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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

2010

Open 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
☐ Termin-ated
☐ Amended return
☐ Applica-tion pending

C Name of organization
UNITED WAY OF CENTRAL FLORIDA INC

Doing Business As

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

City or town, state or country, and ZIP + 4
HIGHLAND CITY, FL 33846-1357

F Name and address of principal officer: TERRY WORTHINGTON
SAME AS C ABOVE

D Employer identification number
59-2116280

E Telephone number
(863)648-1500

G Gross receipts $ 12,123,509.

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.UWCF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ESTABLISHED IN 1980, UWCF HAS ADDRESSED ROOT CAUSES OF COMMUNITY PROBLEMS FOR 30 YEARS. FOCUSING

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

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	37
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	50
	6	Total number of volunteers (estimate if necessary)	1770
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,039,523.	10,391,351.
	9	Program service revenue (Part VIII, line 2g)	510,916.	554,481.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-30,304.	152,727.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,587.	373,076.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,601,722.	11,471,635.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,853,534.	6,819,106.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,021,046.	2,083,953.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 875,523.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,057,431.	1,068,496.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,932,011.	9,971,555.
	19	Revenue less expenses. Subtract line 18 from line 12	-330,289.	1,500,080.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,744,841.	22,191,834.
	21	Total liabilities (Part X, line 26)	9,039,902.	10,581,243.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,704,939.	11,610,591.

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OGDEN, UT

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 — Date: 1-20-12

▶ TERRY WORTHINGTON, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: EDITH L. YATES	Preparer's signature: Edith L Yates CPA	Date: 1/20/12	Check ☐ if self-employed	PTIN
Firm's name ▶ BAYLIS & COMPANY PA CPAS				Firm's EIN ▶
Firm's address ▶ 53 LAKE MORTON DRIVE LAKELAND, FL 33801-5344				Phone no. (863)688-8841

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

MISSION: UNITED WAY OF CENTRAL FLORIDA UNDERSTANDS LOCAL NEEDS AND DRIVES LASTING CHANGE TO BUILD BETTER LIVES AND STRONGER COMMUNITIES.

VISION: UNITED WAY OF CENTRAL FLORIDA IS THE PREEMINENT LEADER FOR

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 [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 7,162,660. including grants of $) (Revenue $ 506,981.)

COMMUNITY IMPACT - UWCF'S PREMIER COMMUNITY ASSESSMENT PROCESS MOBILIZES MORE THAN 100 VOLUNTEERS ON 15 TEAMS AROUND THEIR FOCUS AREAS OF EDUCATION, INCOME AND HEALTH. SAFETY NET PROGRAMS ALSO PROVIDE SHORT-TERM CRISIS SERVICES IMPORTANT TO THE WELL BEING OF A COMPASSIONATE COMMUNITY. THESE VOLUNTEERS VISIT PROGRAM SITES, REVIEW PREVIOUS INVESTMENTS, PROGRAM GOALS AND OUTCOMES, AND MAKE RECOMMENDATIONS ABOUT THE MOST EFFECTIVE WAY TO MEET CRITICAL COMMUNITY NEEDS.

EDUCATION: AN EARLY LITERACY INITIATIVE HELPS AT-RISK CHILDREN DEVELOP THE LANGUAGE SKILLS THEY NEED TO SUCCEED IN SCHOOL. GIVEN THE RIGHT START, CHILDREN LEARN TO READ, SUCCEED ACADEMICALLY AND ARE MORE

4b (Code) (Expenses $ 330,149. including grants of $) (Revenue $ 5,000.)

MASTER TEACHER: AN OUTREACH OF SUCCESS BY 6 SCHOOL READINESS - THE EXPANDED MASTER TEACHER INITIATIVE TARGETS NEIGHBORHOODS WHERE CHILDREN CONSIDERED AT-RISK FOR SCHOOL FAILURE RESIDE. IT PROVIDES AN INTERNSHIP FOR CHILDCARE INSTRUCTORS USING FOUR MASTER TEACHERS ALONG WITH PARENT EDUCATION CLASSES TO HELP THE INSTRUCTORS AND PARENTS TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO SUCCEED. READINESS SKILLS FOR CHILDREN IN CLASSES WITH TEACHERS TRAINED BY A MASTER TEACHER IMPROVED AN AVERAGE OF 2 1/2 MONTHS FOR EVERY 1 MONTH WITH THE NEWLY TRAINED CAREGIVER.

4c (Code) (Expenses $ 351,210. including grants of $) (Revenue $ 42,500.)

FAMILY FUNDAMENTALS - AN OUTREACH OF SUCCESS BY 6 - FAMILY FUNDAMENTALS IS A "ONE-STOP" PARENT RESOURCE CENTER WHICH MOBILIZES PARTNERSHIPS WITH MORE THAN FIFTY HUMAN SERVICE ORGANIZATIONS PROVIDING PARENTS AND FAMILY MEMBERS WITH ACTIVITIES, CLASSES, READING, TUTORING AND OTHER PROGRAMS DESIGNED TO STRENGTHEN THE DEVELOPMENT OF OUR CHILDREN AND FAMILY RELATIONSHIPS. 29,000 PARENTS AND CHILDREN SIGNED IN AT CLASSES AND EVENTS IN 2010.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 596,398. including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 8,440,417.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		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*	4		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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10	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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f		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*	12a	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17		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*	18	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*	19	X	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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	1a	15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?		13a		
	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, 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. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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 mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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.

