COMMUNITY BENEFIT
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION - 12424 RESEARCH PKWY STE 250 - ORLANDO, FL 32826	59-6211832	501(C)(3)	9,855.	0.			COMMUNITY BENEFIT
VALENCIA COLLEGE FOUNDATION 5833 S GOLDENROD RD STE B#151 ORLANDO, FL 32822	23-7442785	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
WINTER PARK DAY NURSERY 741 S PENNSYLVANIA AVE WINTER PARK, FL 32789	59-0638506	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL AND SUPPORT SERVICES	1825	1,379,522.	0.		
HOUSING ASSISTANCE (RENT, MORTGAGE, & UTILITIES)	1663	895,277.	0.		

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

PART I, LINE 2:

PARTNERING AGENCIES OF HEART OF FLORIDA UNITED WAY, INC. ARE A SELECT AND DIVERSE GROUP OF HEALTH AND HUMAN SERVICE PROVIDERS WHO HAVE MET COMPREHENSIVE AND RIGOROUS ADMISSIONS STANDARDS AND ON-GOING PERFORMANCE GUIDELINES FOR THE EFFICIENT, HIGH QUALITY, AND COST-EFFECTIVE DELIVERY OF PROGRAMS AND SERVICES TO THE COMMUNITY. EACH PARTNERING AGENCY SIGNS A STATEMENT OF AGREEMENT TO COMPLY WITH ALL CRITERIA FOR CONTINUING STATUS. THE COMMUNITY'S EXPECTATIONS OF AGENCIES RECEIVING UNITED WAY FUNDING INCLUDE THE FOLLOWING PRINCIPLES FOR THE DELIVERY OF HEALTH AND HUMAN SERVICES:

- 1) THE AGENCY DEMONSTRATES OVERALL 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) AGENCIES ARE MONITORED AND PERIODICALLY EVALUATED IN TERMS OF CLEARLY DEFINED OUTPUT OBJECTIVES AND OUTCOME-BASED MEASURES. AN OUTCOME-BASED EVALUATION SYSTEM IS USED TO ASSESS, IN AN ONGOING FASHION, THE IMPACT OF CLIENT-BASED PROGRAM SERVICES.

Part IV Supplemental Information

3) ANY SIGNIFICANT CHANGE TO THE AGENCY OR UNITED WAY'S FUNDED PROGRAM(S) AND SERVICES MUST BE REPORTED TO THE HEART OF FLORIDA UNITED WAY, INC. SR. VICE PRESIDENT COMMUNITY IMPACT. EXAMPLES INCLUDE ANY CHANGE TO AGENCY PROTOCOLS, AGENCY LEADERSHIP, CHANGE IN LOCATION, ETC. IN ADDITION, THE AGENCY IS REQUIRED TO REPORT ANY SIGNIFICANT INCIDENTS, OR LEGAL ACTIONS INITIATED AGAINST THE AGENCY, AS WELL AS TO PROVIDE ACCURATE DATA FOR HEART OF FLORIDA UNITED WAY 2-1-1 COMMUNITY DATABASE.

TO BE ELIGIBLE TO RECEIVE DONOR DESIGNATED DOLLARS, AGENCIES ARE REQUIRED TO SUBMIT A CURRENT 501(C)(3) STATUS, AS WELL AS THE SIGNED PATRIOT ACT COMPLIANCE FORM REQUIRED TO BE FILED PER THE ANTI-TERRORISM ACT.

