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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 10-01-2008 and ending 09-30-2009

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
University Area Community Development Corporation Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
14013 North 22nd Street A

City or town, state or country, and ZIP + 4
Tampa, FL 33613

D Employer identification number
31-1624121

E Telephone number
(813) 558-5212

G Gross receipts $ 9,562,983

F Name and address of Principal Officer
Julian Garcia Jr
14013 North 22nd Street A
Tampa, FL 33613

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 uacdconline org

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

L Year of Formation 1998 **M** State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO IMPROVE THE ECONOMIC, EDUCATIONAL, AND SOCIAL LEVELS OF THE MORE THAN 40,000 RESIDENTS OF THE SOCIALLY AND ECONOMICALLY VULNERABLE COMMUNITIES SURROUNDING THE TAMPA CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA

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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	700
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
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,162,194	8,331,547
	9	Program service revenue (Part VIII, line 2g)	718,723	1,122,508
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,391	37,352
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,051	-54,974
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,947,257	9,436,433
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,961	71,051
	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)	1,987,139	2,191,839
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	21,626	3,500
	b	(Total fundraising expenses, Part IX, column (D), line 25 571,037)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,350,000	6,921,836
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	8,383,726	9,188,226
	19	Revenue less expenses Subtract line 18 from line 12	563,531	248,207

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,708,699	8,364,061
	21	Total liabilities (Part X, line 26)	984,351	2,391,506
	22	Net assets or fund balances Subtract line 21 from line 20	5,724,348	5,972,555

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

▶ ****** | 2010-07-26
Signature of officer | Date

▶ Julian Garcia Jr Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Gil Hernandez | Date | Check if self-employed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LARSONALLEN LLP
1715 NORTH WESTSHORE BLVD SUITE 950
TAMPA, FL 33607

EIN ▶

Phone no ▶ (813) 384-2700

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

See Additional Data Table

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 $ 5,352,197 including grants of $ 71,051) (Revenue $ 753,812)

PRODIGY PRODIGY INCORPORATES THREE PROGRAM AREAS THE PRODIGY CULTURAL ARTS PROGRAM, A TAMPA ARTS & YOUTH DEMONSTRATION PROJECT PRODIGY IS A DIVERSION, PREVENTION, AND INTERVENTION PROGRAM THAT UTILIZES THE VISUAL AND PERFORMING ARTS TO IMPROVE THE ATTITUDES, LEARNING SKILLS, AND COMMUNITY INVOLVEMENT OF YOUTH AGES 7 TO 17 THIS PROGRAM HAS BEEN CREATED BASED ON PROVEN RESEARCH THAT YOUT INVOLVED IN THE ARTS ARE LESS LIKELY TO PARTICIPAT EIN CRIMINAL ACTIVITY PRODIGY SERVES CHILDREN AND FAMILIES IN SEVEN COUNTIES IN WEST CENTRAL FLORIDA AT MORE THAN 30 PROGRAMMING LOCATIONS CHILDREN WHO ARE CLASSIFIED AS DIVERSION HAVE BEEN PRE-ADJUDICATED AND REFERRED TO PRODIGY CASE MANAGEMENT IS CONDUCTED BY BAY ARE YOUTH SERVICES RESEARCH IS CONDUCTED BY THE UNIVERSITY OF SOUTH FLORIDA SCHOOL OF SOCIAL WORK PRODIGY BOASTS AN UNPRECEDENTED 92% NON RECIDIVISM AMONG DIVERSION YOUTH WHO SUCCESSFULLY COMPLETE THE PROGRAM FOR THE 2009-2010 CONTRACT PERIOD, MORE THAN 9,000 CHILDREN AND FAMILIES WILL BENEFIT FROM THE PRODIGY PROGRAM

4b (Code) (Expenses $ 2,459,903 including grants of $) (Revenue $)

