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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF CENTRAL FLORIDA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P O BOX 1357

City or town, state or country, and ZIP + 4
HIGHLAND CITY, FL 338461357

D Employer identification number
59-2116280

E Telephone number
(863) 648-1500

G Gross receipts $ 11,577,048

F Name and address of Principal Officer
TERRY WORTHINGTON
P O BOX 1357
HIGHLAND CITY, FL 338461357

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW UWCF ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1980

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Established in 1980, UWCF has addressed root causes of community problems for 30 years Focusing on EDUCATION, INCOME AND HEALTH, UWCF brings community leaders together to identify needs, fund services and achieve results

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	44
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
5	Total number of employees (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	1,693
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,879,562	9,506,361
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	477,199	-79,494
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	613,491	588,753
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,970,252	10,015,620
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,805,884	6,720,827
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,012,482	2,065,943
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 849,337)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,255,366	949,297
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	10,073,732	9,736,067
19	Revenue less expenses Subtract line 18 from line 12	-103,480	279,553

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	18,495,250	18,269,533
21	Total liabilities (Part X, line 26)	8,670,529	8,533,463
22	Net assets or fund balances Subtract line 21 from line 20	9,824,721	9,736,070

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

Please Sign Here

****** | 2010-05-14
Signature of officer | Date

PENNY BORGIA CHIEF OPERATING OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Edith L Yates | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BAYLIS & COMPANY PA CPAs
53 LAKE MORTON DRIVE
LAKELAND, FL 338015344

EIN ▶

Phone no ▶ (863) 688-8841

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Mission United Way of Central Florida understands local needs and drives lasting change to build better lives and stronger communities Vision United Way of Central Florida is the preeminent leader for empowering people and maximizing resources for improving lives and our communities

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 7,030,963 including grants of $ 6,719,827) (Revenue $)

COMMUNITY IMPACT - THROUGH A CONTINUING COMMUNITY ASSESSMENT PROCESS MORE THAN 150 VOLUNTEERS ON 14 TEAMS HAVE GUIDED THE ORGANIZATION TO COMMUNITY INITIATIVES FOCUSED ON MEASURABLE RESULTS IN THE FOCUS AREAS Education, Income and Health These volunteers visit program sites, review previous investments, program goals and outcomes, and make recommendations about the most effective way to meet critical community needs We believe that it's not enough to help children who are already performing below grade level in school, we work to change conditions that lead to school failure in the first place Children who enter school ready to succeed are more likely to perform at grade level and to graduate from high school Children who drop out of school are more likely to use drugs, get pregnant, get arrested and have difficulty finding work The consequences of school failure are widespread and long-lasting Thirty-eight programs funded by the UWCF focus on helping kids to succeed in school An additional 14 are funded by grants and sponsorships We believe that it's not enough to feed a hungry family, we work to change the conditions that lead to their hunger in the first place Experts agree the most common description of a child in poverty is a child from a one parent home United Way of Central Florida's major program to address the root cause of this is the UW Financial Stability Partnership Partners are convened and mobilized to address ways to stabilize families past a crisis, first by increasing income (accessing benefits, increasing job skills and opportunities), second, by promoting increased savings The third is by changing savings into assets like reliable transportation to access better jobs, or savings for higher education, or savings to purchase a home or small business Twenty-two programs funded by United Way of Central Florida focus on keeping families strong We believe that it's not enough to educate our community about health issues, we work to change conditions that lead to poor health in the first place We partner with our community to increase access to health care and pharmaceuticals while also helping to change diet and exercise behaviors We partner with groups that help the young, the old and those with disabilities to make choices that promote wellness and independence in a measurable way Twenty-four programs funded by the United Way of Central Florida focus on promoting wellness and independence United Way of Central Florida also serves the public as a means to collect resources that are forwarded to other health and human service organizations not currently participating in our comprehensive program review and allocation process In addition, increased funding for needs related to national disasters is processed by the United Way Finally, when the community is affected by large scale lay-offs, the United Way joins community partners to help with job training and related services along with short-term financial assistance to help families begin again

4b (Code) (Expenses $ 347,406 including grants of $) (Revenue $)

MASTER TEACHER - Success By 6 Master Teacher - a supervised internship provided on-site in childcare centers serving children from low-income families In 2008/09, four Master Teachers provided supervised internships for 89 childcare instructors teaching 522 children at 38 childcare centers and Family Childcare Homes After Master Teacher Training, test scores improved from 11-68% with an average improvement of 34% on the Florida State Assessment (99 quality indicators) and/or Reddy Measurement % of age appropriate on-task behaviors Since 1995, UWCF's SB6 has focused on early literacy to help children enter school ready to succeed Ninety-seven (97) percent (35 of 36) of pre-school classrooms with teachers who complete a 160-hour on-site internship supervised by a Master Teacher will improve the quality of classroom environment, teacher/child interaction and age-appropriate on-task behaviors, by at least fifteen (15) percent as measured by pre- and post-testing (Family Childcare Homes provide for smaller groups of children and receive 80 hours of training, otherwise, the same outcome applies) Pre/post-language scores for children scoring below age level will score closer to their chronological age

4c (Code) (Expenses $ 323,975 including grants of $) (Revenue $ 56,790)

