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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
UNITED WAY OF NORTH CENTRAL FLORIDA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 6031 NW 1ST PLACE | Room/suite

City or town, state or country, and ZIP + 4
GAINESVILLE, FL 32607

D Employer identification number
59-0808855

E Telephone number
(352) 331-2800

G Gross receipts $ 3,375,180

F Name and address of principal officer
KAREN G BRICKLEMYER
6031 NW 1ST PLACE
GAINESVILLE, FL 32607

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 Website: ▶ WWW UNITEDWAYNCFL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1964 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE UNITED WAY OF NORTH CENTRAL FLORIDA IS TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of employees (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	1,200
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,551,604	3,187,042
9	Program service revenue (Part VIII, line 2g)	108,615	163,975
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,253	15,918
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,238	8,245
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,699,710	3,375,180
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,137,672	2,319,877
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)	797,459	736,118
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶329,371		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	402,600	389,775
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,337,731	3,445,770
19	Revenue less expenses Subtract line 18 from line 12	361,979	-70,590

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	3,135,351	3,385,242
21	Total liabilities (Part X, line 26)	698,676	942,853
22	Net assets or fund balances Subtract line 21 from line 20	2,436,675	2,442,389

Part II Signature Block

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

Sign Here

****** | 2011-01-18
Signature of officer | Date

KAREN G BRICKLEMYER PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ FRANK WALTERS CPA	Date 2011-01-18	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARR RIGGS & INGRAM LLC 4010 NW 25 PLACE GAINESVILLE, FL 326066623			EIN ▶ Phone no ▶ (352) 372-6300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF THE UNITED WAY OF NORTH CENTRAL FLORIDA IS TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF 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 501(c)(4) organizations and section 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 $ 2,410,308 including grants of $ 2,013,738) (Revenue $ 135,247)

UNITED WAY OFFERS CONTRIBUTORS THE OPPORTUNITY TO DESIGNATE THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES THESE FUNDS WERE DISTRIBUTED BY THE DONORS CHOICE

4b (Code) (Expenses $ 311,033 including grants of $ 306,139) (Revenue $ 17,447)

UNITED WAY OF NORTH CENTRAL FLORIDA ALLOCATED FUNDING TO A PROGRAM IT CALLS SUCCESS BY SIX THIS PROGRAM RAISES AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT AND AIMS TO HAVE KIDS READY FOR SCHOOL AT AGE SIX

4c (Code) (Expenses $ 158,502 including grants of $) (Revenue $ 8,894)

UNITED WAY OF NORTH CENTRAL FLORIDA PROIDES AN INFORMATION AND REFERRAL SERVICE TO THE PUBLIC AND MAINTAINS A HUMAN SERVICES DIRECTORY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 42,393 including grants of $) (Revenue $ 2,387)

4e **Total program service expenses** ▶ $ 2,922,236

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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**		No
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 sections 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	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	8		
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	22		
b	If at least one is reported on line 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 (see instructions)	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 24		
b	Enter the number of voting members that are independent . .	1b 24		
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 ▶

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 ▶

KAREN BRICKLEMYER
6031 NW 1 PLACE
GAINESVILLE, FL 32607
(352) 331-2800

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	104,456		6,267

2 Total number of individuals (including but not limited to those listed above) 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 on line 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 but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,187,042				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,187,042			
Program Service Revenue		Business Code				
	2a	ADMINISTRATIVE FEES REVENUE	94,972	94,972		
	b	COMMUNITY IMPACT GRANTS	69,003	69,003		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	163,975			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	15,918			15,918
	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 $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . 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	OTHER REVENUE - MISC	5,568			5,568
	b	OTHER REVENUE - 211	2,677			2,677
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	8,245			
	12	**Total revenue.** See Instructions . . . ▶	3,375,180	163,975		24,163

