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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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6031 NW 1ST PLACECity or town, state or country, and ZIP + 4
GAINESVILLE, FL 32607**F** Name and address of principal officer: **DEBBIE MASON
SAME AS C ABOVE****D** Employer identification number**59-0808855****E** Telephone number
352-331-2800**G** Gross receipts \$ **3,443,877.****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) ☐ 501(c) () ▶ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UNITEDWAYNCFL.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1964** **M** State of legal domicile **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	20
	6	Total number of volunteers (estimate if necessary)	6	800
	7a	Total 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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,187,042.	3,330,027.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163,975.	104,668.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,918.	9,182.
	12	Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	8,245.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,375,180.	3,443,877.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,319,877.	2,481,432.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	736,118.	644,119.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 442,595.	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	389,775.	684,994.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,445,770.	3,810,545.
	19	Revenue less expenses. Subtract line 18 from line 12	-70,590.	-366,668.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,385,242.	2,820,302.
	22	Net assets or fund balances. Subtract line 21 from line 20	942,853.	634,631.
		2,442,389.	2,185,671.	

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	Signature of officer <i>Debbie Mason</i>	Date 1-30-2012
	DEBBIE MASON, PRESIDENT	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name FRANK WALTERS CPA	Preparer's signature <i>Frank Walters</i>
	Firm's name ▶ CARR RIGGS & INGRAM, LLC	Firm's EIN ▶
	Firm's address ▶ 4010 NW 25TH PLACE GAINESVILLE, FL 32606	Phone no 352-372-6300

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

G15 21

Form 990 (2010)

Part III Statement of

Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe the new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,563,390. including grants of \$ 2,113,580.) (Revenue \$ 86,037.)
UNITED WAY OFFERS CONTRIBUTORS THE OPPORTUNITY TO DESIGNATE THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES. THESE FUNDS WERE DISTRIBUTED BY THE DONORS CHOICE.

4b (Code:) (Expenses \$ 367,852. including grants of \$ 367,852.) (Revenue \$ 12,351.)
UNITED WAY OF NORTH CENTRAL FLORIDA ALLOCATED FUNDING TO A PROGRAM IT CALLS SUCCESS BY SIX. THIS PROGRAM RAISES AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT AND AIMS TO HAVE KIDS READY FOR SCHOOL AT AGE SIX.

4c (Code:) (Expenses \$ 172,965. including grants of \$) (Revenue \$ 5,757.)
UNITED WAY OF NORTH CENTRAL FLORIDA PROVIDES AN INFORMATION AND REFERRAL SERVICE TO THE PUBLIC AND MAINTAINS A HUMAN SERVICES DIRECTORY

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 13,575. including grants of \$) (Revenue \$ 523.)

4e Total program service expenses **3,117,782.**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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		X
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		X
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c 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	
24d 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	12		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
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	20		
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. (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
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)?			X
b If "Yes," enter the name of the foreign country: See instructions for 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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governance and Management

	Yes	No
1a Enter the number of members of the governing body at the end of the tax year	26	
1b Enter the number of members included in line 1a, above, who are independent	25	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's main address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process 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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DEBBIE MASON - 352-331-2800**
6031 NW 1ST PLACE, GAINESVILLE, FL 32607

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
DEBBIE MASON PRESIDENT	40.00			X				0.	0.	0.
KAREN BRICKLEMYER PAST PRESIDENT	40.00			X				107,709.	0.	6,463.
MIKE GALLAGHER BOARD CHAIR	1.00	X		X				0.	0.	0.
ADRIAN TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
ANDY SHERRARD MEMBER-AT-LARGE	1.00	X		X				0.	0.	0.
BENJAMIN CHAPMAN BOARD MEMBER	1.00	X						0.	0.	0.
BRENT CHRISTENSEN BOARD MEMBER	1.00	X						0.	0.	0.
CAROLYN LUKERT VICE CHAIR	1.00	X		X				0.	0.	0.
DENNY GIES BOARD MEMBER	1.00	X						0.	0.	0.
DR. KAREN COLE-SMITH BOARD MEMBER	1.00	X						0.	0.	0.
ED POPPELL BOARD MEMBER	1.00	X						0.	0.	0.
ERIC GODET BOARD MEMBER	1.00	X						0.	0.	0.
ESTER TIBBS BOARD MEMBER	1.00	X						0.	0.	0.
FREDDIE WEHBE BOARD MEMBER	1.00	X						0.	0.	0.
JANE ADAMS BOARD MEMBER	1.00	X						0.	0.	0.
JIM STRINGFELLOW BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH KURDZIEL FINANCE CHAIR	1.00	X		X				0.	0.	0.