FAMILY FUNDAMENTALS - An outreach of Success By 6 - Family Fundamentals is a "one-stop" parent resource center which mobilizes partnerships with more than fifty human service organizations providing parents and family members with activities, classes, reading, tutoring and other programs designed to strengthen the development of our children and family relationships Class and event registrations attendance totaled 29,452 in 2008/09 including parents, caregivers & children Seventy three percent of the people who come to Family Fundamentals for an initial program, service or event will return to take advantage of at least one additional program or service to help them prepare their children to be successful in school

(Code) (Expenses $ 508,135 including grants of $ 1,000) (Revenue $)

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

4e Total program service expenses $ 8,210,479 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	12		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	50		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 44		
b	Enter the number of voting members that are independent . .	1b 44		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JILL MARTIN CFO
5605 US HWY 98S
HIGHLAND CITY, FL 33846
(863) 648-1500

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								267,246	0	49,350

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 8,801,482				
	b	Membership dues	1b				
	c	Fundraising events	1c 86,572				
	d	Related organizations	1d 92,139				
	e	Government grants (contributions)	1e 7,500				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 518,668				
	g	Noncash contributions included in lines 1a-1f $ 369,536					
	h	**Total (Add lines 1a-1f)** ▶		9,506,361			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $					
	3	Investment income (including dividends, interest other similar amounts) ▶		132,904			132,904
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,257,042 /				
	b	Less cost or other basis and sales expenses	1,469,409 / 31				
	c	Gain or (loss)	-212,367 / -31				
	d	Net gain or (loss) ▶		-212,398			-212,398
	8a	Gross income from fundraising events (not including $ 72,871 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 86,572				
	b	Less direct expenses	b 91,988				
	c	Net income or (loss) from fundraising events ▶		-19,117	-19,117		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	SERVICE FEES	900,099	509,368	509,368		
	b	SPLIT INTEREST TRUST	900,099	86,207			86,207
	c	MISCELLANEOUS	900,099	12,295	12,295		
	d	All other revenue					
	e	**Total. Add lines 11a-11d** ▶ $ 607,870					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		10,015,620	502,546	0	6,713

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	6,676,606	6,676,606		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	44,221	44,221		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	321,882	135,853	161,555	24,474
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	1,302,449	569,524		375,359
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	149,947	69,483	47,000	33,464
9 Other employee benefits	170,631	61,241	63,759	45,631
10 Payroll taxes	121,034	50,817	41,150	29,067
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	31,291		31,291	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	16,003	16,003		
g Other	50,041	39,229	5,466	5,346
12 Advertising and promotion	105,278	13,812	17,135	74,331
13 Office expenses	161,768	96,885	61,519	3,364
14 Information technology	54,468	9,804	41,420	3,244
15 Royalties				
16 Occupancy	139,951	82,323	57,519	109
17 Travel	44,039	15,877	8,053	20,109
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	23,633	3,974	13,348	6,311
20 Interest				
21 Payments to affiliates	83,970		83,970	
22 Depreciation, depletion, and amortization	97,323	47,792	23,106	26,425
23 Insurance	4,587		3,616	971
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CATERING EXPENSE	54,324	5,366	11,095	37,863
b MISCELLANEOUS	33,902	12,449	5,710	15,743
c EQUIPMENT MAINTENANCE	25,261	13,054	6,346	5,861
d MEMBERSHIP DUES	23,458	883	20,430	2,145
e ALLOCATION OF MKTG & IT	0	245,283	-384,803	139,520
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,736,067	8,210,479	676,251	849,337
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,972	1	2,616
	2	Savings and temporary cash investments	2,262,505	2	3,030,889
	3	Pledges and grants receivable, net	12,562,283	3	12,108,261
	4	Accounts receivable, net	36,665	4	57,907
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	31,483	9	43,163
	10a	Land, buildings, and equipment cost basis — 10a: 2,315,165			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 1,597,495	749,717	10c	717,670
	11	Investments—publicly traded securities	1,882,769	11	1,556,492
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	967,856	15	752,535
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	18,495,250	16	18,269,533
Liabilities	17	Accounts payable and accrued expenses	8,670,529	17	8,533,463
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	8,670,529	26	8,533,463
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,905,483	27	6,978,214
	28	Temporarily restricted net assets	1,786,751	28	1,819,166
	29	Permanently restricted net assets	1,132,487	29	938,690
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,824,721	33	9,736,070
	34	Total liabilities and net assets/fund balances	18,495,250	34	18,269,533

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,593,069	7,295,019	8,260,413	8,879,562	9,506,361	46,534,424
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 line 1-3	12,593,069	7,295,019	8,260,413	8,879,562	9,506,361	46,534,424
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						10,638,860
6 **Public Support** subtract line 5 from line 4						35,895,564

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	12,593,069	210,192	8,260,413	8,879,562	9,506,361	46,534,424
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148,557	210,192	269,810	252,440	132,904	1,013,903
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	438,297	605,178	601,150	598,113	607,870	2,850,608
11 **Total Support** (Add lines 7 through 10)						50,398,935

12	Gross receipts from related activities, etc (See instructions)	12	266,803

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**71.220 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**74.690 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,364,001				
b Contributions	215,776				
c Investment earnings or losses	-158,937				
d Grants or scholarships					
e Other expenditures for facilities and programs	54,220				
f Administrative expenses					
g End of year balance	1,366,620				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 31 000 %
- b Permanent endowment ▶ 69 000 %
- c Term endowment ▶