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	2,319,877	2,319,877		
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	108,973	58,015	21,228	29,730
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	495,911	264,019	96,599	135,293
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,481	15,860	6,090	8,531
9 Other employee benefits	54,076	28,135	10,807	15,134
10 Payroll taxes	46,677	24,540	9,222	12,915
11 Fees for services (non-employees)				
a Management				
b Legal	500	219	117	164
c Accounting	16,650	7,296	3,896	5,458
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	59,846	11,705	6,250	41,891
12 Advertising and promotion	32,976	5,019	2,826	25,131
13 Office expenses	78,153	40,399	15,277	22,477
14 Information technology	17,687	7,750	4,139	5,798
15 Royalties				
16 Occupancy	26,296	11,193	6,291	8,812
17 Travel	5,620	2,784	1,181	1,655
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,834	6,915	2,882	4,037
20 Interest				
21 Payments to affiliates	42,393	42,393		
22 Depreciation, depletion, and amortization	27,755	14,776	5,406	7,573
23 Insurance	6,665	2,918	1,564	2,183
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 GRANT EXPENSE	49,376	49,376		
b BACKPACK PROGRAM EXPENSE	6,399	6,399		
c PUBLIX EMPLOYEE EMER FUND	1,958	1,958		
d AWARDS	1,628			1,628
e BUILDING MAINTENANCE	1,620	690	388	542
f All other expenses	419			419
25 **Total functional expenses.** Add lines 1 through 24f	3,445,770	2,922,236	194,163	329,371
26 **Joint costs.** Check here ▶ ☐ 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		12,985	1	36,324
	2	Savings and temporary cash investments		1,181,487	2	1,627,337
	3	Pledges and grants receivable, net		1,491,422	3	1,296,630
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		15,292	9	12,112
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 745,569			
	b	Less accumulated depreciation	10b 338,797	429,288	10c	406,772
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,877	15	6,067
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,135,351	16	3,385,242
Liabilities	17	Accounts payable and accrued expenses		12,966	17	37,655
	18	Grants payable		637,516	18	842,276
	19	Deferred revenue			19	20,087
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		48,194	25	42,835
	26	**Total liabilities.** Add lines 17 through 25		698,676	26	942,853
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		2,337,618	27	2,339,872
	28	Temporarily restricted net assets		46,274	28	49,734
	29	Permanently restricted net assets		52,783	29	52,783
		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		2,436,675	33	2,442,389
	34	Total liabilities and net assets/fund balances		3,135,351	34	3,385,242

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTH CENTRAL FLORIDA INC

Employer identification number
59-0808855

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,455,535	3,860,006	3,841,096	3,551,604	3,187,042	16,895,283
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,455,535	3,860,006	3,841,096	3,551,604	3,187,042	16,895,283
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,209,105
6 **Public Support.** Subtract line 5 from line 4						11,686,178

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,455,535	82,897	3,841,096	3,551,604	3,187,042	16,895,283
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,600	82,897	58,905	32,253	15,918	226,573
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,665	14,449	55,963	7,238	8,245	89,560
11 **Total support** (Add lines 7 through 10)						17,211,416

12	Gross receipts from related activities, etc (See instructions)	12	425,956

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** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	67 900 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	77 900 %

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTH CENTRAL FLORIDA INC

Employer identification number
59-0808855

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement 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	52,783	52,783			
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	52,783	52,783			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- 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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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) Accumulated depreciation	(d) Book value
1a Land		136,000		136,000
b Buildings		336,124	105,367	230,757
c Leasehold improvements				
d Equipment		273,445	233,430	40,015
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				406,772

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
COMPENSATED ABSENCES	29,028
LEASE PAYABLE-LONG TERM	13,807
DEFERRED COMPENSATION	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	42,835

2. Fin 48 Footnote 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	3,375,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,445,770
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-70,590
4	Net unrealized gains (losses) on investments	4	76,304
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	76,304
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,714

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	2,063,971
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	76,304		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	76,304
3	Subtract line **2e** from line **1**			3	1,987,667
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	1,387,513		
c	Add lines **4a** and **4b**			4c	1,387,513
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,375,180

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

1	Total expenses and losses per audited financial statements			1	2,058,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,058,257
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	1,387,513		
c	Add lines **4a** and **4b**			4c	1,387,513
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,445,770

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	UNITED WAY CREATED AN ENDOWMENT FUND TO PROVIDE DONORS GIFT PLANNING OPPORTUNITIES THAT WILL ADD STABILITY TO THE ANNUAL CAMPAIGN, ENSURE RESOURCES FOR LONG-TERM GROWTH AND INCREASE THE ABILITY TO MEET CHANGING COMMUNITY NEEDS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DONOR CHOICE DONATIONS -1,387,513 DONOR CHOICE DONATIONS 1,387,513
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR CHOICE DONATIONS 1,387,513
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	DONOR CHOICE DONATIONS 1,387,513

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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 United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTH CENTRAL FLORIDA INC

Employer identification number
59-0808855

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" to 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 (Form 990) if additional space is needed . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 263