[X] Own website [ ] Another's website [X] 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: ▶

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

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			
IKE FOUNTAIN BOARD COMMUNITY INVESTMENT	2.50	X		X				0.	0.	0.
TERRY BRIGMAN BOARD COMMUNITY IMPACT	2.50	X		X				0.	0.	0.
ED VOGEL BOARD CHAIRMAN	2.50	X		X				0.	0.	0.
JOE TEDDER BOARD VICE CHAIRMAN	2.50	X		X				0.	0.	0.
DAVE MACDOUGALL BOARD PAST CHAIRMAN	2.50	X		X				0.	0.	0.
MIKE CARTER BOARD TREASURER	2.50	X		X				0.	0.	0.
WEYMON SNUGGS BOARD SECRETARY	2.50	X		X				0.	0.	0.
JAMES HORTON BOARD CHAIRMAN ELECT	2.50	X		X				0.	0.	0.
JEROME FERSON BOARD CAMPAIGN CHAIRMAN	2.50	X		X				0.	0.	0.
CINDY ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
ALLISON DEVITO BEEMAN DIRECTOR	1.00	X						0.	0.	0.
PAULINE BROWN DIRECTOR	1.00	X						0.	0.	0.
DEBBIE BURDETT DIRECTOR	1.00	X						0.	0.	0.
BECKY BYWATER DIRECTOR	1.00	X						0.	0.	0.
TONY DELGADO DIRECTOR	2.50	X						0.	0.	0.
DERIC FEACHER DIRECTOR	1.00	X						0.	0.	0.
JOHN FITZWATER DIRECTOR	1.00	X						0.	0.	0.