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	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		100,000		100,000
b Buildings		998,196	467,769	530,427
c Leasehold improvements		435,852	435,852	0
d Equipment		739,642	657,200	82,442
e Other		41,475	36,674	4,801
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				717,670

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,015,620
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,736,067
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	279,553
4	Net unrealized gains (losses) on investments	4	-158,652
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-209,552
9	Total adjustments (net) Add lines 4 - 8	9	-368,204
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-88,651

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

1	Total revenue, gains, and other support per audited financial statements			1	8,695,538
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-158,652		
b	Donated services and use of facilities	2b	11,386		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-209,552		
e	Add lines **2a** through **2d**			2e	-356,818
3	Subtract line **2e** from line **1**			3	9,052,356
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	16,003		
b	Other (Describe in Part XIV)	4b	947,261		
c	Add lines **4a** and **4b**			4c	963,264
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,015,620

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

1	Total expenses and losses per audited financial statements			1	8,784,189
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	11,386		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	11,386
3	Subtract line **2e** from line **1**			3	8,772,803
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	16,003		
b	Other (Describe in Part XIV)	4b	947,261		
c	Add lines **4a** and **4b**			4c	963,264
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,736,067

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN TRUST -209552
Part XII, Line 2d - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN TRUST -209552
Part XII, Line 4b - Other Adjustments		DONOR DESIGNATIONS 947261
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATIONS 947261
		SCHEDULE D, PART XII LINE 4B DONOR DESIGNATIONS
		SCHEDULE D, PART XIII, 4B DONOR DESIGNATIONS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MOSAIC DINNER AUCTION (event type)	(b) Event #2 ANNUAL DINNER/CELEBRATION (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	142,744	16,699		159,443
	2 Less Charitable contributions	86,572			86,572
	3 Gross revenue (line 1 minus line 2)	56,172	16,699		72,871
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes	56,172			56,172
	6 Rent/Facility costs	570	1,573		2,143
	7 Other direct expenses	16,574	17,099		33,673
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				91,988
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-19,117

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 76

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Assistance with Rent & Utilities for Families	40	32,376			
Assistance with Food items for Families	25		11,845	RESALE VALUE	GROCERY GIFT CARDS

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Other Information	Part IV	There are 88 Organizations under the $5,000 threshold receiving $65,364 in donor designated grants for General Support and/or Program Costs Allocations - Partner programs receiving "DISCRETIONARY" funding from United Way undergo intensive pre-screening before being awarded funding Such screening includes 1 An on-line application process that includes explanation of the proposed use, historic results and anticipated results from use of the funding Applications include Agency and Program budgets, Program Profile, demographics, specific Outcomes and related Indicators that measure results Social Conditions identify the need for the service in the community A Success Story provides an example of a client whose life was impacted by the service 2 Financial review of the organization to gain a level of assurance that the organization follows sound policies Partner Programs submit 3 budgets an Actual Budget for the most recently completed 12 month period, a Revised Budget with mid-year updates for the year in progress and a Proposed Budget for funding in the next cycle 3 A copy of the organization's 990 and audit are also required 4 Verification of compliance with the provisions of the Patriot Act are included in the application 5 Verification of current status as an IRS Code Section 501(C)(3) nonprofit organization Partner programs are required to provide United Way with 6 month progress reports that show how the funding has been utilized Partner programs are required to provide United Way with a final report at the end of the allocation period that verifies that all funding has been used for the purposes intended The annual report tracks the number of clients served and the number who successfully met requirements specifically identified in the program'S initial Outcome Increases or decreases in numbers served are examined Improvements or declines in quality and results are inspected Each application is reviewed by volunteers on one of fourteen (14) Community Investment Teams (CIT) CITs a Meet to review applications and submit questions about any unclear or conflicting data in the information submitted b Tour each Partner's Program facilities and attend a presentation provided by the Partner Program's staff, board and clients c Meet a third time to "Discuss and Deliberate," comparing and contrasting programs with needs in the community before making recommendations for funding Community Investment Team recommendations are reviewed by the Community Investment Committee, made up of the Chairs and Vice-Chairs of each of the fourteen CITs representing all applicants The Community Investment Committee recommendation is reviewed by the Community Impact Cabinet The Community Impact Cabinet is responsible for identifying United Way of Central Florida's impact and funding focus It is made up of business, government and faith-based leaders with representatives from Partner Programs Experts in the fields of impact, Education, Income (financial stability), and Health are also included With the help of Study Committees in each focus area, this body identifies community needs and prioritizes services that meet those needs The Community Impact Cabinet's recommendation is presented to the Board of Directors for final approval Donor Designations Organizations receiving donor designated contributions through United Way of Central Florida 1 Undergo screening prior to distribution of funding Such screening includes A Verification of compliance with the provisions of the Patriot Act B Verification of current status as an IRS Code Section 501(c)(3) nonprofit organization 2 Organizations receiving donor designations do not undergo a review to verify outcomes, indicators, results, demographics or fiscal evaluation SCHEDULE I, PART II, COLUMN H DEFINITIONS OF CODES USED General Operating Cost An unrestricted grant made to an agency in support of its general operating costs Program Operating Cost A restricted grant made to an agency in support of the costs associated with a specific program that it operates Donor Designated for General Support An unrestricted grant made to an agency at the direction of the donor(s) in support of its general operating costs Donor Designated for Program Costs An unrestricted grant made to an agency at the direction of the donor(s) in support of the costs associated with a specific program that it operates Donor Designated for Disaster/Emergency Relief An unrestricted grant made to an agency at the direction of the donor(s) in support of the costs associated with providing disaster/emergency relief efforts to victims Donor Designated, 3rd Party Processed, for General Support An unrestricted grant made to an agency, at the direction of the donor(s), collected and paid directly to the agency by a 3rd party, in support of its general operating costs