**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
LISA GOBBER BOARD MEMBER	1.00	X						0.	0.	0.
LUCY GODDARD TEEL BOARD MEMBER	1.00	X						0.	0.	0.
MATTHEW FAJACK BOARD MEMBER	1.00	X						0.	0.	0.
NORA JONES BOARD MEMBER	1.00	X						0.	0.	0.
QUENTA VETTEL COMMUNICATIONS CHAIR	1.00	X		X				0.	0.	0.
RUSSELL BLACKBURN CAMPAIGN CHAIR	1.00	X		X				0.	0.	0.
SAM GOPORTH BOARD MEMBER	1.00	X						0.	0.	0.
SANDY HOLLINGER PAST CHAIR	1.00	X		X				0.	0.	0.
SOL HIRSCH BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								107,709.	0.	6,463.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								107,709.	0.	6,463.

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**

- | | | |
|--|------------|-----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | Yes | 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? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

[illegible]

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	1 a Federated contributions	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations (contributions)	1d				
	e Government grants, and	1e				
	f All other contributions, gifts, and other similar amounts not included on lines 1a-1e	1f	3,330,027.			
	g Noncash contributions included on lines 1a-1f		26,770.			
	h Total. Add lines 1a-1f		3,330,027.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES RE	Business Code 900099	104,668.	104,668.	
		b				
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			104,668.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		9,182.		9,182.
		4 Income from investment of tax-exempt bond proceeds				
		5 Royalties				
	6 a Gross Rent	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a 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				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,443,877.	104,668.	0.	9,182.	

**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Form 990 (2010)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,481,432.	2,481,432.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	136,006.	48,223.	35,455.	52,328.
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	391,769.	138,898.	102,119.	150,752.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,260.	8,678.	6,293.	9,289.
9 Other employee benefits	49,844.	17,830.	12,929.	19,085.
10 Payroll taxes	42,240.	15,021.	10,992.	16,227.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,135.	13,852.	1,730.	2,553.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	64,684.	15,727.	1,964.	46,993.
12 Advertising and promotion	39,370.	16,295.	9,319.	13,756.
13 Office expenses	83,515.	37,505.	18,578.	27,432.
14 Information technology	23,909.	18,262.	2,281.	3,366.
15 Royalties				
16 Occupancy	30,148.	11,945.	7,351.	10,852.
17 Travel	7,662.	3,012.	1,878.	2,772.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,734.	2,967.	2,329.	3,438.
20 Interest				
21 Payments to affiliates	39,957.	13,575.	10,655.	15,727.
22 Depreciation, depletion, and amortization	25,350.	8,988.	6,608.	9,754.
23 Insurance	6,981.	5,332.	666.	983.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a GRANT EXPENSE	150,902.	150,902.		
b CONTRACT SERVICES	142,240.	108,643.	13,570.	20,027.
c SPECIAL EVENT EXPENSE	35,436.			35,436.
d EXECUTIVE SEARCH	5,451.		5,451.	
e AWARDS	1,825.			1,825.
f All other expenses	695.	695.		
25 Total functional expenses. Add lines 1 through 24f	3,810,545.	3,117,782.	250,168.	442,595.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	36,324.	1	32,751.
	2 Savings and temporary cash investments	1,627,337.	2	560,757.
	3 Pledges and grants receivable, net	1,296,630.	3	1,157,560.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,112.	9	21,817.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	735,129.		
	b Less: accumulated depreciation	349,778.	10c	385,351.
	11 Investments - publicly traded securities		11	637,816.
	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	6,067.	15	24,250.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,385,242.	16	2,820,302.	
Liabilities	17 Accounts payable and accrued expenses	37,655.	17	15,205.
	18 Grants payable	842,276.	18	572,815.
	19 Deferred revenue	20,087.	19	19,769.
	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	42,835.	25	26,842.
	26 Total liabilities. Add lines 17 through 25	942,853.	26	634,631.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,339,872.	27	2,102,685.
28 Temporarily restricted net assets		49,734.	28	30,203.
29 Permanently restricted net assets		52,783.	29	52,783.
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		2,442,389.	33	2,185,671.
34 Total liabilities and net assets/fund balances		3,385,242.	34	2,820,302.