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			
KRIS GIORDANO DIRECTOR	1.00	X						0.	0.	0.
DAN HAIGHT DIRECTOR	1.00	X						0.	0.	0.
EILEEN HOLDEN DIRECTOR	1.00	X						0.	0.	0.
JESSE JACKSON DIRECTOR	1.00	X						0.	0.	0.
RICK JACKSON DIRECTOR	1.00	X						0.	0.	0.
SUZETTE JONES DIRECTOR	1.00	X						0.	0.	0.
FRANK KENDRICK DIRECTOR	1.00	X						0.	0.	0.
CHARLOTTE KOZLIN DIRECTOR	2.50	X						0.	0.	0.
FRAN MCASKILL DIRECTOR	2.50	X						0.	0.	0.
1b **Sub-total** ▶								0.	0.	0.
c **Total from continuation sheets to Part VII, Section A** ▶								273,012.	0.	62,778.
d **Total (add lines 1b and 1c)** ▶								273,012.	0.	62,778.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAN MCAULIFF DIRECTOR	1.00	X						0.	0.	0.
STEVE MOORE DIRECTOR	1.00	X						0.	0.	0.
HERSCHEL MORRIS DIRECTOR	1.00	X						0.	0.	0.
BILL MUTZ DIRECTOR	1.00	X						0.	0.	0.
SHERRIE NICKELL DIRECTOR	1.00	X						0.	0.	0.
BONNIE PARKER DIRECTOR	1.00	X						0.	0.	0.
PAUL POWERS DIRECTOR	2.50	X						0.	0.	0.
LARRY ROSS DIRECTOR	1.00	X						0.	0.	0.
RICHARD SCHULER DIRECTOR	2.50	X						0.	0.	0.
MONTI SOMMER DIRECTOR	1.00	X						0.	0.	0.
MICHAEL WALKER DIRECTOR	2.50	X						0.	0.	0.
SAM NIMAH DIRECTOR	2.50	X						0.	0.	0.
GAIL MCKINZIE DIRECTOR	1.00	X						0.	0.	0.
JENNIFER STRICKLAND DIRECTOR	1.00	X						0.	0.	0.
TERRY WORTHINGTON PRESIDENT	37.50			X				125,671.	0.	30,678.
JILL MARTIN CHIEF FINANCIAL OFFICER	37.50			X				74,952.	0.	11,243.
PENNY BORGIA CHIEF OPERATING OFFICER	37.50			X				72,389.	0.	20,857.
Total to Part VII, Section A, line 1c								273,012.		62,778.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	138,195.				
	b Membership dues	1b					
	c Fundraising events	1c	5,160.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	69,736.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10178260.				
	g Noncash contributions included in lines 1a-1f $ 145,404.						
	h **Total.** Add lines 1a-1f		▶	10391351.			
Program Service Revenue		Business Code					
	2a SERVICE & ADMIN FEES	900099		554,481.	554,481.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f		▶	554,481.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	97,533.			97,533.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		▶				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	643,880.					
	b Less: cost or other basis and sales expenses	588,686.					
	c Gain or (loss)	55,194.					
	d Net gain or (loss)		▶	55,194.			55,194.
	8a Gross income from fundraising events (not including $ 5,160. of contributions reported on line 1c). See Part IV, line 18	a	25,044.				
	b Less: direct expenses	b	25,044.				
	c Net income or (loss) from fundraising events		▶	0.			
	9a Gross income from gaming activities. See Part IV, line 19	a	41,247.				
	b Less: direct expenses	b	38,144.				
	c Net income or (loss) from gaming activities		▶	3,103.			3,103.
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue	Business Code					
	11a SPLIT INTEREST TRUST	900099		354,205.			354,205.
	b MISCELLANEOUS	900099		15,768.			15,768.
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶	369,973.			
	12 **Total revenue.** See instructions.		▶	11471635.	554,481.	0.	525,803.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,707,649.	6,707,649.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	111,457.	111,457.		
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	349,314.	127,766.	188,277.	33,271.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,312,354.	606,602.	326,462.	379,290.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	150,589.	90,836.	19,080.	40,673.
9 Other employee benefits	150,347.	79,115.	25,929.	45,303.
10 Payroll taxes	121,349.	52,816.	36,730.	31,803.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	35,051.		35,051.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,545.	19,545.		
g Other	105,874.	83,797.	15,984.	6,093.
12 Advertising and promotion	136,147.	35,808.	21,585.	78,754.
13 Office expenses	180,344.	115,509.	56,295.	8,540.
14 Information technology	64,017.	23,263.	37,704.	3,050.
15 Royalties				
16 Occupancy	161,627.	96,244.	63,301.	2,082.
17 Travel	36,444.	10,350.	5,649.	20,445.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,283.	5,581.	12,513.	11,189.
20 Interest				
21 Payments to affiliates	85,606.		85,606.	
22 Depreciation, depletion, and amortization	68,605.	32,872.	15,193.	20,540.
23 Insurance	4,746.		4,043.	703.
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 CATERING EXPENSE	59,897.	8,609.	6,458.	44,830.
b MISCELLANEOUS	33,218.	7,960.	3,922.	21,336.
c MEMBERSHIP DUES	26,017.	1,514.	22,205.	2,298.
d EQUIPMENT MAINTENANCE	22,075.	7,758.	10,752.	3,565.
e ALLOCATION OF MKTG & IT	0.	215,366.	-337,124.	121,758.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,971,555.	8,440,417.	655,615.	875,523.
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,551.	1	550.
	2	Savings and temporary cash investments		3,678,257.	2	3,655,469.
	3	Pledges and grants receivable, net		11,801,407.	3	14,805,924.
	4	Accounts receivable, net		61,085.	4	78,543.
	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		30,898.	9	36,231.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,344,056.			
	b	Less: accumulated depreciation	10b 1,711,044.	672,389.	10c	633,012.
	11	Investments - publicly traded securities		1,736,857.	11	2,135,159.
	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		762,397.	15	846,946.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,744,841.	16	22,191,834.
Liabilities	17	Accounts payable and accrued expenses		165,628.	17	111,525.
	18	Grants payable		8,779,454.	18	9,771,460.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		94,820.	25	698,258.
	26	**Total liabilities.** Add lines 17 through 25		9,039,902.	26	10,581,243.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,816,168.	27	6,950,821.
	28	Temporarily restricted net assets		1,923,353.	28	3,463,522.
	29	Permanently restricted net assets		965,418.	29	1,196,248.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,704,939.	33	11,610,591.
	34	Total liabilities and net assets/fund balances		18,744,841.	34	22,191,834.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,471,635.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,971,555.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,500,080.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,704,939.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	405,572.
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	11,610,591.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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.	2c	X	
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: [X] 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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	Employer identification number
UNITED WAY OF CENTRAL FLORIDA INC	59-2116280

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

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

1 ☐ A church, convention of churches, or association of churches 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?

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

h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in 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.")	8260413.	8879562.	9506361.	9039523.	10391351.	46077210.
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	8260413.	8879562.	9506361.	9039523.	10391351.	46077210.
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)						23642249.
6 **Public support.** Subtract line 5 from line 4						22434961.

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	8260413.	8879562.	9506361.	9039523.	10391351.	46077210.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	269,810.	252,440.	132,904.	104,403.	97,533.	857,090.
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.)	601,150.	598,113.	607,870.	565,475.	436,264.	2808872.
11 **Total support.** Add lines 7 through 10						49743172.
12 Gross receipts from related activities, etc. (see instructions)					12	554,481.

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	45.10 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	59.23 %

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 ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: INCLUDES MISCELLANEOUS INCOME, SPLIT INTEREST TRUST REVENUE, FUNDRAISING AND GAMING GROSS PROCEEDS

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

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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 ▶ $ _____

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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,393,348.	1,366,620.	1,364,001.		
b Contributions	17,099.	16,866.	215,776.		
c Net investment earnings, gains, and losses	267,509.	69,476.	-158,937.		
d Grants or scholarships					
e Other expenditures for facilities and programs	53,777.	59,614.	54,220.		
f Administrative expenses					
g End of year balance	1,624,179.	1,393,348.	1,366,620.		