Additional Data Return to Form

Software ID:
Software Version:
EIN: 59-2116280
Name: UNITED WAY OF CENTRAL FLORIDA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Achievement Academy Inc 716 E Bella Vista Street LAKELAND,FL 338053009	59-0774205	501(c)(3)	291,249				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
Alliance for Independence 1038 Sunshine Drive East LAKELAND,FL 33801	59-0812958	501(c)(3)	186,641				Program Operating Cost, Donor Designated for General Support AND Program Costs
Alpha-Omega Crisis Center 140 Dunty Rd LAKE PLACID,FL 33852	59-2844169	501(c)(3)	23,015				PROGRAM OPERATING COST, DONOR DESIGNATED FOR PROGRAM COSTS
American Cancer Society809 S Florida Avenue LAKELAND,FL 33801	13-1788491	501(c)(3)	106,364				GENERAL OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
American Cancer Society Sarasota Office2801 Fruitville Road Suite 250 SARASOTA,FL 34237	13-1788491	501(c)(3)	2,394				Donor Designated for General Support
American National Red Cross - WH147 Avenue A Northwest WINTER HAVEN,FL 33881	53-0196605	501(c)(3)	255,171				Program Operating Cost, Donor Designated for General Support AND Program Costs
American Red Cross-Highlands106 Medical Center Avenue SEBRING,FL 338705422	53-0196605	501(c)(3)	17,412				Program Operating Cost, Donor Designated for General Support
American Red Cross-Manatee County(Hardee) 2905 59th Street W BRADENTON,FL 34209	53-0196605	501(c)(3)	13,728				Program Operating Cost, Donor Designated for General Support
America's Charities14150 Newbrook Drive 110 CHANTILLY,VA 201512223	54-1517707	501(c)(3)	10,335				Donor Designated for General Support
Auburndale Relief AssociationP O Box 1162 AUBURNDALE,FL 338231162	59-3064549	501(c)(3)	38,929				Program Operating Cost, Donor Designated for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers & Big Sisters 201 N Kentucky Ave 1 LAKELAND, FL 338014962	59-2173085	501(c)(3)	127,010				Program Operating Cost, Donor Designated for General Support AND Program Costs
Big Brothers Big Sisters of the Suncoast (Florida Ridge)101 W Venice Avenue Suite 34 VENICE, FL 342851940	59-1361826	501(c)(3)	10,025				Program Operating Cost, Donor Designated for General Support
Boy Scouts-Gulf Ridge Council13228 N Central Avenue TAMPA, FL 33612	59-0624406	501(c)(3)	113,731				Program Operating Cost, Donor Designated for General Support AND Program Costs
Boys & Girls Clubs of LakelandP O Box 763 LAKELAND, FL 33802	59-0171815	501(c)(3)	289,569				Program Operating Cost, Donor Designated for General SupporT AND Program Costs
Camp Fire USA Sunshine Council Inc2600 Buckingham Ave LAKELAND, FL 338033109	59-0637819	501(c)(3)	109,654				Program Operating Cost, Donor Designated for General Support AND Program Costs
Caring People Ministries 5207 Mason Dixon Avenue BOWLING GREEN, FL 33834	65-0689295	501(c)(3)	6,745				Program Operating Cost, Donor Designated for General Support AND Program Costs
Catholic Charities1801 East Memorial Boulevard LAKELAND, FL 33801	59-1084272	501(c)(3)	148,272	1,300	RESALE VALUE	GROCERY GIFT CARDS	Program Operating Cost, Donor Designated for General Support AND Program Costs
Central Florida Deaf Services Inc1811 Richmond Road LAKELAND, FL 338033109	59-3533009	501(c)(3)	26,056				Program Operating Cost, Donor Designated for General Support AND Program Costs
Central Florida Speech & Hearing710 E Bella Vista LAKELAND, FL 33805	59-0939466	501(c)(3)	393,170				Program Operating Cost, Donor Designated for General Support AND Program Costs
Children's Home Society 1260 South Golfview Avenue BARTOW, FL 33830	59-0192430	501(c)(3)	178,534				Program Operating Cost, Donor Designated for General Support AND Program Costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Services Foundation of Highlands CountyP O Box 7125 SEBRING, FL 33872	65-0444941	501(c)(3)	27,170				Program Operating Cost, Donor Designated for General Support AND Program Costs
Church Service Center 290 E Church BARTOW, FL 338303924	59-1162397	501(c)(3)	50,876				Program Operating Cost, Donor Designated for General Support AND Program Costs
Citizen CPRP O Box 24298 LAKELAND, FL 338024298	59-2469360	501(c)(3)	28,109				Program Operating Cost, Donor Designated for General Support
Citrus Center Boys & Girls Club IncP O Box 2666 WINTER HAVEN, FL 338832666	59-0776417	501(c)(3)	293,728				Program Operating Cost, Donor Designated for General Support AND Program Costs