Form **990** (2010)

UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

Form 990 (2010)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,443,877.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,810,545.
3	Revenue less expenses. Subtract line 2 from line 1	3	-366,668.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,442,389.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	109,950.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,185,671.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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

2010

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Employer identification number
59-0808855

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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?
- (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 supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3860006.	3841096.	3551604.	3187042.	3168327.	17608075.
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	3860006.	3841096.	3551604.	3187042.	3168327.	17608075.
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)						6645101.
6 Public support. Subtract line 5 from line 4						10962974.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3860006.	3841096.	3551604.	3187042.	3168327.	17608075.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,897.	58,905.	32,253.	15,918.	6,975.	196,948.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	14,449.	55,963.	7,238.	8,245.	21,674.	107,569.
11 Total support. Add lines 7 through 10						17912592.
12 Gross receipts from related activities, etc. (see instructions)					12	456,053.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	61.20	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	67.90	%
16a 33 1/3% support test - 2010. 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 - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐			
17a 10% -facts-and-circumstances test - 2010. 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 - 2009. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

- 19a 33 1/3% support tests - 2010.** 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 - 2009.** 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 ► ☐

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

2010Open to Public
InspectionName of the organization **UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**Employer identification number
59-0808855**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

Schedule D (Form 990) 2010

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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:

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	52,783.	52,783.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	52,783.	52,783.			

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

- a Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☒ 100.00 %
c Term endowment ☐ _____ %

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

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		136,000.		136,000.
b Buildings		336,124.	113,903.	222,221.
c Leasehold improvements		263,005.	235,875.	27,130.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				385,351.

Schedule D (Form 990) 2010

UNITED WAY OF NORTH CENTRAL

FLORIDA, INC

Schedule D (Form 990) 2010

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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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	17,612.
(3) LEASE PAYABLE - LONG TERM	9,230.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) 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 (ASC 740)

032053
12-20-10

UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

Schedule D (Form 990) 2010

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,443,877.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,810,545.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-366,668.
4	Net unrealized gains (losses) on investments	4	109,950.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	109,950.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-256,718.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,106,410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	109,950.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	109,950.
3	Subtract line 2e from line 1	3	1,996,460.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,447,417.
c	Add lines 4a and 4b	4c	1,447,417.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,443,877.

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

1	Total expenses and losses per audited financial statements	1	2,363,128.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,363,128.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,447,417.
c	Add lines 4a and 4b	4c	1,447,417.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,810,545.

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, line 2; 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.

PART V, LINE 4: UNITED WAY CREATED AN ENDOWMENT FUND TO PROVIDE DONORS

**GIFT PLANNING OPPORTUNITIES THAT WILL ADD STABILITY TO THE ANNUAL
CAMPAIGN, ENSURE RESOURCES FOR LONG-TERM GROWTH AND INCREASE THE ABILITY
TO MEET CHANGING COMMUNITY NEEDS.**

**PART X, LINE 2: UNITED WAY OF NORTH CENTRAL FLORIDA, INC. HAS
IMPLEMENTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD
ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 INCOME TAXES. UNDER**

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

THAT GUIDANCE, ENTITIES INITIALLY MUST RECOGNIZE TAX POSITIONS IN THE
FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THE POSITIONS WILL BE
SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. THE UNITED WAY'S
STATUS AS A 501(C)(3) CHARITABLE ORGANIZATION, A TAX-EXEMPT ENTITY, IS
CONSIDERED A TAX POSITION UNDER ASC 740. THE UNITED WAY KNOWS OF NO EVENT
THAT COULD OCCUR IN THE NEXT TWELVE MONTHS THAT WOULD CAUSE A CHANGE IN
ITS STATUS. ITS TAX RETURNS FOR FISCAL YEARS ENDING IN 2008 TO 2011
REMAIN SUBJECT TO TAX EXAMINATION AS OF JUNE 30, 2011.

