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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 CENTRAL FLORIDA INC

Doing Business As

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

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

D Employer identification number
59-2116280

E Telephone number
(863) 648-1500

G Gross receipts $ 10,411,655

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UWCF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1980 | **M** State of legal domicile FL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	39
5	Total number of employees (Part V, line 2a)	**5**	49
6	Total number of volunteers (estimate if necessary)	**6**	1,700
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**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	9,506,361	9,039,523
	9 Program service revenue (Part VIII, line 2g)	509,368	510,916
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-79,494	-30,304
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,385	81,587
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,015,620	9,601,722
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,720,827	6,853,534
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,065,943	2,021,046
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 863,593		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	949,297	1,057,431
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,736,067	9,932,011
	19 Revenue less expenses Subtract line 18 from line 12	279,553	-330,289

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	18,269,533	18,744,841
	21 Total liabilities (Part X, line 26)	8,533,463	9,039,902
	22 Net assets or fund balances Subtract line 21 from line 20	9,736,070	9,704,939

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

****** | 2011-05-11
Signature of officer | Date

Terry Worthington PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Edith L Yates	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BAYLIS & COMPANY PA CPAs 53 LAKE MORTON DRIVE LAKELAND, FL 338015344			EIN ▶ Phone no ▶ (863) 688-8841

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 7,190,892 including grants of $ 6,853,534) (Revenue $ 466,236)

COMMUNITY IMPACT - THROUGH A CONTINUING COMMUNITY ASSESSMENT PROCESS MORE THAN 100 VOLUNTEERS ON 15 TEAMS HAVE GUIDED THE ORGANIZATION TO COMMUNITY INITIATIVES FOCUSED ON MEASURABLE RESULTS IN THE FOCUS AREAS Education, Income and Health These volunteers visit program sites, review previous investments, program goals and outcomes, and make recommendations about the most effective way to meet critical community needs We believe that it's not enough to help children who are already performing below grade level in school, we work to change conditions that lead to school failure in the first place Children who enter school ready to succeed are more likely to perform at grade level and to graduate from high school Children who drop out of school are more likely to use drugs, get pregnant, get arrested and have difficulty finding work The consequences of school failure are widespread and long-lasting Thirty-eight programs funded by the UWCF focus on helping kids to succeed in school An additional 14 are funded by grants and sponsorships We believe that it's not enough to feed a hungry family, we work to change the conditions that lead to their hunger in the first place Experts agree the most common description of a child in poverty is a child from a one parent home United Way of Central Florida's major program to address the root cause of this is the UW Financial Stability Partnership Partners are convened and mobilized to address ways to stabilize families past a crisis, first by increasing income (increasing job skills and opportunities), second, by promoting increased savings The third is by changing savings into assets like reliable transportation to access better jobs, or savings for higher education, or savings to purchase a home or small business Twenty-two programs funded by United Way of Central Florida focus on keeping families strong We believe that it's not enough to educate our community about health issues, we work to change conditions that lead to poor health in the first place We partner with our community to increase access to health care and pharmaceuticals while also helping to change diet and exercise behaviors We partner with groups that help the young, the old and those with disabilities to make choices that promote wellness and independence in a measurable way Twenty-four programs funded by the United Way of Central Florida focus on promoting wellness and independence United Way of Central Florida also serves the public as a means to collect resources that are forwarded to other health and human service organizations not currently participating in our comprehensive program review and allocation process In addition, increased funding for needs related to national disasters is processed by the United Way Finally, when the community is affected by large scale lay-offs, the United Way joins community partners to help with job training and related services along with short-term financial assistance to help families begin again

4b (Code) (Expenses $ 328,912 including grants of $) (Revenue $)

MASTER TEACHER - Success By 6 Master Teacher - a supervised internship provided on-site in childcare centers serving children from low-income families In 2009/10, four Master Teachers provided supervised internships for 89 childcare instructors teaching 522 children at 38 childcare centers and Family Childcare Homes After Master Teacher Training, test scores improved from 11-68% with an average improvement of 34% on the Florida State Assessment (99 quality indicators) and/or Reddy Measurement % of age appropriate on-task behaviors Since 1995, UWCF's SB6 has focused on early literacy to help children enter school ready to succeed Ninety-seven (97) percent (35 of 36) of pre-school classrooms with teachers who complete a 160-hour on-site internship supervised by a Master Teacher will improve the quality of classroom environment, teacher/child interaction and age-appropriate on-task behaviors, by at least fifteen (15) percent as measured by pre- and post-testing (Family Childcare Homes provide for smaller groups of children and receive 80 hours of training, otherwise, the same outcome applies) Pre/post-language scores for children scoring below age level will score closer to their chronological age

4c (Code) (Expenses $ 312,326 including grants of $) (Revenue $ 44,680)

FAMILY FUNDAMENTALS - An outreach of Success By 6 - Family Fundamentals is a "one-stop" parent resource center which mobilizes partnerships with more than fifty human service organizations providing parents and family members with activities, classes, reading, tutoring and other programs designed to strengthen the development of our children and family relationships Class and event registrations attendance totaled 29,452 in 2009/10 including parents, caregivers & children Forty seven percent of the people who come to Family Fundamentals for an initial program, service or event will return to take advantage of at least one additional program or service to help them prepare their children to be successful in school

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

(Expenses $ 565,784 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 8,397,914

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	Yes	
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**	Yes	
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**	Yes	
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**	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 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	11		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	49		
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**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 39		
b	Enter the number of voting members that are independent . .	1b 39		
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 ▶ FL