COMMUNITY ANTI-CRIME INITIATIVE THE PRIMARY GOAL OF THE COORDINATED COMMUNITY ANTI CRIME INITIATIVE IS DESIGNED TO "TO REDUCE THE INCIDENCE OF CRIME IN THE UNIVERSITY AREA THROUGH COLLABORATION AND RELATIONSHIP-BUILDING THAT FOSTER OWNERSHIP OF AND COMMITMENT TO THE COMMUNITY" THROUGH THE FOLLOWING OBJECTIVES (1) FAVORABLY CHANGE THE PERCEPTIONS OF THE UNIVERSITY AREA FROM BOTH INTERNAL AND EXTERNAL VANTAGE POINTS (2) CONTINUE DIALOGUE AMONG THE COMMUNITY RESIDENTS WITH THE GOAL OF DEVELOPING A COMMUNITY OF RESIDENTS THAT WORKS TOWARD (A) AN APPRECIATION OF DIFFERENCES, (B) AN AWARENESS OF SIMILARITIES, SHARED INTERESTS AND COMMON GOALS AND (C) AN AGREEMENT TO STRIVE TOGETHER, TOWARD A SAFE, STABLE AND LIVABLE COMMUNITY (3)DEVELOP, ENHANCE AND /OR STRENGTHEN THE ACTIVITIES OF AREA BUSINESSES TO FOSTER A MUTUALLY BENEFICIAL PRESENCE IN THE COMMUNITY (4) ENCOURAGE COMMUNITY POLICING THROUGH PROVIDING ANTI CRIME SEMINARS, WORKSHOPS, AND DISSEMINATION OF MATERIALS AND LITERATURE WHICH EMPOWERS RESIDENTS, BUSINES OWNERS, AND CHURCHES TO BE THE CRIME WATCHERS OF THEIR NEIGHBORHOODS, APARTMENT COMPLEXES, BUSINESSES, UNIVERSITY CAMPUS, ETC (5) ENGAGE IN CONTINUAL RESEARCH AND EVALUATION ACTIVITIES WHICH DEMOGRAPHICALLY EXAMINE THE SOCIAL ORGANIZATION OF THE COMMUNITY, I E , QUALITY OF LIFE, ECONOMIC CONDITIONS, CRIMINAL BEHAVIOR, CULTURAL ASPECTS, ETC (6) SUPPORT THE DEVELOPMENT OF AN INFRASTRUCTURE THAT PROVIDES FOR A STABLE, SAFE, LIVABLE AND SUSTAINABLE COMMUNITY THE ANTI CRIME INITIATIVE IS IN THE DISSEMINATION PHASE OF THE PROJECT SYMPOSIA BEING HELD AROUND THE STATE HOW TO PRESENT THE STRATEGIES FOR SAFE AND SUSTAINABLE COMMUNITIES FOUR SYMPOSIA HAVE BEEN HELD TO DATE DURING THIS CONTRACT PERIOD, ONE WAS HELD IN TALLAHASSEE WITH MORE THAN 130 REGISTRANTS THE NEXT ONE SCHEDULED JUNE 2010 IN FORT LAUDERDALE TO DATE, NEARLY 500 INDIVIDUALS HAVE RECEIVED INFORMATION THROUGH THE SYMPOSIA THOSE PEOPLE REPRESENT MUNICIPALTIES IN SOUTH FLORIDA, CENTRAL FLORIDA AND THE PANHANDLE OF FLORIDA

4c (Code) (Expenses $ 617,842 including grants of $) (Revenue $ 368,696)

Affordable Housing It has long been a goal of the UACDC to increase the supply of decent and truly affordable housing in our target neighborhood In December, 2008, the Shadowood Apartments were purchased and was completely renovated by the UACDC concentrating on energy efficiency Eighteen of the twenty four units are set aside for low and very low income households In early 2009, the UACDC purchased Rainbow Apartments The units have been renovated to provide clean, safe, and very inexpensive housing in the neighborhood This project has been very important because the UACDC target neighborhood has been hit particularly hard by the economic downturn and apartment complexes are shutting down, exacerbating an already bad situation Units in both complexes have been made available, at little or no cost, to families in emergency situations, such as Haitian earthquake refugees, victims of fires, etc

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 8,429,942 *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		No
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		No
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		No
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	Yes	
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	Yes	
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	45			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .			7b		
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

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.