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	AGENCIES RECEIVING DESIGNATIONS ARE REQUIRED TO PROVIDE OFFICIAL DOCUMENTATION AS TO 501(C)3 STATUS, PATRIOT ACT COMPLIANCE, AND VERIFICATION OF FEDERAL ID NUMBER AGENCIES RECEIVING COMMUNITY IMPACT AWARDS HAVE PERIODIC REPORTING REQUIREMENTS AND ARE AWARDED BY COMMITTEE WHICH REVIEWS PROGRAM OUTCOMES AND FINANCIAL STABILITY AND RESPONSIBILITY

Additional Data Return to Form

Software ID:
Software Version:
EIN: 59-0808855
Name: UNITED WAY OF NORTH 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
ACORN6031 NW 1ST PLACE GAINESVILLE,FL 32607			63,012				COMMUNITY INVESTMENT
ALACHUA CONSERVATION TRUST INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			15,794				COMMUNITY INVESTMENT
ALACHUA COUNTY HUMANE SOCIETY6031 NW 1ST PLACE GAINESVILLE,FL 32607			55,296				COMMUNITY INVESTMENT
ALACHUA COUNTY LIBRARY DISTRICT FND 6031 NW 1ST PLACE GAINESVILLE,FL 32607			8,022				COMMUNITY INVESTMENT
ALACHUA COUNTY ORGANIZATION FOR RUR 6031 NW 1ST PLACE GAINESVILLE,FL 32607			48,375				COMMUNITY INVESTMENT
ALACHUA COUNTY PUBLIC SCHOOL FOUNDA6031 NW 1ST PLACE GAINESVILLE,FL 32607			14,484				COMMUNITY INVESTMENT
ALACHUA HABITAT FOR HUMANITY6031 NW 1ST PLACE GAINESVILLE,FL 32607			43,815				COMMUNITY INVESTMENT
AMERICAN RED CROSS NCFL CHAPTER6031 NW 1ST PLACE GAINESVILLE,FL 32607			25,672				COMMUNITY INVESTMENT
ARBOR HOUSE INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			17,725				COMMUNITY INVESTMENT
ARC OF ALACHUA COUNTY 6031 NW 1ST PLACE GAINESVILLE,FL 32607			9,586				COMMUNITY INVESTMENT

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 SISTERS6031 NW 1ST PLACE GAINESVILLE,FL 32607			24,283				COMMUNITY INVESTMENT
BOY SCOUTS OF AMERICA NORTH FL COU6031 NW 1ST PLACE GAINESVILLE,FL 32607			24,960				COMMUNITY INVESTMENT
BOYS & GIRLS CLUB6031 NW 1ST PLACE GAINESVILLE,FL 32607			119,167				COMMUNITY INVESTMENT
BOYS & GIRLS CLUB OF ALACHUA CTY6031 NW 1ST PLACE GAINESVILLE,FL 32607			20,403				COMMUNITY INVESTMENT
CATHOLIC CHARITIES BUREAU INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			39,629				COMMUNITY INVESTMENT
CATHOLIC CHARITIES USA 6031 NW 1ST PLACE GAINESVILLE,FL 32607			66,183				COMMUNITY INVESTMENT
CFC - ANIMAL CHARITIES OF AMER6031 NW 1ST PLACE GAINESVILLE,FL 32607			12,471				COMMUNITY INVESTMENT
CFC - CANCERCURE OF AMERICA6031 NW 1ST PLACE GAINESVILLE,FL 32607			5,556				COMMUNITY INVESTMENT
CFC - COMMUNITY HEALTH CHARITIES6031 NW 1ST PLACE GAINESVILLE,FL 32607			10,321				COMMUNITY INVESTMENT
CFC - COMMUNITY HEALTH CHARITIES OF6031 NW 1ST PLACE GAINESVILLE,FL 32607			5,310				COMMUNITY INVESTMENT