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

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

1a Complete this table for all persons required to be listed 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 . . . . . ▶	277,390	0	61,421

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**	Yes	
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 ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	8,408,738				
	b	Membership dues					
	c	Fundraising events	45,074				
	d	Related organizations	139,040				
	e	Government grants (contributions)	45,400				
	f	All other contributions, gifts, grants, and similar amounts not included above	401,271				
	g	Noncash contributions included in lines 1a-1f $ 40,568					
	h	**Total.** Add lines 1a-1f		9,039,523			
Program Service Revenue			Business Code				
	2a	SERVICE FEES	900,099	510,916	510,916		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		510,916			
	3	Investment income (including dividends, interest and other similar amounts)		104,403			104,403
	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	639,670				
	b	Less cost or other basis and sales expenses	774,377				
	c	Gain or (loss)	-134,707				
	d	Net gain or (loss)		-134,707			-134,707
Other Revenue	8a	Gross income from fundraising events (not including $ 45,074 of contributions reported on line 1c) See Part IV, line 18	a 9,596				
	b	Less direct expenses	b 31,513				
	c	Net income or (loss) from fundraising events		-21,917			-21,917
	9a	Gross income from gaming activities See Part IV, line 19	a 8,308				
	b	Less direct expenses	b 4,043				
	c	Net income or (loss) from gaming activities		4,265			4,265
	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	SPLIT INTEREST TRUST	900,099	89,261			89,261
	b	MISCELLANEOUS	900,099	9,978			9,978
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		99,239			
	12	**Total revenue.** See Instructions		9,601,722	510,916	0	51,283

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,823,002	6,823,002		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	30,532	30,532		
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	275,778	118,902	129,598	27,278
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	1,265,748	563,935	329,524	372,289
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	177,846	73,955	59,651	44,240
9 Other employee benefits	186,045	71,801	62,821	51,423
10 Payroll taxes	115,629	49,435	32,516	33,678
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	36,182		36,182	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	17,435	17,435		
g Other	111,823	95,047	10,886	5,890
12 Advertising and promotion	143,545	36,770	16,344	90,431
13 Office expenses	185,199	125,586	55,302	4,311
14 Information technology	55,066	13,012	39,430	2,624
15 Royalties				
16 Occupancy	175,062	89,474	74,322	11,266
17 Travel	42,030	14,825	6,135	21,070
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,419	5,401	3,946	5,072
20 Interest				
21 Payments to affiliates	85,726		85,726	
22 Depreciation, depletion, and amortization	74,373	35,325	18,378	20,670
23 Insurance	4,564		3,576	988
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CATERING EXPENSE	43,742	3,408	10,664	29,670
b MEMBERSHIP DUES	26,829	752	23,505	2,572
c EQUIPMENT MAINTENANCE	22,260	10,563	7,959	3,738
d MISCELLANEOUS	19,176	3,047	4,811	11,318
e ALLOCATION OF MKTG & IT	0	215,707	-340,772	125,065
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,932,011	8,397,914	670,504	863,593
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		2,616	1	1,551
	2	Savings and temporary cash investments		3,030,889	2	3,678,257
	3	Pledges and grants receivable, net		12,108,261	3	11,801,407
	4	Accounts receivable, net		57,907	4	61,085
	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		43,163	9	30,898
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,317,992			
	b	Less accumulated depreciation	10b 1,645,603	717,670	10c	672,389
	11	Investments—publicly traded securities		1,556,492	11	1,736,857
	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		752,535	15	762,397
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,269,533	16	18,744,841
Liabilities	17	Accounts payable and accrued expenses		120,861	17	165,628
	18	Grants payable		8,266,758	18	8,779,454
	19	Deferred revenue			19	
	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		145,844	25	94,820
	26	**Total liabilities.** Add lines 17 through 25		8,533,463	26	9,039,902
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,978,214	27	6,816,168
	28	Temporarily restricted net assets		1,819,166	28	1,923,353
	29	Permanently restricted net assets		938,690	29	965,418
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,736,070	33	9,704,939
	34	Total liabilities and net assets/fund balances		18,269,533	34	18,744,841

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		No
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 CENTRAL FLORIDA INC

Employer identification number
59-2116280

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 ")	7,295,019	8,260,413	8,879,562	9,506,361	9,039,523	42,980,878
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	7,295,019	8,260,413	8,879,562	9,506,361	9,039,523	42,980,878
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)						15,183,953
6 **Public Support.** Subtract line 5 from line 4						27,796,925

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	7,295,019	269,810	8,879,562	9,506,361	9,039,523	42,980,878
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	210,192	269,810	252,440	132,904	104,403	969,749
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	605,178	601,150	598,113	607,870	565,475	2,977,786
11 **Total support** (Add lines 7 through 10)						46,928,413

12	Gross receipts from related activities, etc (See instructions)	12	250,952

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	59 230 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	71 220 %

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 CENTRAL FLORIDA INC

Employer identification number
59-2116280

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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	1,366,620	1,364,001			
b Contributions	16,866	215,776			
c Investment earnings or losses	69,476	-158,937			
d Grants or scholarships					
e Other expenditures for facilities and programs	59,614	54,220			
f Administrative expenses					
g End of year balance	1,393,348	1,366,620			