Community Health Charities of Florida3333 West Pensacola Street Building 200 Suite 240 Tallahassee, FL 32304	59-3218006	501(c)(3)	8,185				Donor Designated for General Support
Early Learning Coalition - Hardee3028 Caring Way Suite 4 PORT CHARLOTTE, FL 33952	53-3738819	501(c)(3)	47,157				Program Operating Cost, Donor Designated for General Support
Early Learning Coalition-Highlands209 N Ridgewood Drive SEBRING, FL 33870	65-1006254	501(c)(3)	29,918				Donor Designated for General Support AND Program Costs
Early Learning Coalition-Polk County1765 N Broadway Avenue BARTOW, FL 33830	59-3648316	501(c)(3)	314,246				Program Operating Cost, Donor Designated for General Support AND Program Costs
Epilepsy Services of W Cent Fla305 S Florida Ave LAKELAND, FL 33801	59-3151484	501(c)(3)	38,209				Program Operating Cost, Donor Designated for General Support AND Program Costs
Explorations V Museum 109 N Kentucky Avenue LAKELAND, FL 33801	59-2994883	501(c)(3)	14,243				Program Operating Cost, Donor Designated for General Support AND Program Costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Baptist Children's HomesP O Box 8190 LAKELAND,FL 33802	59-0657326	501(c)(3)	6,370				Donor Designated for General Support
Family Emergency Service CntrP O Box 624 wINTER HAVEN,FL 338820624	59-0609724	501(c)(3)	68,883				Program Operating Cost, Donor Designated for General Support
Florida Environmental InstituteIncP O BOX 506 VENUS,FL 33960	59-2218777	501(c)(3)	13,742				Program Operating Cost, Donor Designated for PROGRAM Costs
Florida Rangers Inc3065 US Highway 17S FORT MEADE,FL 33841	59-2467618	501(c)(3)	9,490				Donor Designated for General Support
Frostproof Care Center21 S Scenic Highway FROSTPROOF,FL 338432120	59-2988744	501(c)(3)	54,636				Program Operating Cost, Donor Designated for General Support AND Program Costs
Girl Scouts Gulf Coast Council4780 Cattleman Road SARASOTA,FL 34233	59-0760212	501(c)(3)	18,513				Program Operating Cost, Donor Designated for General Support AND Program Costs
Girl Scouts-West Central FL1831 N Gilmore Ave LAKELAND,FL 338053017	59-0895909	501(c)(3)	163,871				Program Operating Cost, Donor Designated for General SupporT AND Program Costs
Girls Incorporated of LakelandP O Box 1975 LAKELAND,FL 338021975	23-7101551	501(c)(3)	182,558				Program Operating Cost, Donor Designated for General Support AND Program Costs
Girls Incorporated of WHP O Box 7285 WINTER HAVEN,FL 338837285	59-1158810	501(c)(3)	163,320				Program Operating Cost, Donor Designated for General Support AND Program COSTS
Good Shepherd Hospice 105 Arneson Avenue AUBURNDALE,FL 33823	59-1926521	501(c)(3)	141,370				Program Operating Cost, Donor Designated for General Support AND Program Costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Habitat for Humanity of Lakeland1317 George Jenkins Boulevard LAKELAND,FL 33815	59-3000422	501(c)(3)	25,420				Donor Designated for General Support
HARDEE ASSOCIATION RETARDED CITIZENS (HARC)P O Box 1372 WAUCHULA,FL 33873	59-1672829	501(c)(3)	25,382				Program Operating Cost, Donor Designated for General Support
Hardee County Family YMCA610 West Orange Street WAUCHULA,FL 33873	59-1618413	501(c)(3)	53,500				Program Operating Cost, Donor Designated for General Support AND Program Costs
Hardee Help CenterP O Box 422 WAUCHULA,FL 33873	59-2993242	501(c)(3)	21,966				Program Operating Cost, Donor Designated for General Support AND Program Costs
Heart of Florida Legal Aid Society Inc510 S Broadway Ave Suite 2 BARTOW,FL 33830	59-6215748	501(c)(3)	66,915				Program Operating Cost, Donor Designated for General Support
Heartland Horses & Handicapped IncP O Box 3787 SEBRING,FL 338713787	59-3734965	501(c)(3)	10,762				Program Operating Cost, Donor Designated for General Support AND Program Costs
Help of Fort Meade121 West Broadway Street FORT MEADE,FL 33841	59-2993886	501(c)(3)	106,958				Program Operating Cost, Donor Designated for General Support AND Program Costs
Highlands County Family YMCA100 YMCA Lane SEBRING,FL 33872	59-2859656	501(c)(3)	8,813				Program Operating Cost, Donor Designated for General Support AND Program Costs
HOPE of Hardee CountyP O Box 1763 WAUCHULA,FL 33873	59-1634802	501(c)(3)	69,357				Program Operating Cost, Donor Designated for General Support AND Program Costs
Independent Charities of America1100 Larkspur Landing Circle Suite 340 LARKSPUR,CA 94939	94-3067804	501(c)(3)	11,875				Donor Designated for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