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

a Board designated or quasi-endowment ▶ 26.35 %
b Permanent endowment ▶ 73.65 %
c Term endowment ▶ _____ %

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

	Yes	No
(i) unrelated organizations — 3a(i)	X	
(ii) related organizations — 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		1,007,830.	524,354.	483,476.
c Leasehold improvements		444,822.	436,959.	7,863.
d Equipment		749,929.	708,256.	41,673.
e Other		41,475.	41,475.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	633,012.

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)	SPLIT INTEREST TRUST	698,258.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		698,258.

2. 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)

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	11,471,635.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,971,555.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,500,080.
4	Net unrealized gains (losses) on investments	4	321,023.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	84,549.
9	Total adjustments (net). Add lines 4 through 8	9	405,572.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,905,652.

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	11,095,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	321,023.		
b	Donated services and use of facilities	2b	21,219.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	147,737.		
e	Add lines **2a** through **2d**			2e	489,979.
3	Subtract line **2e** from line **1**			3	10,605,288.
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	19,545.		
b	Other (Describe in Part XIV.)	4b	846,802.		
c	Add lines **4a** and **4b**			4c	866,347.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	11,471,635.

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

1	Total expenses and losses per audited financial statements			1	9,189,615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	21,219.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	63,188.		
e	Add lines **2a** through **2d**			2e	84,407.
3	Subtract line **2e** from line **1**			3	9,105,208.
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	19,545.		
b	Other (Describe in Part XIV.)	4b	846,802.		
c	Add lines **4a** and **4b**			4c	866,347.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,971,555.

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: UNLESS INCOME IS EXPLICITLY RESTRICTED BY THE DONOR, INCOME IS USED TO SUPPORT THE CITIZENS INVESTMENT TEAM ALLOCATION PROCESS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN TRUST 84,549.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN TRUST 84,549.

Part XIV Supplemental Information *(continued)*

SPECIAL EVENT AND GAMING EXPENSES	63,188.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	147,737.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	846,802.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT AND GAMING EXPENSES	63,188.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	846,802.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 MOSAIC F350 DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	30,204.			30,204.
	2 Less Charitable contributions	5,160.			5,160.
	3 Gross income (line 1 minus line 2)	25,044.			25,044.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	21,257.			21,257.
	8 Entertainment				
	9 Other direct expenses	3,787.			3,787.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(25,044.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			41,247.	41,247.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			37,944.	37,944.
	4 Rent/facility costs				
	5 Other direct expenses			200.	200.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	(38,144.)
	8 Net gaming income summary. Combine line 1, column d, and line 7			▶	3,103.

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: UWCF COMPLIES WITH SECTION 496.405, SOLICITATION OF CONTRIBUTIONS, OF THE FLORIDA STATUTES AND IS NOT REQUIRED TO HOLD A SEPARATE LICENSE FOR CONDUCTING RAFFLES.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

** SEE PART IV FOR COMPLETE EXPLANATIONS

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	.00 %
b An outside facility	13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JILL MARTIN

Address ▶ P O BOX 1357 - HIGHLAND CITY, FL 33846-1357

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ JILL MARTIN

Gaming manager compensation ▶ $ 0.

Description of services provided ▶ OVERALL MANAGEMENT AND SUPERVISION OF GAMING ACTIVITY INCLUDING RECORD KEEPING AND REPORTING.

☒ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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 CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] 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
ACHIEVEMENT ACADEMY INC. 716 E. BELLA VISTA STREET LAKELAND, FL 33805-3009	59-0774205	501(C)(3)	259,710.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
ALLIANCE FOR INDEPENDENCE 1038 SUNSHINE DRIVE EAST LAKELAND, FL 33801	59-0812958	501(C)(3)	211,607.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
ALPHA-OMEGA CRISIS CENTER 140 DUNTY RD LAKE PLACID, FL 33852	59-2844169	501(C)(3)	9,631.	0.			PROGRAM OPERATING COST, FUNDS RETURNED FOR RE-ALLOCATION, DONOR DESIGNATED FOR PROGRAM
AMERICAN CANCER SOCIETY 809 S FLORIDA AVENUE LAKELAND, FL 33801	13-1788491	501(C)(3)	108,143.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
AMERICAN NATIONAL RED CROSS - W.H. 147 AVENUE A NORTHWEST WINTER HAVEN, FL 33881	53-0196605	501(C)(3)	249,950.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
AMERICAN RED CROSS-HIGHLANDS 106 MEDICAL CENTER AVENUE SEBRING, FL 33870-5422	53-0196605	501(C)(3)	13,927.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