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

- a Board designated or quasi-endowment ▶ **30.710 %**
- b Permanent endowment ▶ **69.290 %**
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
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) Accumulated depreciation	(d) Book value
1a Land		100,000		100,000
b Buildings		1,003,290	496,069	507,221
c Leasehold improvements		435,852	435,852	0
d Equipment		737,375	672,576	64,799
e Other		41,475	41,106	369
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				672,389

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	
SPLIT INTEREST TRUST	94,820
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	94,820

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	9,601,722
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,932,011
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-330,289
4	Net unrealized gains (losses) on investments	4	289,296
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	9,862
9	Total adjustments (net) Add lines 4 - 8	9	299,158
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-31,131

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

1	Total revenue, gains, and other support per audited financial statements			1	8,972,973
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	289,296		
b	Donated services and use of facilities	2b	24,778		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	9,862		
e	Add lines **2a** through **2d**			2e	323,936
3	Subtract line **2e** from line **1**			3	8,649,037
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	17,435		
b	Other (Describe in Part XIV)	4b	935,250		
c	Add lines **4a** and **4b**			4c	952,685
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,601,722

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

1	Total expenses and losses per audited financial statements			1	9,004,104
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	24,778		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	24,778
3	Subtract line **2e** from line **1**			3	8,979,326
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	17,435		
b	Other (Describe in Part XIV)	4b	935,250		
c	Add lines **4a** and **4b**			4c	952,685
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,932,011

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
Part XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN TRUST 9862
Part XII, Line 2d - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN TRUST 9862
Part XII, Line 4b - Other Adjustments		DONOR DESIGNATIONS 935250
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATIONS 935250
		SCHEDULE D, PART XII LINE 4B DONOR DESIGNATIONS
		SCHEDULE D, PART XIII, 4B DONOR DESIGNATIONS

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ 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 CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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? Yes	(iii) No	**(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
Total . . . . . ▶						

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

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

		(a) Event #1 MOSAIC TALENT EVENT (event type)	(b) Event #2 DETOQUEVILLE EVENT (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	35,170	14,000	5,500	54,670
	2 Less Charitable contributions	25,574	14,000	5,500	45,074
	3 Gross income (line 1 minus line 2)	9,596			9,596
Direct Expenses	4 Cash prizes	750			750
	5 Non-cash prizes				
	6 Rent/facility costs	8,398	430	324	9,152
	7 Food and beverages			2,250	2,250
	8 Entertainment				
	9 Other direct expenses	448	18,563	350	19,361
	10 Direct expense summary Add lines 4 through 9 in column (d)				31,513
	11 Net income summary Combine lines 3, column d, and line 10				-21,917

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, column d, and line 7				

			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	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the 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 CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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 . . . ▶ 76

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" 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
Assistance with Rent & Utilities for Families	33	25,982			
Assistance with Food items for Families	13		4,550	RESALE VALUE	GROCERY GIFT CARDS
See Additional Data Table					

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
Other Information	Part IV	Member Agencies of the United Way of Central Florida submit an annual application to the Community Impact Department for review This application proves ongoing eligibility of the agency and its programs For non-member agencies of the United Way of Central Florida, an application packet is mailed and eligibility for that agency to receive designated funds is determined Non-member applications are good for three years There are 85 Organizations under the $5,000 threshold receiving $94,730 in donor designated grants for General Support and/or Program Costs Allocations - Partner programs receiving "DISCRETIONARY" funding from United Way undergo intensive pre-screening before being awarded funding Such screening includes 1 An on-line application process that includes explanation of the proposed use, historic results and anticipated results from use of the funding Applications include Agency and Program budgets, Program Profile, demographics, specific Outcomes and related Indicators that measure results Social Conditions identify the need for the service in the community A Success Story provides an example of a client whose life was impacted by the service 2 Financial review of the organization to gain a level of assurance that the organization follows sound policies Partner Programs submit 3 budgets an Actual Budget for the most recently completed 12 month period, a Revised Budget with mid-year updates for the year in progress and a Proposed Budget for funding in the next cycle 3 A copy of the organization's 990 and audit are also required 4 Verification of compliance with the provisions of the Patriot Act are included in the application 5 Verification of current status as an IRS Code Section 501(C)(3) nonprofit organization Partner programs are required to provide United Way with 6 month progress reports that show how the funding has been utilized Partner programs are required to provide United Way with a final report at the end of the allocation period that verifies that all funding has been used for the purposes intended The annual report tracks the number of clients served and the number who successfully met requirements specifically identified in the program'S initial Outcome Increases or decreases in numbers served are examined Improvements or declines in quality and results are inspected Each application is reviewed by volunteers on one of fourteen (14) Community Investment Teams (CIT) CITs a Meet to review applications and submit questions about any unclear or conflicting data in the information submitted b Tour each Partner's Program facilities and attend a presentation provided by the Partner Program's staff, board and clients c Meet a third time to "Discuss and Deliberate," comparing and contrasting programs with needs in the community before making recommendations for funding Community Investment Team recommendations are reviewed by the Community Investment Committee, made up of the Chairs and Vice-Chairs of each of the fourteen CITs representing all applicants The Community Investment Committee recommendation is reviewed by the Community Impact Cabinet The Community Impact Cabinet is responsible for identifying United Way of Central Florida's impact and funding focus It is made up of business, government and faith-based leaders with representatives from Partner Programs Experts in the fields of impact, Education, Income (financial stability), and Health are also included With the help of Study Committees in each focus area, this body identifies community needs and prioritizes services that meet those needs The Community Impact Cabinet's recommendation is presented to the Board of Directors for final approval Donor Designations Organizations receiving donor designated contributions through United Way of Central Florida 1 Undergo screening prior to distribution of funding Such screening includes A Verification of compliance with the provisions of the Patriot Act B Verification of current status as an IRS Code Section 501(c)(3) nonprofit organization 2 Organizations receiving donor designations do not undergo a review to verify outcomes, indicators, results, demographics or fiscal evaluation SCHEDULE I, PART II, COLUMN H DEFINITIONS OF CODES USED General Operating Cost An unrestricted grant made to an agency in support of its general operating costs Program Operating Cost A restricted grant made to an agency in support of the costs associated with a specific program that it operates Donor Designated for General Support An unrestricted grant made to an agency at the direction of the donor(s) in support of its general operating costs Donor Designated for Program Costs An unrestricted grant made to an agency at the direction of the donor(s) in support of the costs associated with a specific program that it operates Donor Designated for Disaster/Emergency Relief An unrestricted grant made to an agency at the direction of the donor(s) in support of the costs associated with providing disaster/emergency relief efforts to victims Donor Designated, 3rd Party Processed, for General Support An unrestricted grant made to an agency, at the direction of the donor(s), collected and paid directly to the agency by a 3rd party, in support of its general operating costs