InnerAct Alliance621 S Florida Ave LAKELAND,FL 33801	59-2844663	501(c)(3)	60,716				Program Operating Cost, Donor Designated for General Support AND Program Costs
Lake Wales Care Center 140 E Park Avenue LAKE WALES,FL 338534214	59-2015847	501(c)(3)	18,471				Donor Designated for General Support
Lake Wales Family YMCA 1001 Burns Ave LAKE WALES,FL 338533499	59-1741481	501(c)(3)	90,713				Program Operating Cost, Donor Designated for General Support
Lakeland Christian School 1111 Forest Park Street LAKELAND,FL 33803	59-0730067	501(c)(3)	15,000				Donor Designated for Program Costs
Lakeland Volunteers In Medicine1021 Lakeland Hills Blvd LAKELAND,FL 33805	52-2351630	501(c)(3)	92,272				Program Operating Cost, Donor Designated for General Support AND Program Costs
Learning Resource Center 1628 S Florida Avenue LAKELAND,FL 338033109	51-0182646	501(c)(3)	76,145				Program Operating Cost, Donor Designated for General Support AND Program Costs
Lighthouse Ministries117 E MAGNOLIA ST LAKELAND,FL 33801	59-1722768	501(c)(3)	5,315				Donor Designated for General Support
Mulberry Community Service Center301 NE 5th Street MULBERRY,FL 338602138	59-1896141	501(c)(3)	71,660				Program Operating Cost, Donor Designated for General Support AND Program Costs
National Alliance for the Mentally Ill Polk County Inc1090 US Highway 17 S BARTOW,FL 338306026	59-2600811	501(c)(3)	28,808				Program Operating Cost, Donor Designated for General Support
Neighborhood Service CenterP O Box 3311 FVS WINTER HAVEN,FL 338813311	59-1363593	501(c)(3)	23,741				Program Operating Cost, Donor Designated for General Support AND Program Costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NU-Hope Elder Care Services Inc(Highlands) 6414 US Hwy 27 South seBRING, FL 33875	59-1634802	501(c)(3)	30,189				Program Operating Cost, Donor Designated for General Support AND Program Costs
Peace River CenterP O Box 1559 BARTOW, FL 338311559	59-0818924	501(c)(3)	184,968				Program Operating Cost, Donor Designated for General Support AND Program Costs
Ridge Area ARC120 West College Drive AVON PARK, FL 33825	59-0829984	501(c)(3)	31,647				Program Operating Cost, Donor Designated for General Support AND Program Costs
Salvation Army of East Polk (Winter Haven)P O Box 1069 WINTER HAVEN, FL 338821069	59-0631403	501(c)(3)	161,119				Program Operating Cost, Donor Designated for General Support AND Program Costs
Salvation Army Serving Western Polk (Lakeland)P O Box 928 LAKELAND, FL 338020928	59-0631403	501(c)(3)	438,296				Program Operating Cost, Donor Designated for General Support AND Program Costs
Steppin' Stone Farm8421 Pritcher Road LITHIA, FL 33547	23-7348139	501(c)(3)	7,113				Donor Designated for General Support
Sunrise Communities of Polk County1339 Golcondra Road LAKELAND, FL 33801	65-0714062	501(c)(3)	71,206				Program Operating Cost, Donor Designated for General Support AND Program Costs
Talbot House MinistriesP O Box 902 lakelAND, FL 338020902	59-2151802	501(c)(3)	216,141				Program Operating Cost, Donor Designated for General Support AND Program Costs
Tampa Lighthouse for the Blind1106 West Platt Street TAMPA, FL 336062199	59-0637876	501(c)(3)	53,711				Program Operating Cost, Donor Designated for General Support AND Program Costs
Tri-County Human Services Inc1815 Crystal Lake Drive LAKELAND, FL 338015979	59-1708182	501(c)(3)	50,142				Program Operating Cost, Donor Designated for General Support AND Program Costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Tampa Bay 5201 W Kennedy Boulevard Suite 600 TAMPA, FL 33609	59-3725701	501(c)(3)	71,395				Donor Designated for General Support
Volunteers in Service to the Elderly (VISTE)1232 East Magnolia Street LAKELAND, FL 338012126	59-2625297	501(c)(3)	172,623				Program Operating Cost, Donor Designated for General Support AND Program Costs
Women's Care CenterP O Box 1041 BARTOW, FL 338311041	65-0332777	501(c)(3)	41,016				Program Operating Cost, Donor Designated for General Support AND Program Costs
Women's Resource Center165 Avenue A NW WINTER HAVEN, FL 338814012	59-2344584	501(c)(3)	56,539				Program Operating Cost, Donor Designated for General SupporT AND Program Costs
YMCA of West Central Florida3620 Cleveland Heights Blvd LAKELAND, FL 338034997	59-1158144	501(c)(3)	58,449				Program Operating Cost, Donor Designated for General Support AND Program Costs
Youth & Family Alternatives7524 Plathe Road NEW PORT RICHIE, FL 34653	59-1545990	501(c)(3)	58,999				Program Operating Cost, Donor Designated for General Support AND Program Costs