		Line	Yes	No
1a	Enter the number of voting members of the governing body . . — 1a: 19			
b	Enter the number of voting members that are independent . . — 1b: 19			
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

		Line	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		No
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		No
13	Does the organization have a written whistleblower policy?	13		No
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		No
	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

LarsonAllen LLP
1715 North Westshore Blvd Suite 950
Tampa, FL 33607
(813) 384-2700

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) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total . . . . ▶								234,453	0	16,856

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

		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
Morgan Exteriors 16011 N Nebraska Ave Ste 107 Lutz, FL 33549	apartment rehabilitation	204,174
Critical Intervention 1261 South Missouri Ave Clearwater, FL 33756	Security	166,424
Kala Painting 11105 Rising Mist Blvd Riverview, FL 33569	apartment rehabilitation	152,106
Buhl Insurance Agency PO Box 152698 Tampa, FL 336842698	General insurance	148,097

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . ▶ 4

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					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	7,605,201				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	726,346				
	g	Noncash contributions included in lines 1a-1f $ 374,630					
	h	**Total (Add lines 1a-1f)**		8,331,547			
Program Service Revenue			Business Code				
	2a	User Fees	611,710	638,778			638,778
	b	low-income rental	531,110	368,696	368,696		
	c	Moe Fees	900,099	104,194			104,194
	d	Facility Fees	900,099	10,840			10,840
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** . . . . $ 1,122,508					
	3	Investment income (including dividends, interest other similar amounts)		37,352			37,352
	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					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 58,725 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . a					
	b	Less direct expenses . . . b	126,550				
	c	Net income or (loss) from fundraising events . .		-67,825			-67,825
	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 . .					
		Miscellaneous Revenue	Business Code				
	11a	Class fee	900,099	7,100			7,100
	b	Vending machine Commis	900,099	5,000			5,000
	c	Miscellaneous	900,099	751			751
	d	All other revenue					
	e	**Total. Add lines 11a-11d** . . . . $ 12,851					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9,436,433	368,696	0	736,190

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	71,051	71,051		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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	251,309	233,138	18,171	
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	1,547,877	1,468,358		79,519
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,033	44,590	118	2,325
9 Other employee benefits	210,039	204,166		5,873
10 Payroll taxes	135,581	131,162	4,329	90
11 Fees for services (non-employees)				
a Management	5,956	5,956		
b Legal	73,923	61,413	5,776	6,734
c Accounting	55,525	55,525		
d Lobbying				
e Professional fundraising *See Part IV, line 17*	3,500			3,500
f Investment management fees				
g Other	254,853	180,715	54,430	19,708
12 Advertising and promotion				
13 Office expenses	104,481	95,804	3,391	5,286
14 Information technology	35,560	34,377		1,183
15 Royalties				
16 Occupancy	1,029,444	1,023,610		5,834
17 Travel	41,080	30,958	3,564	6,558
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	34,367	31,777	240	2,350
20 Interest	16,250	16,250		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	299,447	245,227	54,220	
23 Insurance				
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 Prodigy	3,161,627	3,161,627		
b Public information	528,268	476,722	23,707	27,839
c Anti Crime Partnership	493,398	493,398		
d Event Supplies	374,630			374,630
e Rehabilitation cost	158,032	158,032		
f All other expenses	254,995	206,086	19,301	29,608
25 **Total functional expenses.** Add lines 1 through 24f	9,188,226	8,429,942	187,247	571,037
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			3,662,865	1	3,288,076
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			171,198	3	685,731
	4	Accounts receivable, net				4	
	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				9	
	10a	Land, buildings, and equipment cost basis	10a	6,633,879			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b	2,335,616	2,863,799	10c	4,298,263
	11	Investments—publicly traded securities				11	
	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*			10,837	15	91,991
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*			6,708,699	16	8,364,061
Liabilities	17	Accounts payable and accrued expenses			864,351	17	971,506
	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			120,000	23	1,420,000
	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*			984,351	26	2,391,506
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			5,724,348	27	5,972,555
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		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			5,724,348	33	5,972,555
	34	Total liabilities and net assets/fund balances			6,708,699	34	8,364,061