Additional Data Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Achievement Academy Inc 716 E Bella Vista Street LAKELAND,FL 338053009	59-0774205	501(c)(3)	276,239				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
Alliance for Independence 1038 Sunshine Drive East LAKELAND,FL 33801	59-0812958	501(c)(3)	199,754				Program Operating Cost, Donor Designated for General Support AND Program Costs
Alpha-Omega Crisis Center 140 Dunty Rd LAKE PLACID,FL 33852	59-2844169	501(c)(3)	14,842				PROGRAM OPERATING COST, DONOR DESIGNATED FOR PROGRAM COSTS
American Cancer Society809 S Florida Avenue LAKELAND,FL 33801	13-1788491	501(c)(3)	102,986				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
American Cancer Society Sarasota Office2801 Fruitville Road Suite 250 SARASOTA,FL 34237	13-1788491	501(c)(3)	1,446				Donor Designated for General Support
American National Red Cross - WH147 Avenue A Northwest WINTER HAVEN,FL 33881	53-0196605	501(c)(3)	252,256				Program Operating Cost, Donor Designated for General Support AND Program Costs
American Red Cross-Highlands106 Medical Center Avenue SEBRING,FL 338705422	53-0196605	501(c)(3)	15,034				Program Operating Cost, Donor Designated for General Support
American Red Cross-Manatee County(Hardee)2905 59th Street W BRADENTON,FL 34209	53-0196605	501(c)(3)	14,686				Program Operating Cost, Donor Designated for General Support
America's Charities14150 Newbrook Drive 110 CHANTILLY,VA 201512223	54-1517707	501(c)(3)	12,795				Donor Designated for General Support
Auburndale Relief Association P O Box 1162 AUBURNDALE,FL 338231162	59-3064549	501(c)(3)	36,019				Program Operating Cost, Donor Designated for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers & Big Sisters 201 N Kentucky Ave 1 LAKELAND,FL 338014962	59-2173085	501(c)(3)	147,201				Program Operating Cost, Donor Designated for General Support AND Program Costs
Big Brothers Big Sisters of the Suncoast (Florida Ridge) 101 W Venice Avenue Suite 34 VENICE,FL 342851940	59-1361826	501(c)(3)	9,224				Program Operating Cost, Donor Designated for General Support
Boy Scouts-Gulf Ridge Council13228 N Central Avenue TAMPA,FL 33612	59-0624406	501(c)(3)	106,798				Program Operating Cost, Donor Designated for General Support AND Program Costs
Boys & Girls Clubs of LakelandP O Box 763 LAKELAND,FL 33802	59-0171815	501(c)(3)	287,228				Program Operating Cost, Donor Designated for General SupporT AND Program Costs
Camp Fire USA Sunshine Council Inc2600 Buckingham Ave LAKELAND,FL 338033109	59-0637819	501(c)(3)	114,425				Program Operating Cost, Donor Designated for General Support AND Program Costs
Catholic Charities1801 East Memorial Boulevard LAKELAND,FL 33801	59-1084272	501(c)(3)	143,794				Program Operating Cost, Donor Designated for General Support AND Program Costs
Central Florida Speech & Hearing710 E Bella Vista LAKELAND,FL 33805	59-0939466	501(c)(3)	429,009				Program Operating Cost, Donor Designated for General Support AND Program Costs
Children's Home Society 1260 South Golfview Avenue BARTOW,FL 33830	59-0192430	501(c)(3)	169,770				Program Operating Cost, Donor Designated for General Support AND Program Costs
Children's Services Foundation of Highlands CountyP O Box 7125 SEBRING,FL 33872	65-0444941	501(c)(3)	26,174				Program Operating Cost, Donor Designated for General Support AND Program Costs
Church Service Center290 E Church BARTOW,FL 338303924	59-1162397	501(c)(3)	51,915				Program Operating Cost, Donor Designated for General Support AND Program Costs