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
CFC - EARTH SHARE6031 NW 1ST PLACE GAINESVILLE,FL 32607			8,920				COMMUNITY INVESTMENT
CFC - GLOBAL IMPACT 6031 NW 1ST PLACE GAINESVILLE,FL 32607			10,404				COMMUNITY INVESTMENT
CFC - HEALTH & MED RES CHAR6031 NW 1ST PLACE GAINESVILLE,FL 32607			7,749				COMMUNITY INVESTMENT
CFC - MILITARY VET & PATRIOTI (PL6031 NW 1ST PLACE GAINESVILLE,FL 32607			7,404				COMMUNITY INVESTMENT
CFC - UNITED WAY OF MARION COUNTY6031 NW 1ST PLACE GAINESVILLE,FL 32607			6,292				COMMUNITY INVESTMENT
CHILD ABUSE PREVENTION CAPP6031 NW 1ST PLACE GAINESVILLE,FL 32607			121,182				COMMUNITY INVESTMENT
CHILD ADVOCACY CENTER 6031 NW 1ST PLACE GAINESVILLE,FL 32607			54,210				COMMUNITY INVESTMENT
CHILDREN'S HOME SOCIETY6031 NW 1ST PLACE GAINESVILLE,FL 32607			32,123				COMMUNITY INVESTMENT
EARLY LEARNING COALITION6031 NW 1ST PLACE GAINESVILLE,FL 32607			85,866				COMMUNITY INVESTMENT
EARLY LEARNING COALITION OF ALACHUA 6031 NW 1ST PLACE GAINESVILLE,FL 32607			7,430				COMMUNITY INVESTMENT

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
ELDERCARE OF ALACHUA COUNTY6031 NW 1ST PLACE GAINESVILLE,FL 32607			126,791				COMMUNITY INVESTMENT
FLORIDA 4-H CLUB FOUNDATION INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			5,741				COMMUNITY INVESTMENT
FLORIDA CAMP FOR CHILDREN & YOUTH W6031 NW 1ST PLACE GAINESVILLE,FL 32607			8,825				COMMUNITY INVESTMENT
FLORIDA DEFENDERS OF THE ENVIRONMEN6031 NW 1ST PLACE GAINESVILLE,FL 32607			10,454				COMMUNITY INVESTMENT
FLORIDA WILDLIFE CARE INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			6,757				COMMUNITY INVESTMENT
FLORIDA WILDLIFE FEDERATION6031 NW 1ST PLACE GAINESVILLE,FL 32607			6,872				COMMUNITY INVESTMENT
FSECC - AMERICA'S CHARITIES6031 NW 1ST PLACE GAINESVILLE,FL 32607			20,231				COMMUNITY INVESTMENT
FSECC - COMMUNITY HEALTH CHARITIES6031 NW 1ST PLACE GAINESVILLE,FL 32607			19,532				COMMUNITY INVESTMENT
FSECC - INDEPENDENT CHARITIES OF AM6031 NW 1ST PLACE GAINESVILLE,FL 32607			22,321				COMMUNITY INVESTMENT
FSECC - NEIGHBOR TO NATION6031 NW 1ST PLACE GAINESVILLE,FL 32607			6,800				COMMUNITY INVESTMENT

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
FSECC - UNDESIGNATED 6031 NW 1ST PLACE GAINESVILLE, FL 32607			31,396				COMMUNITY INVESTMENT
GAINESVILLE COMMUNITY MINISTRY6031 NW 1ST PLACE GAINESVILLE, FL 32607			21,492				COMMUNITY INVESTMENT
GAINESVILLE HARVEST INC6031 NW 1ST PLACE GAINESVILLE, FL 32607			29,308				COMMUNITY INVESTMENT
GAINESVILLE PET RESCUE 6031 NW 1ST PLACE GAINESVILLE, FL 32607			56,450				COMMUNITY INVESTMENT
GILCHRIST CO SCHOOL BOARD6031 NW 1ST PLACE GAINESVILLE, FL 32607			22,500				COMMUNITY INVESTMENT
GIRL SCOUTS OF GATEWAY COUNCIL INC6031 NW 1ST PLACE GAINESVILLE, FL 32607			18,496				COMMUNITY INVESTMENT
GIRLS CLUB6031 NW 1ST PLACE GAINESVILLE, FL 32607			11,605				COMMUNITY INVESTMENT
GIRLS PLACE INC6031 NW 1ST PLACE GAINESVILLE, FL 32607			10,751				COMMUNITY INVESTMENT
HAVEN HOSPICE OF NORTH CENTRAL FLOR 6031 NW 1ST PLACE GAINESVILLE, FL 32607			86,971				COMMUNITY INVESTMENT
HEALTHY FAMILIES6031 NW 1ST PLACE GAINESVILLE, FL 32607			67,550				COMMUNITY INVESTMENT