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	1	3,500	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		17,364	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	6,095	PUBLISHED AVAILABLE MARKET
10	Securities—Closely held stock	X	11	258,863	OPINION OF EXPERT
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	X	1	1,500	RESALE VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe MICROSOFT SOFTWARE)	X	1	24,587	SELLING PRICE
26	Other (describe TRIPS)	X	14	19,300	RESALE VALUE
27	Other (describe EVENTS)	X	23	17,182	RESALE VALUE
28	Other (describe FOOD GIFT CARDS FOR EMERGENCY RELIEF)	X	4	21,145	COST

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	Let's Grow Every Child Every Chance - This is a new 2009 community-wide early literacy initiative facilitated by the United Way of Central FL with outcomes goals to eliminate the gap in early literacy between low and middle/high income levels The focus will be to improve language skills of children at-risk of school failure Language skills predict the ability of children to learn to read Of middle/high income children, 8 of 10 enter school with the skills they need However, only 2 of 10 low income children have sufficient skills! Children who enter school ready to succeed, learn to read and graduate on time Partners include Central Florida Speech and Hearing, Explorations V Children's Museum, Help of Fort Meade, Lake Wales Literacy Academy, Learning Resource Center, Florida KidCare, Polk County Schools, Polk State College and United Way's Success By 6 Let's Grow / Success By 6/ Dolly Parton Imagination Libraries - books mailed to the homes of children on a monthly basis- Seventy-five (75) percent of the 641 children living under the Federal Poverty Level residing in Lake Wales, Ft Meade and the Crystal Lake ZIP code will have enrollment for Dolly Parton's Imagination Library available to them Financial Stability - The United Way Financial Stability Partnership was formally created to focus programming around financial stability for working families A steering committee convened to survey available indicators of financial stability that might be adopted as a community goal A $100,000 Request for Proposals selection and review was completed in the fall 2009 United Way began to transition its partnership with family service providers to interventions that combine financial education with crisis payments preventing homelessness The intent is to prevent the financial emergency from happening in the first place Free Tax-Preparation for working families was initiated in partnership with United Way family service providers and the IRS, as a way for families to keep more of their taxble income for savings goals supporting stability of the family Health - The Chair for a HEALTH Study committee accepted his role in June 2009 This committee will study local community needs, refine target issues and establish indicators that measure intended results associated with local health issues

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Success By 6 - Mobilizes volunteers from local organizations, businesses, government, churches, civic groups, educators and human services to ensure that all children, by the age of six, have the physical, emotional, social and mental foundation to succeed in school and in life UW's Success By 6 is working with partners to measure language proficiency and school readiness skills Since 1995, SB6 has focused on early literacy Sample projects include 114 Parent Lending Libraries in childcare programs serving low income families with more than 39,119 books checked out last year Parent Resource Guides were distributed to almost 300,000 households and 500 children qualified to receive books monthly through the Dolly Parton Imagination Library Success By 6 Parent Lending Libraries - Kiosk and approximately 200 books located in childcare centers serving children from low-income families Thirty-five (35) percent of Early Learning Coalition licensed childcare sites that serve low-income children through the Early Learning Coalition of Polk County will receive a Parent Lending Library to encourage parents to read with their children Success By 6 Parent Education Classes - 6 week series for a target audience of parents with children birth - age 5 Eighty-five (85) percent of parents who complete the Systematic Training for Effective Parenting (STEP) parent education series will increase their knowledge of parental skills at least five (5) percent as measured by pre- and post-tests Success By 6 Parent Resource Guide - Parent information and family resources distributed to over 300,000 parents and social service providers annually Residents of 20 Polk communities will be helped to use everyday learning moments that prepare children to be successful in school through distribution of the Parent Resource Guide in The Ledger newspaper and ninety-five (95) percent of responses will be positive 2-1-1 Information & Referral Service - Social service and health care call center available 24 hours a day, 7 days a week, web access also available Ninety-two (92) percent of callers with social service and health care needs will be successfully referred to appropriate agency(ies) for services 2-1-1 Case Management - Personalized services for individuals and families seeking assistance through the 2-1-1 Information and Referral Service Eighty-nine (89) percent of families or individuals surveyed who required additional or unusual resources more than just a phone referral from 2-1-1 (health condition, job loss, significant unexpected expense) will indicate they received services which addressed their specific need and enabled them to be in safe housing 2-1-1 - provides information and referrals to families/individuals and community groups concerning local services and resources The service is available 7 days a week, 24 hours a day 2-1-1 also identifies gaps in services, assists in creating remedies to meet local needs, connects individuals/families to resources, and advocates on behalf of individuals/families for access to resources They also work to provide better service, accessibility and information to the Hispanic community Calls calculated by a computer count totaled 42,962 in 2008/09 Disaster Relief - Provides immediate assistance and long-term recovery support to our community's most urgent disaster relief needs In the aftermath of the 2004 hurricanes, UWCF developed partnerships to address the many challenges that our community faced Volunteer committees worked to provide assistance and long-term recovery through careful analysis of unmet needs and allocation of resources UWCF maintains involvement with community planning for Disaster Relief and stands ready to serve should disaster strike Total of other program service expenses in Part III, Line 4d Expenses $ 508135 including grants of $ 1000 Revenue $ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A full electronic copy was e-mailed to the Board prior to filing the return Due to the time constraints for this year only, there will be no further review of the Form 990 with the Board The board did review the independent audit

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each year Board members and staff are asked to review and become familiar, or refamiliarize themselves with the organization's Conflict of Interest policy and to state any existing conflicts as defined in the policy Directors with conflicts abstain from voting on related issues as noted in the minutes of the meeting Prior to each fiscal year end, a completed questionnaire is also sent to Directors to disclose family and business relationships and establish whether there might be any relationships or business transactions to report or disclose in the Form 990 Schedule L or that affect independence