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Citizen CPRP O Box 24298 LAKELAND, FL 338024298	59-2469360	501(c)(3)	29,449				Program Operating Cost, Donor Designated for General Support
Citrus Center Boys & Girls Club IncP O Box 2666 WINTER HAVEN, FL 338832666	59-0776417	501(c)(3)	292,436				Program Operating Cost, Donor Designated for General Support AND Program Costs
Community Health Charities of Florida3333 West Pensacola Street Building 200 Suite 240 Tallahassee, FL 32304	59-3218006	501(c)(3)	10,011				Donor Designated for General Support
Early Learning Coalition - Hardee3028 Caring Way Suite 4 PORT CHARLOTTE, FL 33952	53-3738819	501(c)(3)	47,194				Program Operating Cost, Donor Designated for General Support
Early Learning Coalition-Highlands209 N Ridgewood Drive SEBRING, FL 33870	65-1006254	501(c)(3)	19,930				Donor Designated for General Support AND Program Costs
Early Learning Coalition-Polk County1765 N Broadway Avenue BARTOW, FL 33830	59-3648316	501(c)(3)	316,178				Program Operating Cost, Donor Designated for General Support AND Program Costs
Epilepsy Services of W Cent Fla305 S Florida Ave LAKELAND, FL 33801	59-3151484	501(c)(3)	41,495				Program Operating Cost, Donor Designated for General Support AND Program Costs
Explorations V Museum109 N Kentucky Avenue LAKELAND, FL 33801	59-2994883	501(c)(3)	14,357				Program Operating Cost, Donor Designated for General Support AND Program Costs
Florida Baptist Children's HomesP O Box 8190 LAKELAND, FL 33802	59-0657326	501(c)(3)	7,548				Donor Designated for General Support
Family Emergency Service CntrP O Box 624 wINTER HAVEN, FL 338820624	59-0609724	501(c)(3)	70,402				Program Operating Cost, Donor Designated for General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida Environmental InstituteIncP O BOX 506 VENUS,FL 33960	59-2218777	501(c)(3)	13,417				Program Operating Cost, Donor Designated for General Support and PROGRAM Costs
Frostproof Care Center21 S Scenic Highway FROSTPROOF,FL 338432120	59-2988744	501(c)(3)	51,424				Program Operating Cost, Donor Designated for General Support
Girl Scouts Gulf Coast Council4780 Cattleman Road SARASOTA,FL 34233	59-0760212	501(c)(3)	20,325				Program Operating Cost, Donor Designated for General Support and Program Costs
Girl Scouts-West Central FL 1831 N Gilmore Ave LAKELAND,FL 338053017	59-0895909	501(c)(3)	161,734				Program Operating Cost, Donor Designated for General SupporT AND Program Costs
Girls Incorporated of LakelandP O Box 1975 LAKELAND,FL 338021975	23-7101551	501(c)(3)	192,670				Program Operating Cost, Donor Designated for General Support AND Program Costs
Girls Incorporated of WHP O Box 7285 WINTER HAVEN,FL 338837285	59-1158810	501(c)(3)	165,351				Program Operating Cost, Donor Designated for General Support AND Program COSTS
Good Shepherd Hospice105 Arneson Avenue AUBURNDALE,FL 33823	59-1926521	501(c)(3)	150,325				Program Operating Cost, Donor Designated for General Support AND Program Costs
Habitat for Humanity of Lakeland1317 George Jenkins Boulevard LAKELAND,FL 33815	59-3000422	501(c)(3)	35,420				Donor Designated for General Support
HARDEE ASSOCIATION RETARDED CITIZENS (HARC)P O Box 1372 WAUCHULA,FL 33873	59-1672829	501(c)(3)	22,782				Program Operating Cost, Donor Designated for General Support
Hardee County Family YMCA 610 West Orange Street WAUCHULA,FL 33873	59-1618413	501(c)(3)	44,856				Program Operating Cost, Donor Designated for General Support AND Program Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hardee Help CenterP O Box 422 WAUCHULA, FL 33873	59-2993242	501(c)(3)	22,759				Program Operating Cost, Donor Designated for General Support AND Program Costs
Heart of Florida Legal Aid Society Inc510 S Broadway Ave Suite 2 BARTOW, FL 33830	59-6215748	501(c)(3)	64,808				Program Operating Cost, Donor Designated for General Support
Heartland Horses & Handicapped IncP O Box 3787 SEBRING, FL 338713787	59-3734965	501(c)(3)	9,408				Program Operating Cost, Donor Designated for General Support AND Program Costs
Help of Fort Meade121 West Broadway Street FORT MEADE, FL 33841	59-2993886	501(c)(3)	125,503				Program Operating Cost, Donor Designated for General Support AND Program Costs
Highlands County Family YMCA100 YMCA Lane SEBRING, FL 33872	59-2859656	501(c)(3)	22,338				Program Operating Cost, Donor Designated for General Support AND Program Costs
Independent Charities of America1100 Larkspur Landing Cir Ste 340 LARKSPUR, CA 94939	94-3067804	501(c)(3)	11,434				Donor Designated for General Support
InnerAct Alliance621 S Florida Ave LAKELAND, FL 33801	59-2844663	501(c)(3)	52,264				Program Operating Cost, Donor Designated for General Support AND Program Costs
Lake Wales Care Center140 E Park Avenue LAKE WALES, FL 338534214	59-2015847	501(c)(3)	20,786				Donor Designated for General Support
Lake Wales Family YMCA 1001 Burns Ave LAKE WALES, FL 338533499	59-1741481	501(c)(3)	97,871				Program Operating Cost, Donor Designated for General Support
Lakeland Christian School 1111 Forest Park Street LAKELAND, FL 33803	59-0730067	501(c)(3)	20,000				Donor Designated for Program Costs