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
HEALTH SERVICES INC (CDS)6031 NW 1ST PLACE GAINESVILLE,FL 32607			34,202				COMMUNITY INVESTMENT
HOME INSTRUCT FOR PAR HIPPY6031 NW 1ST PLACE GAINESVILLE,FL 32607			75,000				COMMUNITY INVESTMENT
HOPE HORSES HELPING PEOPLE INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			5,558				COMMUNITY INVESTMENT
NO MORE HOMELESS PETS INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			11,562				COMMUNITY INVESTMENT
NORTH CENTRAL FLORIDA YMCA6031 NW 1ST PLACE GAINESVILLE,FL 32607			8,825				COMMUNITY INVESTMENT
PACE CENTER FOR GIRLS OF ALACHUA6031 NW 1ST PLACE GAINESVILLE,FL 32607			7,846				COMMUNITY INVESTMENT
PEACEFUL PATHS6031 NW 1ST PLACE GAINESVILLE,FL 32607			73,620				COMMUNITY INVESTMENT
PEACEFUL PATHS DOMESTIC ABUSE NETWO 6031 NW 1ST PLACE GAINESVILLE,FL 32607			34,449				COMMUNITY INVESTMENT
PLANNED PARENTHOOD 6031 NW 1ST PLACE GAINESVILLE,FL 32607			36,630				COMMUNITY INVESTMENT
RONALD MCDONALD HOUSE OF GAINESVILL 6031 NW 1ST PLACE GAINESVILLE,FL 32607			37,822				COMMUNITY INVESTMENT

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
SHANDS CANCER HOSPITAL6031 NW 1ST PLACE GAINESVILLE,FL 32607			10,000				COMMUNITY INVESTMENT
ST FRANCIS HOUSE6031 NW 1ST PLACE GAINESVILLE,FL 32607			102,449				COMMUNITY INVESTMENT
STOP CHILDREN'S CANCER INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			16,031				COMMUNITY INVESTMENT
THREE RIVERS LEGAL SERVICES6031 NW 1ST PLACE GAINESVILLE,FL 32607			7,668				COMMUNITY INVESTMENT
UFCC - COMM HEALTH CHAR OF FLORIDA6031 NW 1ST PLACE GAINESVILLE,FL 32607			127,030				COMMUNITY INVESTMENT
VETSPACE INC6031 NW 1ST PLACE GAINESVILLE,FL 32607			11,212				COMMUNITY INVESTMENT

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTH CENTRAL FLORIDA INC

Employer identification number
59-0808855

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS PROVIDE SERVICES IN THE FOLLOWING AREAS, AS NEEDED - BOARD/POLICY MAKING - CAMPAIGN WORKERS - CAMPAIGN COORDINATORS - COMMUNITY IMPACT - DIRECT SERVICE - DAY OF ACTION VOLUNTEERS - OTHER AREAS AS NEEDED

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	ADVANCING THE COMMON GOOD BY FOCUSING ON EDUCATION, INCOME, AND HEALTH LEADS THE COMMUNITY TO FOCUS ON ISSUES AND BUILD SOLUTIONS THROUGH GIVING, ADVOCATING, AND VOLUNTEERING

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A COPY OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE CHAIR AND PROVIDED TO THE BOARD BEFORE FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION ENSURES THAT THE BOARD MEMBER DISCUSSES AND REFUSES PARTICIPATION IN ANY MATTERS THAT ARE CONSIDERED A CONFLICT OF INTEREST THE CEO REVIEWS THIS POLICY FOR ENFORCEMENT OF COMPLIANCE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS BASED ON A PERFORMANCE EVALUATION MEASURED BY PREVIOUSLY DEFINED GOALS OFFICERS ARE REQUIRED TO PROVIDE AN ASSESSMENT OF GOALS ACHIEVED TO THE EXECUTIVE COMMITTEE COMPARABILITY DATA FROM OTHER UNITED WAY AGENCIES IS USED AS WELL AS REVIEWS OF OTHER OFFICER SALARIES AND BENEFITS EMPLOYED IN SIMILAR EMPLOYMENT SITUATIONS THE EXECUTIVE COMMITTEE MEETS TO DETERMINE COMPENSATION AND IT IS THEN APPROVED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION IS BASED ON A PERFORMANCE EVALUATION MEASURED BY PREVIOUSLY DEFINED GOALS OFFICERS ARE REQUIRED TO PROVIDE AN ASSESSMENT OF GOALS ACHIEVED TO THE EXECUTIVE COMMITTEE COMPARABILITY DATA FROM OTHER UNITED WAY AGENCIES IS USED AS WELL AS REVIEWS OF OTHER OFFICER SALARIES AND BENEFITS EMPLOYED IN SIMILAR EMPLOYMENT SITUATIONS THE EXECUTIVE COMMITTEE MEETS TO DETERMINE COMPENSATION AND IT IS THEN APPROVED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE FINANCIAL STATEMENTS AND 990 ANNUAL REPORT ARE AVAILABLE FOR VIEWING ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990 PART IX, LINE 1 COMMUNITY INVESTMENT PROCESS UNITED WAY IS FOCUSED ON ADDRESSING CRITICAL ISSUES AND CREATING LASTING CHANGE UNITED WAY IS INVESTING THESE FUNDS IN STRATEGIES AND PROGRAMS THAT ARE MAKING AN IMPACT ON THE AREA OF GREATEST NEED IN OUR COMMUNITY MORE THAN 63 VOLUNTEERS FROM 29 DIFFERENT ORGANIZATIONS SPENT MORE THAN 1575 HOURS REVIEWING EXTENSIVE GRANT APPLICATIONS, ATTENDING SITE VISITS AND EVALUATING PRESENTATIONS BEFORE MAKING FUNDING DECISIONS THIS ENHANCED PROCESS IS DESIGNED TO ACHIEVE UNITED WAY'S GOAL OF CREATING COMMUNITY IMPACT BY INVESTING IN FOCUSED STRATEGIES AND HIGH PERFORMANCE PROGRAMS THAT ACHIEVE RESULTS WITH LARGE POPULATIONS OF AT RISK PEOPLE