PART XII, LINE 4B: REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR CHOICE DONATIONS \$1,447,417

PART XIII, LINE 4B: EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR CHOICE DONATIONS \$1,447,417

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

2010

Open to Public
Inspection

Name of the organization **UNITED WAY OF NORTH CENTRAL FLORIDA, INC** Employer identification number **59-0808855**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALACHUA CO. ORG. FOR RURAL NEEDS (ACORN) - 23320 N STATE RD 235 - BROOKER, FL 32622	59-1627845		109,769.	0.			COMMUNITY INVESTMENT
ALACHUA CONSERVATION TRUST, INC. 7204 SE COUNTY RD 234 GAINESVILLE, FL 32641	59-2919630		20,528.	0.			COMMUNITY INVESTMENT
ALACHUA COUNTY HUMANE SOCIETY 2029 NW 6TH ST GAINESVILLE, FL 32607-3527	59-1908492		61,981.	0.			COMMUNITY INVESTMENT
ALACHUA COUNTY PUBLIC SCHOOLS FUND 1725 SE 1ST AVE GAINESVILLE, FL 32641	59-2751952		17,227.	0.			COMMUNITY INVESTMENT
ALACHUA HABITAT FOR HUMANITY 2317 SW 13TH ST GAINESVILLE, FL 32608	59-2750078		49,683.	0.			COMMUNITY INVESTMENT
AMERICAN RED CROSS 1724 NE 2ND ST GAINESVILLE, FL 32609	59-0624351		34,432.	0.			COMMUNITY INVESTMENT
2 Enter total number of section 501(c)(3) and government organizations							▶ 58.
3 Enter total number of other organizations							▶

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

Schedule I (Form 990) (2010)

UNITED WAY OF NORTH CENTRAL

FLORIDA, INC

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Page 1

Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151	54-1517707		22,673.	0.			COMMUNITY INVESTMENT
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193389		14,058.	0.			COMMUNITY INVESTMENT
ARBOR HOUSE, INC. PO BOX 12363 GAINESVILLE, FL 32604	59-2941889		18,153.	0.			COMMUNITY INVESTMENT
ARC OF ALACHUA COUNTY 3303 NW 83 ST GAINESVILLE, FL 32606	59-1140179		7,997.	0.			COMMUNITY INVESTMENT
BIG BROTHERS - BIG SISTERS 1155 NW 13TH ST GAINESVILLE, FL 32601	59-1643115		22,872.	0.			COMMUNITY INVESTMENT
BOY SCOUTS OF AMERICA, NC (UNAFF.) 521 EDGEWOOD AVE S JACKSONVILLE, FL 32205	23-7196280		26,456.	0.			COMMUNITY INVESTMENT
BOYS & GIRLS CLUB OF ALACHUA COUNTY - PO BOX 532 - GAINESVILLE, FL 32602	59-1172127		137,755.	0.			COMMUNITY INVESTMENT
BREAD OF THE MIGHTY FOOD BANK PO BOX 5086 GAINESVILLE, FL 32627	59-2805577		19,486.	0.			COMMUNITY INVESTMENT
CANCERCURE OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145 LHA	81-0648432		7,664.	0.			COMMUNITY INVESTMENT

Schedule I (Form 990)

UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES BUREAU, INC. 1717 NE 9TH ST GAINESVILLE, FL 32609	59-0862770		111,747.	0.			COMMUNITY INVESTMENT
CHILD ADVOCACY CENTER PO BOX 1128 GAINESVILLE, FL 32602	31-1705396		55,822.	0.			COMMUNITY INVESTMENT
CHILDREN'S HOME SOCIETY 1485 S SEMORAN BLVD WINTER PARK, FL 32792	59-0192430		30,698.	0.			COMMUNITY INVESTMENT
COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE, MD 21275-5153	52-0728032		12,232.	0.			COMMUNITY INVESTMENT
COMMUNITY HEALTH CHARITIES OF FLORIDA - 3333 W PENSACOLA ST - TALLAHASSEE, FL 32304	59-3218006		178,874.	0.			COMMUNITY INVESTMENT
EARLY LEARNING COALITION 4424 NW 13TH ST GAINESVILLE, FL 32609	59-3665622		94,568.	0.			COMMUNITY INVESTMENT
EARTH SHARE FEDERATION (CFC) PO BOX 4011 WASHINGTON, DC 20042-4011	52-1601960		7,406.	0.			COMMUNITY INVESTMENT
ELDERCARE OF ALACHUA COUNTY 3515 NW 98TH ST GAINESVILLE, FL 32606	59-3051104		136,240.	0.			COMMUNITY INVESTMENT
FLORIDA 4-H CLUB FOUNDATION, INC. PO BOX 110225 GAINESVILLE, FL 32611-0225	59-1000186		6,833.	0.			COMMUNITY INVESTMENT

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Schedule I (Form 990)

UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA DEFENDERS OF THE ENVIRONMENT - 4424 NW 13TH ST - GAINESVILLE, FL 32609	59-1297777		11,180.	0.			COMMUNITY INVESTMENT
FLORIDA DIABETES CAMP PO BOX 14136 GAINESVILLE, FL 32604	23-7098099		9,043.	0.			COMMUNITY INVESTMENT
FLORIDA WILDLIFE CARE, INC. 3400 SE 15TH ST GAINESVILLE, FL 32641	59-3178292		7,686.	0.			COMMUNITY INVESTMENT
FLORIDA WILDLIFE FEDERATION PO BOX 6870 TALLAHASSEE, FL 32314-6870	59-1398265		7,701.	0.			COMMUNITY INVESTMENT
GAINESVILLE COMMUNITY MINISTRY, INC. - 238 SW 4TH AVE - GAINESVILLE, FL 32601	59-1724202		19,091.	0.			COMMUNITY INVESTMENT
GAINESVILLE FISHER HOUSE 5106 NW 8TH AVE GAINESVILLE, FL 32607	26-3806088		8,535.	0.			COMMUNITY INVESTMENT
GAINESVILLE HARVEST 7257 NW 4TH BLVD GAINESVILLE, FL 32607	59-3067756		31,992.	0.			COMMUNITY INVESTMENT
GAINESVILLE HIPPIE, WILLIAMS TEMPLE PO BOX 5866 GAINESVILLE, FL 32627	41-2266098		93,295.	0.			COMMUNITY INVESTMENT
GAINESVILLE PET RESCUE 5403 SW ARCHER RD GAINESVILLE, FL 32608	59-3183931		63,051.	0.			COMMUNITY INVESTMENT

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Schedule I (Form 990)

UNITED WAY OF NORTH CENTRAL

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Schedule I (Form 990) FLORIDA, INC

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF GATEWAY COUNCIL, INC. - 1000 SHEARER ST - JACKSONVILLE, FL 32205	59-0637857		19,238.	0.			COMMUNITY INVESTMENT
GIRLS PLACE, INC. 2101 NW 39TH AVE GAINESVILLE, FL 32605-2323	59-2274755		22,165.	0.			COMMUNITY INVESTMENT
GLOBAL IMPACT 66 CANAL CENTER PLAZA ALEXANDRIA, VA 22314	52-1273585		12,319.	0.			COMMUNITY INVESTMENT
HAVEN HOSPICE OF NORTH CENTRAL FLORIDA - 4200 NW 90 BLVD - GAINESVILLE, FL 32606	59-2490893		95,276.	0.			COMMUNITY INVESTMENT
HEALTH & MEDICAL RESEARCH PO BOX 45754 SAN FRANCISCO, CA 94145	94-3217739		7,299.	0.			COMMUNITY INVESTMENT
HEALTH SERVICES, INC. (CDS) 1218 NW 6TH ST GAINESVILLE, FL 32601	59-1435252		42,845.	0.			COMMUNITY INVESTMENT
HEALTHY FAMILIES 5009 NW 34TH ST GAINESVILLE, FL 32605	59-1195257		82,777.	0.			COMMUNITY INVESTMENT
HOPE HORSES HELPING PEOPLE, INC. 9722 SW 153 AVE ARCHER, FL 32618	59-3671382		6,028.	0.			COMMUNITY INVESTMENT
INDEPENDENT CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIR LARKSPUR, CA 94939	94-3067804		23,226.	0.			COMMUNITY INVESTMENT