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Lakeland Volunteers In Medicine1021 Lakeland Hills Blvd LAKELAND,FL 33805	52-2351630	501(c)(3)	89,613				Program Operating Cost, Donor Designated for General Support AND Program Costs
Learning Resource Center 1628 S Florida Avenue LAKELAND,FL 338033109	51-0182646	501(c)(3)	98,461				Program Operating Cost, Donor Designated for General Support
Lighthouse Ministries117 E MAGNOLIA ST LAKELAND,FL 33801	59-1722768	501(c)(3)	6,671				Donor Designated for General Support
Mulberry Community Service Center301 NE 5th Street MULBERRY,FL 338602138	59-1896141	501(c)(3)	77,727				Program Operating Cost, Donor Designated for General Support AND Program Costs
National Alliance for the Mentally Ill Polk County Inc 1090 US Highway 17 S BARTOW,FL 338306026	59-2600811	501(c)(3)	40,451				Program Operating Cost, Donor Designated for General Support and Program Costs
Neighborhood Service Center P O Box 3311 FVS WINTER HAVEN,FL 338813311	59-1363593	501(c)(3)	21,951				Program Operating Cost, Donor Designated for General Support
NU-Hope Elder Care Services Inc(HARDEE)P O BOX 1763 WAUCHULA,FL 33873	59-1634802	501(c)(3)	65,936				Program Operating Cost, Donor Designated for General Support AND Program Costs
NU-Hope Elder Care Services Inc(Highlands)6414 US Hwy 27 South seBRING,FL 33875	59-1634802	501(c)(3)	25,758				Program Operating Cost, Donor Designated for General Support
Peace River CenterP O Box 1559 BARTOW,FL 338311559	59-0818924	501(c)(3)	188,270				Program Operating Cost, Donor Designated for General Support AND Program Costs
POLK STATE COLLEGE FOUNDATION (LAKE WALES CHARTER SCHOOLS)999 AVENUE H NE WINTER HAVEN,FL 338814299	59-1819213	501(c)(3)	23,032				Program Operating Cost, Donor Designated for Program Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLK VISIONP O BOX 1506 HIGHLAND CITY, FL 33846	20-0141870	501(c)(3)	7,500				PROGRAM OPERATING COST
Ridge Area ARC120 West College Drive AVON PARK, FL 33825	59-0829984	501(c)(3)	27,878				Program Operating Cost, Donor Designated for General Support AND Program Costs
Salvation Army of East Polk (Winter Haven)P O Box 1069 WINTER HAVEN, FL 338821069	59-0631403	501(c)(3)	160,285				Program Operating Cost, Donor Designated for General Support AND Program Costs
Salvation Army Serving Western Polk (Lakeland)P O Box 928 LAKELAND, FL 338020928	59-0631403	501(c)(3)	454,808				Program Operating Cost, Donor Designated for General Support AND Program Costs
Steppin' Stone Farm8421 Pritcher Road LITHIA, FL 33547	23-7348139	501(c)(3)	10,437				Donor Designated for General Support
Sunrise Communities of Polk County1339 Golcondra Road LAKELAND, FL 33801	65-0714062	501(c)(3)	55,549				Program Operating Cost, Donor Designated for General Support AND Program Costs
Talbot House MinistriesP O Box 902 lakelAND, FL 338020902	59-2151802	501(c)(3)	217,654				Program Operating Cost, Donor Designated for General Support AND Program Costs
Tampa Lighthouse for the Blind1106 West Platt Street TAMPA, FL 336062199	59-0637876	501(c)(3)	55,584				Program Operating Cost, Donor Designated for General Support AND Program Costs
Tri-County Human Services Inc1815 Crystal Lake Drive LAKELAND, FL 338015979	59-1708182	501(c)(3)	56,584				Program Operating Cost, Donor Designated for General Support AND Program Costs
United Way of Tampa Bay 5201 W Kennedy Boulevard Suite 600 TAMPA, FL 33609	59-3725701	501(c)(3)	61,111				Donor Designated for General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Volusia - Flagler Counties3747 W INTL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	59-1099774	501(c)(3)	5,001				Donor designated for General Support
Volunteers in Service to the Elderly (VISTE)1232 East Magnolia Street LAKELAND, FL 338012126	59-2625297	501(c)(3)	200,131				Program Operating Cost, Donor Designated for General Support AND Program Costs
Women's Care CenterP O Box 1041 BARTOW, FL 338311041	65-0332777	501(c)(3)	39,295				Program Operating Cost, Donor Designated for General Support AND Program Costs
Women's Resource Center 165 Avenue A NW WINTER HAVEN, FL 338814012	59-2344584	501(c)(3)	59,572				Program Operating Cost, Donor Designated for General SupporT AND Program Costs
YMCA of West Central Florida3620 Cleveland Heights Blvd LAKELAND, FL 338034997	59-1158144	501(c)(3)	54,235				Program Operating Cost, Donor Designated for General Support AND Program Costs
Youth & Family Alternatives 7524 Plathe Road NEW PORT RICHIE, FL 34653	59-1545990	501(c)(3)	58,708				Program Operating Cost, Donor Designated for General Support AND Program Costs