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		No
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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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	Employer identification number
University Area Community Development Corporation Inc	31-1624121

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (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 ")	3,383,693	4,801,428	6,596,354	7,664,820	8,331,547	30,777,842
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	3,383,693	4,801,428	6,596,354	7,664,820	8,331,547	30,777,842
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)						344,345
6 **Public Support** subtract line 5 from line 4						30,433,497

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	3,383,693	19,661	6,596,354	7,664,820	8,331,547	30,777,842
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,772	19,661	73,955	72,391	37,352	212,131
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)			17,464	12,438	12,851	42,753
11 **Total Support** (Add lines 7 through 10)						31,032,726

12 Gross receipts from related activities, etc (See instructions) | 12 | 5,849,483

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	**98.070 %**
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**98.680 %**

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

Additional Data

Software ID:
Software Version:
EIN: 31-1624121
Name: University Area Community Development Corporation Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Victor D Crist , Chairman & CEO	1 00	X		X				0	0	0
T J Couch , Director	1 00	X						0	0	0
Tom Locke , Treasurer	1 00	X		X				0	0	0
Anddrikk Fraizer , Director	1 00	X						0	0	0
Don Granthm , director	1 00	X						0	0	0
Laurence Hall , Vice Chairman	1 00	X		X				0	0	0
Gene Marshall , director	1 00	X						0	0	0
James Petrone , director	1 00	X						0	0	0
Betty Read , director	1 00	X						0	0	0
Norm Stein , director	1 00	X						0	0	0
Curtis Stokes , director	1 00	X						0	0	0
Mark J Thornton , director	1 00	X						0	0	0
Daniel Valdez , director	1 00	X						0	0	0
Leigh Ann McIlwain , Secretary	1 00	X		X				0	0	0
Joseph Caetano , Director	1 00	X						0	0	0
David Cantillo , director	1 00	X						0	0	0
Robert Forsythe , Director	1 00	X						0	0	0
shawn Harrison , director	1 00	X						0	0	0
Paul Tomasino , director	1 00	X						0	0	0
Julian Garcia Jr , Executive director	40 00			X				131,992	0	7,195
Tim L Jewesak , CFO/HR Director	40 00			X				102,461	0	9,661

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

UACDC'S mission is to obtain the necessary resources, support, and direction to improve and sustain a thriving community where great social, financial, educational and health-related challenges exist. In the pursuit of this mission, the UACDC works to further strengthen Hillsborough County's most socially and economically vulnerable neighborhoods through activities, programs, and services. These range from operating a fully-programmed, state-of-the-art Community Center Complex to increasing economic development and affordable housing in the area we serve through innovative partnerships between public and private sectors, as well as a wide range of service providers.