032101 01-13-11

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
AMERICAN RED CROSS-MANATEE COUNTY(HARDEE) - 2905 59TH STREET W - BRADENTON, FL 34209	53-0196605	501(C)(3)	14,079.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE #110 CHANTILLY, VA 20151-2223	54-1517707	501(C)(3)	8,972.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AUBURNDALE RELIEF ASSOCIATION P O BOX 1162 AUBURNDALE, FL 33823-1162	59-3064549	501(C)(3)	32,706.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS & BIG SISTERS 201 N KENTUCKY AVE #1 LAKELAND, FL 33801-4962	59-2173085	501(C)(3)	144,913.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
BIG BROTHERS BIG SISTERS OF THE SUNCOAST (FLORIDA RIDGE) - 101 W VENICE AVENUE SUITE 34 - VENICE, FL 34285-1940	59-1361826	501(C)(3)	11,286.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS-GULF RIDGE COUNCIL 13228 N CENTRAL AVENUE TAMPA, FL 33612	59-0624406	501(C)(3)	88,312.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
BOYS & GIRLS CLUBS OF LAKELAND P O BOX 763 LAKELAND, FL 33802	59-0171815	501(C)(3)	293,987.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CAMP FIRE USA SUNSHINE COUNCIL INC. - 2600 BUCKINGHAM AVE. - LAKELAND, FL 33803-3109	59-0637819	501(C)(3)	115,164.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CATHOLIC CHARITIES 1801 EAST MEMORIAL BOULEVARD LAKELAND, FL 33801	59-1084272	501(C)(3)	133,196.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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
CENTRAL FLORIDA SPEECH & HEARING 710 E. BELLA VISTA LAKELAND, FL 33805	59-0939466	501(C)(3)	387,377.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CHILDREN'S HOME SOCIETY 1260 SOUTH GOLFVIEW AVENUE BARTOW, FL 33830	59-0192430	501(C)(3)	163,895.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CHAMPION FOR CHILDREN FOUNDATION OF HIGHLANDS COUNTY - P O BOX 7125 - SEBRING, FL 33872	65-0444941	501(C)(3)	25,416.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CHURCH SERVICE CENTER 290 E. CHURCH BARTOW, FL 33830-3924	59-1162397	501(C)(3)	51,181.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
CITIZEN CPR P O BOX 24298 LAKELAND, FL 33802-4298	59-2469360	501(C)(3)	25,870.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM COSTS
CITRUS CENTER BOYS & GIRLS CLUB INC - P O BOX 2666 - WINTER HAVEN, FL 33883-2666	59-0776417	501(C)(3)	265,741.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
COMMUNITY HEALTH CHARITIES OF FLORIDA - 3333 WEST PENSACOLA STREET BUILDING 200, SUITE 240 - TALLAHASSEE, FL 32304	59-3218006	501(C)(3)	5,919.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EARLY LEARNING COALITION -HARDEE 3028 CARING WAY SUITE 4 PORT CHARLOTTE, FL 33952	53-3738819	501(C)(3)	47,057.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
EARLY LEARNING COALITION-HIGHLANDS 209 N RIDGEWOOD DRIVE SEBRING, FL 33870	65-1006254	501(C)(3)	22,827.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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
EARLY LEARNING COALITION-POLK COUNTY - 1765 N BROADWAY AVENUE - BARTOW, FL 33830	59-3648316	501(C)(3)	317,115.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
ENTERPRISE COMMUNITY SERVICE 5410 STRICKLAND AVENUE LAKELAND, FL 33812	41-2221951	501(C)(3)	34,441.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
EPILEPSY SERVICES OF W CENT FLA 305 S FLORIDA AVE LAKELAND, FL 33801	59-3151484	501(C)(3)	43,297.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
EXPLORATIONS V MUSEUM 109 N KENTUCKY AVENUE LAKELAND, FL 33801	59-2994883	501(C)(3)	27,762.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
FLORIDA BAPTIST CHILDREN'S HOMES P O BOX 8190 LAKELAND, FL 33802	59-0657326	501(C)(3)	7,962.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY EMERGENCY SERVICE CNTR. P O BOX 624 WINTER HAVEN, FL 33882-0624	59-0609724	501(C)(3)	68,426.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
FLORIDA ENVIRONMENTAL INSTITUTE,INC - P O BOX 506 - VENUS, FL 33960	59-2218777	501(C)(3)	14,219.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
FROSTPROOF CARE CENTER 21 S SCENIC HIGHWAY FROSTPROOF, FL 33843-2120	59-2988744	501(C)(3)	52,523.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS GULF COAST COUNCIL 4780 CATTLEMAN ROAD SARASOTA, FL 34233	59-0760212	501(C)(3)	21,651.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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-WEST CENTRAL FL 1831 N GILMORE AVE LAKELAND, FL 33805-3017	59-0895909	501(C)(3)	160,800.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
GIRLS INCORPORATED OF LAKELAND P O BOX 1975 LAKELAND, FL 33802-1975	23-7101551	501(C)(3)	187,826.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
GIRLS INCORPORATED OF W.H. P O BOX 7285 WINTER HAVEN, FL 33883-7285	59-1158810	501(C)(3)	165,321.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
GOOD SHEPHERD HOSPICE 105 ARNESON AVENUE AUBURNDALE, FL 33823	59-1926521	501(C)(3)	156,659.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HABITAT FOR HUMANITY OF LAKELAND 1317 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815	59-3000422	501(C)(3)	26,400.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HARDEE COUNTY FAMILY YMCA 610 WEST ORANGE STREET WAUCHULA, FL 33873	59-1618413	501(C)(3)	43,114.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HARDEE HELP CENTER P O BOX 422 WAUCHULA, FL 33873	59-2993242	501(C)(3)	16,863.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HEART OF FLORIDA LEGAL AID SOCIETY, INC. - 510 S BROADWAY AVE SUITE 2 - BARTOW, FL 33830	59-6215748	501(C)(3)	64,091.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 32804-4714	59-0808854	501(C)(3)	12,636.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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