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Schedule I (Form 990) FLORIDA, INC

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERIDIAN BEHAVIORAL HEALTHCARE 4300 SW 13TH ST GAINESVILLE, FL 32608	59-1906214		7,665.	0.			COMMUNITY INVESTMENT
MILITARY, VETERANS & PATRIOTIC PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418		8,106.	0.			COMMUNITY INVESTMENT
NEIGHBOR TO NATIONS PO BOX 79991 BALTIMORE, MD 21279-0991	54-1879282		7,556.	0.			COMMUNITY INVESTMENT
NO MORE HOMELESS PETS, INC. 4205 NW 6TH ST GAINESVILLE, FL 32609	02-0536968		10,806.	0.			COMMUNITY INVESTMENT
NORTH CENTRAL FLORIDA YMCA 5201 NW 34TH ST GAINESVILLE, FL 32605	59-1195257		15,171.	0.			COMMUNITY INVESTMENT
PACE CENTER FOR GIRLS 1010 SE 4TH AVE GAINESVILLE, FL 32601	59-2414492		7,819.	0.			COMMUNITY INVESTMENT
PEACEFUL PATHS 2100 NW 53RD AVE GAINESVILLE, FL 32653	59-1809014		104,606.	0.			COMMUNITY INVESTMENT
PLANNED PARENTHOOD 3850 BEACH BLVD JACKSONVILLE, FL 32207	59-1061757		46,738.	0.			COMMUNITY INVESTMENT
PUPPY HILL FARM ANIMAL RESCUE, INC. - PO BOX 1743 - MELROSE, FL 32666 LHA	59-3621194		5,453.	0.			COMMUNITY INVESTMENT

Schedule I (Form 990)

UNITED WAY OF NORTH CENTRAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF GAINESVILLE - 1600 SW 14TH ST - GAINESVILLE, FL 32608	59-1887896		42,659.	0.			COMMUNITY INVESTMENT
SAINT FRANCIS HOUSE PO BOX 12491 GAINESVILLE, FL 32604	59-1978981		104,189.	0.			COMMUNITY INVESTMENT
SHANDS CANCER HOSPITAL 1938 W UNIVERSITY AVE GAINESVILLE, FL 32603	59-1943502		10,201.	0.			COMMUNITY INVESTMENT
STOP! CHILDREN'S CANCER 2622 NW 43RD ST GAINESVILLE, FL 32606	59-2624901		18,322.	0.			COMMUNITY INVESTMENT
THREE RIVERS LEGAL SERVICES 901 NW 8TH AVE GAINESVILLE, FL 32601	59-1794799		7,923.	0.			COMMUNITY INVESTMENT
UNITED WAY OF MARION COUNTY PO BOX 1086 OCALA, FL 34478-1086	59-0946642		6,777.	0.			COMMUNITY INVESTMENT
VETSPACE, INC. PO BOX 452 GAINESVILLE, FL 32602	59-3251229		9,819.	0.			COMMUNITY INVESTMENT

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Schedule I (Form 990)

UNITED WAY OF NORTH CENTRAL

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Schedule I (Form 990) (2010)

FLORIDA, INC

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: AGENCIES RECEIVING DESIGNATIONS ARE REQUIRED TO

PROVIDE OFFICIAL DOCUMENTATION AS TO 501(C)3 STATUS, PATRIOT ACT

COMPLIANCE, AND VERIFICATION OF FEDERAL ID NUMBER.