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
University Area Community Development Corporation Inc

Employer identification number
31-1624121

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

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)		
(ii) related organizations	3a(ii)		
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		1,020,000		1,020,000
b Buildings		4,511,422	1,498,934	3,012,488
c Leasehold improvements				
d Equipment		733,318	602,028	131,290
e Other		369,139	234,654	134,485
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,298,263

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	9,436,433
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,188,226
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	248,207
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	248,207

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	9,913,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	350,141		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	126,550		
e	Add lines **2a** through **2d**			2e	476,691
3	Subtract line **2e** from line **1**			3	9,436,433
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,436,433

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

1	Total expenses and losses per audited financial statements			1	9,664,917
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	350,141		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	126,550		
e	Add lines **2a** through **2d**			2e	476,691
3	Subtract line **2e** from line **1**			3	9,188,226
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,188,226

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 XII, Line 2d - Other Adjustments		Special events expenses 126550
Part XIII, Line 2d - Other Adjustments		Special events expenses 126550

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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
University Area Community Development Corporation Inc

Employer identification number
31-1624121

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 Annual Gala (event type)	(b) Event #2 Annual Golf Tournament (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	47,770	10,705		58,475
	2	Less Charitable contributions	0	0		
	3	Gross revenue (line 1 minus line 2)	47,770	10,705		58,475
Direct Expenses	4	Cash Prizes	0	0		
	5	Non-cash Prizes	0	700		700
	6	Rent/Facility costs				
	7	Other direct expenses	104,587	12,100		116,687
	8	Direct expense summary Add lines 4 through 7 in column (d)			▶	117,387
	9	Net income summary Combine lines 3 and 8 in column (d)			▶	-58,912

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 ▶ $				

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
University Area Community Development Corporation Inc

Employer identification number
31-1624121

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 ▶ 17

3 Enter total number of other organizations ▶ 17

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

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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The recipient organizations are required to submit to UACDC monthly expenditure reprots along with all back up documents to substantiate the expenses

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-1624121
Name: University Area Community Development Corporation 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
Muller Elementary (School District of Hillsborough County)13615 N 22nd St Tampa, FL 33613	59-6000660	501(c)(3)	26,043				pay for after school care for needy families
Bay Area Youth Services Inc PO Box 17697 Tampa FL 33682-7697 Tampa, FL 33682	59-2184150	501(c)(3)	1,057,000				grant to local prodigy program
University of South Florida 4202 E Fowler Ave Tampa, FL 33620	59-3102112	501(c)(3)	787,550				grant to local prodigy program
Greaster New Hope Development Corp709 Park Rd Plant City, FL 33563	59-3519433	501(c)(3)	132,607				grant to local prodigy program
Saint Leo UniversityP O Box 6665 Saint Leo, FL 33574	59-1237047	501(c)(3)	198,046				grant to local prodigy program
Orlando Neighborhood Improvement Corp101 S Terry Ave Orlando, FL 32128	59-2669952	501(c)(3)	221,803				grant to local prodigy program
YMCA of Greater St Petersburg Inc201 34th St N St Petersburg, FL 33713	59-0624468	501(c)(3)	124,800				grant to local prodigy program
NMt Carmel Community Development Corp908 Palm Bluff St Clearwater, FL 33755	59-3452129	501(c)(3)	117,649				grant to local prodigy program
Ward Temple AME Church 1017 5th St West Bradenton, FL 34205	65-0185238	501(c)(3)	187,000				grant to local prodigy program
Oasis Community Church of Lakeland3330 Winter Lake Rd Lakeland, FL 33803	59-3427535	501(c)(3)	249,600				grant to local prodigy program

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
Corporation to Develop Communities of Tampa Inc2631 E Lake Ave Tampa, FL 33610	59-3150608	501(c)(3)	124,800				grant to local prodigy program
Youth Empowered to Achieve Inc2225 E 109th Ave Tampa, FL 33612	32-0079842	501(c)(3)	91,200				grant to local prodigy program
Florida Institute for Community Studies Inc 6704 Hanley Rd Tampa, FL 33634	59-3712006	501(c)(3)	187,200				grant to local prodigy program
US Africa Free Enterprise Education Foundation Inc 217 E 7th Ave Tampa, FL 33602	59-3398403	501(c)(3)	72,000				grant to local prodigy program
Institute for Research Evaluation & Policy analysis Inc3406 N Avon Ave Tampa, FL 33603	76-0764175	N/A	72,000				grant to local prodigy program
NAACP - Hillsborough County BranchPO Box 4266 Tampa, FL 33677	59-6200239	501(c)(3)	5,000				support to other organization
USF Alumni Association 4202 E Fowler Ave ALC 100 Tampa, FL 33620	23-7357236	501(c)(3)	10,000				golf tournament sponsorship