HEARTLAND HORSES & HANDICAPPED INC P O BOX 3787 SEBRING, FL 33871-3787	59-3734965	501(C)(3)	10,530.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HELP OF FORT MEADE 121 WEST BROADWAY STREET FORT MEADE, FL 33841	59-2993886	501(C)(3)	155,025.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HIGHLANDS COUNTY FAMILY YMCA 100 YMCA LANE SEBRING, FL 33872	59-2859656	501(C)(3)	22,982.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
INDEPENDENT CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIR STE 340 LARKSPUR, CA 94939	94-3067804	501(C)(3)	9,947.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
INNERACT ALLIANCE 621 S. FLORIDA AVE LAKELAND, FL 33801	59-2844663	501(C)(3)	51,531.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
LAKE WALES FAMILY YMCA 1001 BURNS AVE LAKE WALES, FL 33853-3499	59-1741481	501(C)(3)	83,096.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BLVD. LAKELAND, FL 33805	52-2351630	501(C)(3)	95,703.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
LEARNING RESOURCE CENTER 1628 S FLORIDA AVENUE LAKELAND, FL 33803-3109	51-0182646	501(C)(3)	98,619.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
LIGHTHOUSE MINISTRIES 117 E MAGNOLIA ST LAKELAND, FL 33801	59-1722768	501(C)(3)	6,584.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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
MULBERRY COMMUNITY SERVICE CENTER 301 NE 5TH STREET MULBERRY, FL 33860-2138	59-1896141	501(C)(3)	79,210.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
NATIONAL ALLIANCE FOR THE MENTALLY ILL POLK COUNTY INC. - 1090 US HIGHWAY 17 S - BARTOW, FL 33830-6026	59-2600811	501(C)(3)	40,087.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
NEIGHBORHOOD SERVICE CENTER P O BOX 3311 FVS WINTER HAVEN, FL 33881-3311	59-1363593	501(C)(3)	23,010.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
NOAH'S ARK OF CENTRAL FLORIDA INC 505 BARTOW RD LAKELAND, FL 33801	59-3466684	501(C)(3)	5,071.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NU-HOPE ELDER CARE SERVICES, INC.(HARDEE) - P O BOX 1763 - WAUCHULA, FL 33873	59-1634802	501(C)(3)	66,602.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR PROGRAM COSTS
NU-HOPE ELDER CARE SERVICES, INC.(HIGHLANDS) - 6414 US HWY 27 SOUTH - SEBRING, FL 33875	59-1634802	501(C)(3)	26,913.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
OUNCE OF PREVENTION HEALTHY FAMILIES - 111 NORTH GADSEN ST STE 200 - TALLAHASSEE, FL 32301	59-2908367	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS, FUNDS RETURNED FOR RE-ALLOCATION
PEACE RIVER CENTER P O BOX 1559 BARTOW, FL 33831-1559	59-0818924	501(C)(3)	190,348.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
POLK STATE COLLEGE FOUNDATION (LAKE WALES CHARTER SCHOOLS) - 999 AVENUE H NE - WINTER HAVEN, FL 33881-4299	59-1819213	501(C)(3)	22,768.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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
POLK VISION P O BOX 1506 HIGHLAND CITY, FL 33846	20-0141870	501(C)(3)	7,500.	0.			PROGRAM OPERATING COST
RIDGE AREA ARC 120 WEST COLLEGE DRIVE AVON PARK, FL 33825	59-0829984	501(C)(3)	26,476.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SALVATION ARMY OF EAST POLK (WINTER HAVEN) - P O BOX 1069 - WINTER HAVEN, FL 33882-1069	59-0631403	501(C)(3)	159,829.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SALVATION ARMY SERVING WESTERN POLK (LAKELAND) - P O BOX 928 - LAKELAND, FL 33802-0928	59-0631403	501(C)(3)	452,222.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
STEPPIN' STONE FARM 8421 PRITCHER ROAD LITHIA, FL 33547	23-7348139	501(C)(3)	6,638.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SUNRISE COMMUNITIES OF POLK COUNTY 1339 GOLCONDRA ROAD LAKELAND, FL 33801	65-0714062	501(C)(3)	60,934.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
TALBOT HOUSE MINISTRIES P O BOX 902 LAKELAND, FL 33802-0902	59-2151802	501(C)(3)	221,454.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
TAMPA LIGHTHOUSE FOR THE BLIND 1106 WEST PLATT STREET TAMPA, FL 33606-2199	59-0637876	501(C)(3)	58,153.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
TRI-COUNTY HUMAN SERVICES INC 1815 CRYSTAL LAKE DRIVE LAKELAND, FL 33801-5979	59-1708182	501(C)(3)	56,019.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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
UNITED WAY OF TAMPA BAY 5201 W KENNEDY BOULEVARD SUITE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	50,288.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF VOLUSIA - FLAGLER COUNTIES - 3747 W INT'L SPEEDWAY BLVD - DAYTONA BEACH, FL 32124-1071	59-1099774	501(C)(3)	6,995.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
VOLUNTEERS IN SERVICE TO THE ELDERLY (VISTE) - 1232 EAST MAGNOLIA STREET - LAKELAND, FL 33801-2126	59-2625297	501(C)(3)	200,083.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
WOMEN'S CARE CENTER P O BOX 1041 BARTOW, FL 33831-1041	65-0332777	501(C)(3)	38,806.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
WOMEN'S RESOURCE CENTER 165 AVENUE A N.W. WINTER HAVEN, FL 33881-4012	59-2344584	501(C)(3)	60,590.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
YMCA OF WEST CENTRAL FLORIDA 3620 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803-4997	59-1158144	501(C)(3)	49,770.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
YOUTH & FAMILY ALTERNATIVES 7524 PLATHE ROAD NEW PORT RICHIE, FL 34653	59-1545990	501(C)(3)	60,457.	0.			PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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
ASSISTANCE WITH RENT & UTILITIES FOR FAMILIES	71	88,657.	0.		
ASSISTANCE WITH FOOD ITEMS FOR FAMILIES	22	0.	22,800.	RESALE VALUE	GROCERY GIFT CARDS