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TERRY WORTHINGTON	(i)	125,898	0	3,525	18,885	10,607	158,915	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		2,373	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	3	4,147	PUBLISHED AVAILABLE MARK
10	Securities—Closely held stock	X	9	22,608	OPINION OF EXPERT
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OFFICE SUPPLIES)	X	8	275	COST
26	Other ▶ (ITEMS FOR RECOGNITION)	X	1	650	COST
27	Other ▶ (FOOD GIFT CARDS FOR EMERGENCY RELIEF)	X	14	1,670	COST
28	Other ▶ (FACILITY RENTAL)	X	1	8,845	COST

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

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

Part II

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

Identifier	Return Reference	Explanation

Additional Data

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

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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 CENTRAL FLORIDA INC

Employer identification number
59-2116280

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	Whole Child is a web-based data system which gives the public access to individualized services and resources families and individuals need This introduced "Whole Child" to Polk, Hardee & Highlands Co as a result of United Way's 2-1-1 program collaboration with the Department of Children & Families, Heartland for Children & the Lawton Chiles Foundation Financial Stability - The United Way Financial Stability Partnership was formally created to focus programming around financial stability for working families A steering committee convened to survey available indicators of financial stability that might be adopted as a community goal United Way began to transition its partnership with family service providers to interventions that combine financial education with crisis payments preventing homelessness The intent is to prevent the financial emergency from happening in the first place Free-Tax-Preparation for working families was initiated in partnership with United Way family service providers and the IRS, as a way for families to keep more of their tax return for savings goals supporting stability of the family Health - The Chair for a HEALTH Study committee accepted his role in June 2009 This committee studied local community needs, refined target issues and established indicators that measure intended results associated with local health issues These include increased 1) access & utilization of health services, 2) increased knowledge & personal responsibility, & 3) reductions in avoidable medical interventions A $100,000 Request for Proposal is anticipated to be released to the public in fall 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A full electronic copy was e-mailed to the Board prior to filing the return Due to the time constraints, there will be no further review of the Form 990 with the Board The board did review the independent audit

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		UWCF adopted an Executive Compensation Program Policy Guide in June 2009 for performance and compensation of the CEO and CFO and other Members of the Leadership Team UWCF will strive to provide executive base salaries and total cash compensation levels that are competitive with the marketplace and that are internally equitable UWCF will reward executive performance based on predetermined goals and objectives supportive of the Mission and business objective Finally, UWCF will strive to provide competitive, affordable, and fair executive perquisites and executive benefits Marketplace is defined as other United Ways and other for-profits and nonprofits of similar and slightly larger size in the Central Florida prevailing marketplace Research included Form 990 for 14 other Florida UWs, as well as 23 similar size UW's throughout the Country The United Way Worldwide benchmark salary survey information was also referenced Enforcement and administrative responsibilities for the Program involving the CEO and CFO rests with the Executive Committee Those same responsibilities rest with the CEO for all other members of the leadership team

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

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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 CENTRAL FLORIDA INC	Form 990 Page 10	59-2116280

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

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

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

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**	74,373

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**	74,373
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: 59-2116280
Name: UNITED WAY OF CENTRAL FLORIDA INC

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

4d. Other program services

(Code) (Expenses $ 565,784 including grants of $) (Revenue $)

Success By 6 - Mobilizes volunteers from local organizations, businesses, government, churches, civic groups, educators and human services to ensure that all children, by the age of six, have the physical, emotional, social and mental foundation to succeed in school and in life UW's Success By 6 is working with partners to measure language proficiency and school readiness skills Since 1995, SB6 has focused on early literacy More than 132,254 books were borrowed from 119 Parent Lending Libraries in fiscal year ended 6/30/10 These programs significantly increased the number of parents who read to their children in targeted low-income areas Approximately 200,000 Parent Resource Guides and an equal number of Born Learning community education materials promoted awareness of early childhood issues Pre/post testing at parent education classes demonstrated an increased awareness of positive parenting practices Success By 6 Parent Lending Libraries - Kiosk and approximately 200 books located in childcare centers serving children from low-income families Thirty-five (35) percent of Early Learning Coalition licensed childcare sites that serve low-income children through the Early Learning Coalition of Polk County will receive a Parent Lending Library to encourage parents to read with their children Success By 6 Parent Education Classes - 6 week series for a target audience of parents with children birth - age 5Eighty-five (85) percent of parents who complete the Systematic Training for Effective Parenting (STEP) parent education series will increase their knowledge of parental skills at least five (5) percent as measured by pre- and post-tests Success By 6 Parent Resource Guide - Parent information and family resources distributed to over 300,000 parents and social service providers annually Residents of 20 Polk communities will be helped to use everyday learning moments that prepare children to be successful in school through distribution of the Parent Resource Guide in The Ledger newspaper and ninety-five (95) percent of responses will be positive 2-1-1 Information & Referral Service - Social service and health care call center available 24 hours a day, 7 days a week, web access also available Ninety-two (92) percent of callers with social service and health care needs will be successfully referred to appropriate agency(ies) for services 2-1-1 Case Management - Personalized services for individuals and families seeking assistance through the 2-1-1 Information and Referral Service Eighty-nine (89) percent of families or individuals surveyed who required additional or unusual resources more than just a phone referral from 2-1-1 (health condition, job loss, significant unexpected expense) will indicate they received services which addressed their specific need and enabled them to be in safe housing 2-1-1 - provides information and referrals to families/individuals and community groups concerning local services and resources The service is available 7 days a week, 24 hours a day 2-1-1 also identifies gaps in services, assists in creating remedies to meet local needs, connects individuals/families to resources, and advocates on behalf of individuals/families for access to resources They also work to provide better service, accessibility and information to the Hispanic community Calls calculated by a computer count totaled 42,962 in 2009/10 Disaster Relief - Provides immediate assistance and long-term recovery support to our community's most urgent disaster relief needs In the aftermath of the 2004 hurricanes, UWCF developed partnerships to address the many challenges that our community faced Volunteer committees worked to provide assistance and long-term recovery through careful analysis of unmet needs and allocation of resources UWCF maintains involvement with community planning for Disaster Relief and stands ready to serve should disaster strike Let's Grow Every Child Every Chance - This is a community-wide early literacy initiative facilitated by the United Way of Central FL with outcomes goals "to eliminate the gap in early literacy between low and middle/high income levels" The focus will be to improve language skills of children at-risk of school failure Language skills predict the ability of children to learn to read Of middle/high income children, 8 of 10 enter school with the skills they need However, only 2 of 10 low income children have sufficient skills! Children who enter school ready to succeed, learn to read and graduate on time Partners include, Central Florida Speech and Hearing, Campfire USA, Explorations V Children's Museum, Help of Fort Meade, Lake Wales Literacy Academy, Learning Resource Center, Florida KidCare, Polk County Schools, Polk State College and United Way's Success By 6 Let's Grow/Success By 6/Dolly Parton Imagination Libraries - Almost 1,000 children are currently receiving books in the mail each month