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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
University Area Community Development Corporation Inc

Employer identification number
31-1624121

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe Toys)	X	10	374,630	Retail value
26 Other (describe ____)				
27 Other (describe ____)				
28 Other (describe ____)				

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

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
University Area Community Development Corporation Inc

Employer identification number
31-1624121

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	It has long been a goal of the UACDC to increase the supply of` decent and truly affordable housing in our target neighborhood In FY 2009, the organization began to implement the first phase of its affordable housing plan In December, 2008, the Shadow ood Apartments w ere purchased using HOME funds from Hillsborough County and a significant investment of UACDC funds The 24 unit complex w as completely renovated by the UACDC concentrating on energy efficiency Tenants have experienced anyw here from a 40-60 percent reduction in energy costs, w hich is quite significant, particularly for low income families Eighteen of the tw enty four units are set aside for low and very low income households In early 2009, the UACDC purchased Rainbow Apartments, a 72 unit complex adjacent to the UACDC campus The 2/1 units have been renovated, using exclusively UACDC funds, and provide clean, safe, and very inexpensive housing in the neighborhood This project has been very important because the UACDC target neighborhood has been hit particularly hard by the economic dow nturn and apartment complexes are shutting dow n, exacerbating an already bad situation Units in both complexes have been made available, at little or no cost, to families in emergency situations, such as Haitian earthquake refugees, victims of fires, etc The UACDC continues to search for more opportunities to meet this pressing need in the community

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	THE AGENCY BECAME THE PRIMARY PROVIDE/FISCAL AGENT FOR THE PRODIGY CULTURAL ARTS PROGRAM THE UNIVERSITY OF SOUTH FLORIDA WAS PREVIOUSLY THE PRIMARY PROVIDER/FISCAL AGENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		THE EXECUTIVE COMMITTEE IS CONSTITUTED OF THE OFFICERS OF THE ORGANIZATION THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE CORPORATION IN BETWEEN REGULAR BOARD OF DIRECTOR'S MEETINGS THE BOARD OF DIRECTORS MUST VALIDATE THE ACTIONS OF THE EXECUTIVE COMMITTEE AT ITS NEXT REGULAR OR SPECIAL MEETING ANY SUCH ACTION NO SO VALIDATED ARE NOT LEGALLY BINDING ON THE CORPORTION THE CHAIR ACTS AS THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the preparation of the 990 is overseen by both the Executive Director and the CFO After it is prepared the Board of Directors w ill review the return as compared to our audited financial reports before it is filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		It is the responsibility of each employee of the UACDC to discharge his or her duties as an employee in good faith, in a manner the person reasonably believes to be in the best interest of the UACDC, and w ith the care an ordinarily prudent person in a like position w ould exercise under similar circumstances All officers, directors, and employees are covered under this policy This policy covers any individual that has a financial interest either directly or indirectly through business, inverstment, or through his or her family The Executive Director determines w hether an actual conflict exists and has the authority to take appropriate action

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The board of directors review and approve the compensation of the executive director The last year the process w as undertaken w as 2008 The board of directors and the finance committee establish the budget for each position With the concurrence of the board, the executive director may adjust the salary of officers or key employees based on performance

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization w ill provide copies of the organization's governing documents, conflict of interest policy and financial statements upon request

Identifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	Other Income

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
University Area Community Development Corporation Inc

Employer identification number
31-1624121

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
University of South Florida Area Community Civic Association 14013 N 22nd st ste B tampa, FL33613 59-3110958	civic association	FL	501(C)(4)	N/A	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership**

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No