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFERY HAYWARD PRESIDENT AND CHIEF EXECUTIVE OFFICE	(i)	310,023.	93,007.	12,000.	17,250.	28,409.	460,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JILL GREVI CHIEF FINANCIAL OFFICER	(i)	231,000.	57,751.	0.	14,438.	19,546.	322,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GRACIELA NORIEGA JACOBY CHIEF OPERATING OFFICER	(i)	225,750.	56,438.	0.	14,109.	18,121.	314,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ASHLEY BLASEWITZ SENIOR VICE PRESIDENT COMMUNICATIONS	(i)	143,707.	0.	0.	7,185.	17,653.	168,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAROLYN SHERMER SENIOR VICE PRESIDENT TECHNOLOGY	(i)	139,361.	0.	0.	6,968.	9,682.	156,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

PRIVATE CLUB DUES ARE PAID AS A NON-TAXABLE BENEFIT FOR THE PRESIDENT & CEO TO ELEVATE AND ENHANCE CURRENT AND PROSPECTIVE BUSINESS CONNECTIONS TO INCREASE PHILANTHROPIC GIVING.

PART I, LINE 5:

AN INCENTIVE COMPENSATION PAYOUT FOR THE PRESIDENT & CEO, CFO, AND COO IS BASED UPON ACHIEVEMENT OF ANNUAL PERFORMANCE METRICS.

PART I, LINE 7:

AN INCENTIVE COMPENSATION PAYOUT FOR THE PRESIDENT & CEO IS BASED UPON ACHIEVEMENT OF ANNUAL PERFORMANCE METRICS DETERMINED BY THE COMPENSATION COMMITTEE. THERE IS NO GUARANTEE OF PAYMENT AND THE INCENTIVE AWARD CAN RANGE FROM 0 TO 30% OF BASE SALARY DEPENDING UPON SUCCESSFUL ACHIEVEMENT OF ESTABLISHED METRICS.

AN INCENTIVE COMPENSATION PAYOUT FOR THE CFO & COO 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 25% OF BASE SALARY DEPENDING UPON SUCCESSFUL ACHIEVEMENT OF ESTABLISHED METRICS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEART OF FLORIDA UNITED WAY, INC.

Employer identification number

59-0808854

Part I 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	7	141,983.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, LINE 32B:
HEART OF FLORIDA UNITED WAY USES RAYMOND JAMES & ASSOCIATES AND MORGAN STANLEY TO RECEIVE AND SELL STOCK DONATIONS.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HEART OF FLORIDA UNITED WAY, INC.

Employer identification number

59-0808854

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF HEART OF FLORIDA UNITED WAY IS TO IMPROVE LIVES BY
MOBILIZING THE CARING POWER OF OUR COMMUNITIES. THIS IS ACCOMPLISHED BY
STANDING UP FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY
PERSON IN CENTRAL FLORIDA.

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

THE PRESIDENT & CEO IS AN EX-OFFICIO MEMBER OF THE BOARD AND EXECUTIVE
COMMITTEE, BUT WITH NO POWER TO MAKE MOTIONS OR TO VOTE. THE EXECUTIVE
COMMITTEE HAS ALL THE POWERS OF THE BOARD, EXCEPT FOR THE POWER TO APPOINT
AND REMOVE THE PRESIDENT & CEO. WHILE RARELY OCCURRING, ALL ACTIONS TAKEN
BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD WILL BE REPORTED TO THE
BOARD AT ITS NEXT MEETING.

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

AS PART OF THE ANNUAL MEMBERSHIP CERTIFICATION PROCESS WITH UNITED WAY
WORLD WIDE, THE HEART OF FLORIDA UNITED WAY BOARD OF DIRECTORS AND ALL
EMPLOYEES ARE REQUIRED TO READ THE CONFLICT OF INTEREST POLICY AND DISCLOSE
IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST WITH THE OPERATIONS OF HEART
OF FLORIDA UNITED WAY.

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

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

ON AN ANNUAL BASIS THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE
PERFORMANCE OF THE PRESIDENT & CEO AND C-SUITE STAFF, AND APPROVING ANY
ADJUSTMENTS TO COMPENSATION AND INCENTIVE AWARDS. THE COMMITTEE WORKS IN
CONJUNCTION WITH THE PRESIDENT & CEO AND OTHER C-SUITE LEVEL STAFF 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