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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

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED WAY OF NORTH CENTRAL FLORIDA INC	INDIRECT DEPRECIATION	59-0808855

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	

6	(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 2008 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 2010 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	27,755

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 2009	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 2009 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	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV **Summary** (see instructions)

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 instructions	22	27,755
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	

21 Listed proper

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 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 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: 59-0808855

Name: UNITED WAY OF NORTH CENTRAL FLORIDA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 42,393 including grants of $) (Revenue $ 2,387)

ADVANCING THE COMMON GOOD BY FOCUSING ON EDUCATION, INCOME, AND HEALTH LEADS THE COMMUNITY TO FOCUS ON ISSUES AND BUILD SOLUTIONS THROUGH GIVING, ADVOCATING, AND VOLUNTEERING

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRENT CHRISTENSEN BOARD MEMBER	1 00	X						0	0	0
ROLAND DANIELS BOARD MEMBER	1 00	X						0	0	0
CAROLYN BARRETT BOARD MEMBER	1 00	X						0	0	0
ERIC GODET BOARD MEMBER	1 00	X						0	0	0
JANE ADAMS BOARD MEMBER	1 00	X						0	0	0
JIM STRINGFELLOW BOARD MEMBER	1 00	X						0	0	0
LUCY GODDARD TEEL BOARD MEMBER	1 00	X						0	0	0
RUSSELL BLACKBURN BOARD MEMBER	1 00	X						0	0	0
TIM GOLDFARB BOARD MEMBER	1 00	X						0	0	0
DENNY GIES BOARD MEMBER	1 00	X						0	0	0
MATTHEW FAJACK BOARD MEMBER	1 00	X						0	0	0
SOL HIRSCH BOARD MEMBER	1 00	X						0	0	0
NORA JONES BOARD MEMBER	1 00	X						0	0	0
TONY JONES BOARD MEMBER	1 00	X						0	0	0
ED POPPELL BOARD MEMBER	1 00	X						0	0	0
CAROLYN LUKERT BOARD MEMBER	1 00	X						0	0	0
ESTER TIBBS BOARD MEMBER	1 00	X						0	0	0
DR KAREN COLE-SMITH BOARD MEMBER	1 00	X						0	0	0
FREDDIE WEHBE CAMPAIGN	1 00	X		X				0	0	0
ANDY SHERRARD CAMPAIGN	1 00	X		X				0	0	0
MICHAEL GALLAGHER CHAIR	1 00	X		X				0	0	0
QUENTA VETTEL COMM CHAIR	1 00	X		X				0	0	0
BEN I DOERR JR FIN CHAIR	1 00	X		X				0	0	0
SANDY HOLLINGER PAST CHAIR	1 00	X		X				0	0	0
KAREN BRICKLEMYER PRESIDENT	40 00			X				104,456	0	6,267

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GRANT EXPENSE	49,376	49,376		
BACKPACK PROGRAM EXPENSE	6,399	6,399		
PUBLIX EMPLOYEE EMER FUND	1,958	1,958		
AWARDS	1,628			1,628
BUILDING MAINTENANCE	1,620	690	388	542