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

MEMBER AGENCIES OF THE UNITED WAY OF CENTRAL FLORIDA SUBMIT AN ANNUAL APPLICATION TO THE COMMUNITY IMPACT DEPARTMENT FOR REVIEW. THIS APPLICATION PROVES ONGOING ELIGIBILITY OF THE AGENCY AND ITS PROGRAMS. FOR NON-MEMBER AGENCIES OF THE UNITED WAY OF CENTRAL FLORIDA, AN APPLICATION PACKET IS MAILED AND ELIGIBILITY FOR THAT AGENCY TO RECEIVE DESIGNATED FUNDS IS DETERMINED. NON-MEMBER APPLICATIONS ARE GOOD FOR THREE YEARS.

THERE ARE 78 ORGANIZATIONS UNDER THE $5,000 THRESHOLD RECEIVING $66,436

Part IV Supplemental Information

IN DONOR DESIGNATED GRANTS FOR GENERAL SUPPORT AND/OR PROGRAM COSTS.

ALLOCATIONS - PARTNER PROGRAMS RECEIVING "DISCRETIONARY" FUNDING FROM UNITED WAY UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES:

1. AN ON-LINE APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE, HISTORIC RESULTS AND ANTICIPATED RESULTS FROM USE OF THE FUNDING. APPLICATIONS INCLUDE AGENCY AND PROGRAM BUDGETS, PROGRAM PROFILE, DEMOGRAPHICS, SPECIFIC OUTCOMES AND RELATED INDICATORS THAT MEASURE RESULTS. SOCIAL CONDITIONS IDENTIFY THE NEED FOR THE SERVICE IN THE COMMUNITY. A SUCCESS STORY PROVIDES AN EXAMPLE OF A CLIENT WHOSE LIFE WAS IMPACTED BY THE SERVICE.
2. FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND POLICIES. PARTNER PROGRAMS SUBMIT 3 BUDGETS: AN ACTUAL BUDGET FOR THE MOST RECENTLY COMPLETED 12 MONTH PERIOD, A REVISED BUDGET WITH MID-YEAR UPDATES FOR THE YEAR IN PROGRESS AND A PROPOSED BUDGET FOR FUNDING IN THE NEXT CYCLE.
3. A COPY OF THE ORGANIZATION'S 990 AND AUDIT ARE ALSO REQUIRED.
4. VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT ARE INCLUDED IN THE APPLICATION.
5. VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

PARTNER PROGRAMS ARE REQUIRED TO PROVIDE UNITED WAY WITH 6 MONTH PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED. PARTNER PROGRAMS ARE REQUIRED TO PROVIDE UNITED WAY WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED. THE ANNUAL REPORT TRACKS THE NUMBER OF

Part IV Supplemental Information

CLIENTS SERVED AND THE NUMBER WHO SUCCESSFULLY MET REQUIREMENTS SPECIFICALLY IDENTIFIED IN THE PROGRAM'S INITIAL OUTCOME. INCREASES OR DECREASES IN NUMBERS SERVED ARE EXAMINED. IMPROVEMENTS OR DECLINES IN QUALITY AND RESULTS ARE INSPECTED.

EACH APPLICATION IS REVIEWED BY VOLUNTEERS ON ONE OF FOURTEEN (14) COMMUNITY INVESTMENT TEAMS (CIT). CITS:

A. MEET TO REVIEW APPLICATIONS AND SUBMIT QUESTIONS ABOUT ANY UNCLEAR OR CONFLICTING DATA IN THE INFORMATION SUBMITTED.

B. TOUR EACH PARTNER'S PROGRAM FACILITIES AND ATTEND A PRESENTATION PROVIDED BY THE PARTNER PROGRAM'S STAFF, BOARD AND CLIENTS.