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			
BECKY BYWATER BOARD COMMUNITY INVESTMENT	2 50	X		X				0	0	0
DAVE MACDOUGALL BOARD CHAIRMAN	2 50	X		X				0	0	0
JAMES HORTON BOARD VICE CHAIRMAN	2 50	X		X				0	0	0
RON CLARK BOARD PAST CHAIRMAN	2 50	X		X				0	0	0
SAM NIMAH BOARD TREASURER	2 50	X		X				0	0	0
WEYMON SNUGGS BOARD SECRETARY	2 50	X		X				0	0	0
ED VOGEL BOARD CHAIRMAN ELECT	2 50	X		X				0	0	0
TOM MCLAUGHLIN BOARD CAMPAIGN CHAIRMAN	2 50	X		X				0	0	0
ROBIN BURDICK DIRECTOR	1 00	X						0	0	0
DEBBIE BURDETT DIRECTOR	1 00	X						0	0	0
TONY DELGADO DIRECTOR	1 00	X						0	0	0
ALLISON DEVITO BEEMAN DIRECTOR	1 00	X						0	0	0
JEROME FERSON DIRECTOR	1 00	X						0	0	0
JOHN FITZWATER DIRECTOR	1 00	X						0	0	0
MIKE HERR DIRECTOR	1 00	X						0	0	0
RANDY HOLLEN DIRECTOR	1 00	X						0	0	0
JESSE JACKSON DIRECTOR	1 00	X						0	0	0
CHARLOTTE KOZLIN DIRECTOR	2 50	X						0	0	0
GAIL MCKINZIE DIRECTOR	1 00	X						0	0	0
LINDA PILKINGTON DIRECTOR	1 00	X						0	0	0
PAUL POWERS DIRECTOR	1 00	X						0	0	0
KRIS GIORDANO DIRECTOR	1 00	X						0	0	0
JOE TEDDER DIRECTOR	1 00	X						0	0	0
HERSCHEL MORRIS DIRECTOR	1 00	X						0	0	0
FRANK KENDRICK DIRECTOR	1 00	X						0	0	0

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			
RICK JACKSON DIRECTOR	1 00	X						0	0	0
RICHARD SCHULER DIRECTOR	1 00	X						0	0	0
BONNIE PARKER DIRECTOR	1 00	X						0	0	0
MONTI SOMMER DIRECTOR	1 00	X						0	0	0
LARRY ROSS DIRECTOR	1 00	X						0	0	0
MICHAEL WALKER DIRECTOR	2 50	X						0	0	0
CINDY ALEXANDER DIRECTOR	1 00	X						0	0	0
BILL MUTZ DIRECTOR	1 00	X						0	0	0
TERRY BRIGMAN DIRECTOR	1 00	X						0	0	0
DAN MCAULIFF DIRECTOR	1 00	X						0	0	0
MIKE CARTER DIRECTOR	2 50	X						0	0	0
EILEEN HOLDEN DIRECTOR	1 00	X						0	0	0
STEVE MOORE DIRECTOR	1 00	X						0	0	0
JENNIFER STRICKLAND DIRECTOR	1 00	X						0	0	0
SYLVIA BLACKMON-ROBERTS DIRECTOR	1 00	X						0	0	0
NANCY THOMPSON DIRECTOR	1 00	X						0	0	0
BILL BENTON DIRECTOR	1 00	X						0	0	0
SHIRLEY BALOGH dIRECTOR	1 00	X						0	0	0
TERRY WORTHINGTON PRESIDENT	37 50			X				129,423	0	29,492
JILL MARTIN CHIEF FINANCIAL OFFICER	37 50			X				73,579	0	12,879
PENNY BORGIA CHIEF OPERATING OFFICER	37 50			X				74,388	0	19,050

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
CATERING EXPENSE	43,742	3,408	10,664	29,670
MEMBERSHIP DUES	26,829	752	23,505	2,572
EQUIPMENT MAINTENANCE	22,260	10,563	7,959	3,738
MISCELLANEOUS	19,176	3,047	4,811	11,318
ALLOCATION OF MKTG & IT	0	215,707	-340,772	125,065