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		UWCF adopted an Executive Compensation Program Policy Guide in June 2009 for performance and compensation of the CEO and CFO and other Members of the Leadership Team UWCF will strive to provide executive base salaries and total cash compensation levels that are competitive with the marketplace and that are internally equitable UWCF will reward executive performance based on predetermined goals and objectives supportive of the Mission and business objective Finally, UWCF will strive to provide competitive, affordable, and fair executive perquisites and executive benefits Marketplace is defined as other United Ways and other for-profits and nonprofits of similar and slightly larger size in the Central Florida prevailing marketplace Enforcement and administrative responsibilities for the Program involving the CEO and CFO rests with the Executive Committee Those same responsibilities rest with the CEO for all other members of the leadership team Prior to the policy adoption, no raises were given after mid-year anniversary dates to staff or to the CEO and CFO in fiscal year ended 6/30/09

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		All organizational documents are available to the public upon request Plans are in place to include the documents on the organization's website by the next fiscal year end

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C THE FINANCE COMMITTEE IS RESPONSIBLE FOR HIRING	THE INDEPENDENT AUDITORS AND REVIEWING THE AUDIT IN DETAIL PRIOR TO ITS	PRESENTATION TO THE BOARD THIS SAME PROCESS WAS USED IN THE PREVIOUS YEAR

Identifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	MISCELLANEOUS INCOME SERVICE FEES SPLIT INTEREST TRUST

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
UNITED WAY OF CENTRAL FLORIDA INC	Form 990 Page 10	59-2116280

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	97,323

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	97,323
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 59-2116280
Name: UNITED WAY OF CENTRAL FLORIDA INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
BECKY BYWATER , BOARD COMMUNITY INVESTME	2 50	X		X				0	0	0
DAVE MACDOUGALL , BOARD CHAIRMAN ELECT	2 50	X		X				0	0	0
RON CLARK , BOARD CHAIRMAN	2 50	X		X				0	0	0
SAM NIHAM , BOARD TREASURER	2 50	X		X				0	0	0
SANDRA SHEETS , BOARD SECRETARY	2 50	X		X				0	0	0
ED VOGEL , BOARD VICE CHAIRMAN	2 50	X		X				0	0	0
CINDY PRICE , BOARD PAST CHAIRMAN	2 50	X		X				0	0	0
WEYMON SNUGGS , BOARD CAMPAIGN CHAIRMAN	2 50	X		X				0	0	0
BRIAN ALTMAN , DIRECTOR	1 00	X						0	0	0
TERRY BRIGMAN , DIRECTOR	1 00	X						0	0	0
TONY DELGADO , DIRECTOR	1 00	X						0	0	0
ALLISON DEVITO BEEMAN , DIRECTOR	1 00	X						0	0	0
JEROME FERSON , DIRECTOR	1 00	X						0	0	0
JOHN FITZWATER , DIRECTOR	1 00	X						0	0	0
MIKE HERR , DIRECTOR	1 00	X						0	0	0
RANDY HOLLEN , DIRECTOR	1 00	X						0	0	0
JESSE JACKSON , DIRECTOR	1 00	X						0	0	0
CHARLOTTE KOZLIN , DIRECTOR	2 50	X						0	0	0
GAIL MCKINZIE , DIRECTOR	1 00	X						0	0	0
LINDA PILKINGTON , DIRECTOR	1 00	X						0	0	0
PAUL POWERS , DIRECTOR	1 00	X						0	0	0
JAMES HORTON , DIRECTOR	1 00	X						0	0	0
JOE TEDDER , DIRECTOR	1 00	X						0	0	0
TODD BAYLIS , DIRECTOR	1 00	X						0	0	0
DAVE BORNMANN , DIRECTOR	1 00	X						0	0	0
DEBBIE BURDETT , DIRECTOR	1 00	X						0	0	0
TOM MCLAUGHLIN , DIRECTOR	1 00	X						0	0	0
BONNIE PARKER , DIRECTOR	1 00	X						0	0	0
GEORGE ROGERS , DIRECTOR	1 00	X						0	0	0
LARRY ROSS , DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL WALKER , DIRECTOR	2 50	X						0	0	0
CINDY ALEXANDER , DIRECTOR	1 00	X						0	0	0
BILL MUTZ , DIRECTOR	1 00	X						0	0	0
BILL BENTON , DIRECTOR	1 00	X						0	0	0
SHIRLEY BALOGH , DIRECTOR	1 00	X						0	0	0
SYLVIA BLACKMON ROBERTS , DIRECTOR	1 00	X						0	0	0
MIKE CARTER , DIRECTOR	2 50	X						0	0	0
MARSHALL GOODMAN , DIRECTOR	1 00	X						0	0	0
EILEEN HOLDEN , DIRECTOR	1 00	X						0	0	0
STEVE MOORE , DIRECTOR	1 00	X						0	0	0
REV TIM RICE , DIRECTOR	1 00	X						0	0	0
JENNIFER STRICKLAND , DIRECTOR	1 00	X						0	0	0
NANCY THOMPSON , DIRECTOR	1 00	X						0	0	0
PUNAM SAXENA , DIRECTOR	1 00	X						0	0	0
TERRY WORTHINGTON , PRESIDENT	37 50			X				121,987	0	26,531
JILL MARTIN , CHIEF FINANCIAL OFFICER	37 50			X				72,086	0	11,237
PENNY BORGIA , CHIEF OPERATING OFFICER	37 50			X				73,173	0	11,582