AGENCIES RECEIVING COMMUNITY IMPACT AWARDS HAVE PERIODIC REPORTING

REQUIREMENTS AND ARE AWARDED BY COMMITTEE WHICH REVIEWS PROGRAM OUTCOMES

AND FINANCIAL STABILITY AND RESPONSIBILITY.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Employer identification number
59-0808855

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,672.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	37	24,099.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization	UNITED WAY OF NORTH CENTRAL FLORIDA, INC	Employer identification number 59-0808855
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE UNITED WAY OF NORTH CENTRAL FLORIDA IS TO IMPROVE
PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES \$ 13,575. INCLUDING GRANTS OF \$ 0. REVENUE \$ 523.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS REVIEWED
BY THE FINANCE COMMITTEE CHAIR AND PROVIDED TO THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ENSURES THAT THE
BOARD MEMBER DISCUSSES AND REFUSES
PARTICIPATION IN ANY MATTERS THAT ARE CONSIDERED A CONFLICT OF INTEREST.
THE CEO REVIEWS THIS POLICY FOR ENFORCEMENT OF COMPLIANCE.

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

Name of the organization UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

Employer identification number
59-0808855

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS AND FORM
990 ANNUAL REPORT ARE AVAILABLE FOR VIEWING ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 109,950.

UNITED WAY OF NORTH CENTRAL FLORIDA HAS A COMMITTEE THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.

FORM 990, PART I, LINE 6

VOLUNTEER SERVICES PROVIDED

VOLUNTEERS PROVIDE SERVICES IN THE FOLLOWING AREAS, AS NEEDED:

- BOARD/POLICY MAKING
- CAMPAIGN WORKERS
- CAMPAIGN COORDINATORS
- COMMUNITY IMPACT
- DIRECT SERVICE
- DAY OF ACTION VOLUNTEERS
- OTHER AREAS AS NEEDED

FORM 990, PART IX, LINE 1

COMMUNITY INVESTMENT PROCESS

UNITED WAY IS FOCUSED ON ADDRESSING CRITICAL ISSUES AND CREATING
LASTING CHANGE. UNITED WAY IS INVESTING THESE FUNDS IN STRATEGIES AND
PROGRAMS THAT ARE MAKING AN IMPACT ON THE AREA OF GREATEST NEED IN OUR
COMMUNITY. MORE THAN 63 VOLUNTEERS FROM 29 DIFFERENT ORGANIZATIONS

Name of the organization UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

Employer identification number
59-0808855

SPENT MORE THAN 1575 HOURS REVIEWING EXTENSIVE GRANT APPLICATIONS,
ATTENDING SITE VISITS AND EVALUATING PRESENTATIONS BEFORE MAKING
FUNDING DECISIONS. THIS ENHANCED PROCESS IS DESIGNED TO ACHIEVE UNITED
WAY'S GOAL OF CREATING COMMUNITY IMPACT BY INVESTING IN FOCUSED
STRATEGIES AND HIGH PERFORMANCE PROGRAMS THAT ACHIEVE RESULTS WITH
LARGE POPULATIONS OF AT RISK PEOPLE.

GENERAL FOOTNOTE

DESIGNATIONS

INDIVIDUALS CHOOSE TO DIRECT THEIR INVESTMENT TO A SINGLE AGENCY,
BYPASSING THE VOLUNTEER REVIEW PROCESS. UNITED WAY IS NOT RESPONSIBLE
FOR THE EFFICIENCY OR EFFECTIVENESS OF THESE AGENCIES OR PROGRAMS.
THESE AGENCIES MUST BE A TAX EXEMPT 501 (C)(3) NONPROFIT ORGANIZATION
REGISTERED IN FLORIDA

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization** 990
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No **67**

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF NORTH CENTRAL
FLORIDA, INC

FORM 990 PAGE 10

59-0808855

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
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
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 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2011. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	25,350.

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 2010	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 2010 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 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	25,350.
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	

**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Form 4562 (2010)

59-0808855 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, 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
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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 **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	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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?		

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
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42 Amortization of costs that begins during your 2010 tax year:

43 Amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization UNITED WAY OF NORTH CENTRAL FLORIDA, INC	Employer identification number 59-0808855
	Number, street, and room or suite no. If a P.O. box, see instructions. 6031 NW 1ST PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAINESVILLE, FL 32607	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEBBIE MASON

- The books are in the care of ► **6031 NW 1ST PLACE - GAINESVILLE, FL 32607**

Telephone No. ► **352-331-2800**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)