C. MEET A THIRD TIME TO "DISCUSS AND DELIBERATE," COMPARING AND CONTRASTING PROGRAMS WITH NEEDS IN THE COMMUNITY BEFORE MAKING RECOMMENDATIONS FOR FUNDING.

COMMUNITY INVESTMENT TEAM RECOMMENDATIONS ARE REVIEWED BY THE COMMUNITY INVESTMENT COMMITTEE, MADE UP OF THE CHAIRS AND VICE-CHAIRS OF EACH OF THE FOURTEEN CITS REPRESENTING ALL APPLICANTS.

THE COMMUNITY INVESTMENT COMMITTEE RECOMMENDATION IS REVIEWED BY THE COMMUNITY IMPACT CABINET. THE COMMUNITY IMPACT CABINET IS RESPONSIBLE FOR IDENTIFYING UNITED WAY OF CENTRAL FLORIDA'S IMPACT AND FUNDING FOCUS. IT IS MADE UP OF BUSINESS, GOVERNMENT AND FAITH-BASED LEADERS WITH REPRESENTATIVES FROM PARTNER PROGRAMS. EXPERTS IN THE FIELDS OF IMPACT, EDUCATION, INCOME (FINANCIAL STABILITY), AND HEALTH ARE ALSO INCLUDED. WITH THE HELP OF STUDY COMMITTEES IN EACH FOCUS AREA, THIS BODY IDENTIFIES COMMUNITY NEEDS AND PRIORITIZES SERVICES THAT MEET THOSE NEEDS.

Part IV Supplemental Information

THE COMMUNITY IMPACT CABINET'S RECOMMENDATION IS PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

DONOR DESIGNATIONS

ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY OF CENTRAL FLORIDA:

1. UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES:

A. VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

B. VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION

2. ORGANIZATIONS RECEIVING DONOR DESIGNATIONS DO NOT UNDERGO A REVIEW TO VERIFY OUTCOMES, INDICATORS, RESULTS, DEMOGRAPHICS OR FISCAL EVALUATION.

SCHEDULE I, PART II, COLUMN H: DEFINITIONS OF CODES USED:

GENERAL OPERATING COST: AN UNRESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF ITS GENERAL OPERATING COSTS

PROGRAM OPERATING COST: A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES

DONOR DESIGNATED FOR GENERAL SUPPORT: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS

Part IV Supplemental Information

DONOR DESIGNATED FOR PROGRAM COSTS: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES

DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING DISASTER/EMERGENCY RELIEF EFFORTS TO VICTIMS

DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT: AN UNRESTRICTED GRANT MADE TO AN AGENCY, AT THE DIRECTION OF THE DONOR(S), COLLECTED AND PAID DIRECTLY TO THE AGENCY BY A 3RD PARTY, IN SUPPORT OF ITS GENERAL OPERATING COSTS

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALPHA-OMEGA CRISIS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM OPERATING COST, FUNDS RETURNED FOR RE-ALLOCATION, DONOR DESIGNATED FOR PROGRAM COSTS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number

59-2116280

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TERRY WORTHINGTON	(i)	122,667.	0.	3,004.	19,250.	17,272.	162,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 CENTRAL FLORIDA INC

Employer identification number: 59-2116280

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	X	1	100.	COST OF DONATED ART
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	36,444.	DEALER VALUATION
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4	15,737.	MARKET PRICE
10	Securities - Closely held stock	X	9	78,360.	OPINION OF EXPERT
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GIFT CARDS)	X	43	6,215.	COST
26	Other ▶ (MEALS/WINE)	X	2	5,580.	COST
27	Other ▶ (PRIZES)	X	1	1,500.	COST
28	Other ▶ (SUPPLIES)	X	12	1,468.	COST

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

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

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

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

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 CENTRAL FLORIDA INC

Employer identification number
59-2116280

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ON EDUCATION, INCOME AND HEALTH, UWCF BRINGS COMMUNITY LEADERS TOGETHER TO IDENTIFY NEEDS, FUND SERVICES AND ACHIEVE RESULTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERING PEOPLE AND MAXIMIZING RESOURCES FOR IMPROVING LIVES AND OUR COMMUNITIES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

WHOLE CHILD IS A WEB-BASED DATA SYSTEM WHICH GIVES THE PUBLIC ACCESS TO INDIVIDUALIZED SERVICES AND RESOURCES FAMILIES AND INDIVIDUALS NEED. THIS INTRODUCED "WHOLE CHILD" TO POLK, HARDEE & HIGHLANDS CO. AS A RESULT OF UNITED WAY'S 2-1-1 PROGRAM COLLABORATION WITH THE DEPARTMENT OF CHILDREN & FAMILIES, HEARTLAND FOR CHILDREN & THE LAWTON CHILES FOUNDATION. FUNDING FOR WHOLE CHILD ENDED AS OF JUNE 30, 2011 AND THE PROGRAM WILL NOT CONTINUE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LIKELY TO GRADUATE FROM HIGH SCHOOL. ADDITIONAL PROGRAMS HELP CHILDREN IN GRADES K - 12 TO PASS ACHIEVEMENT TESTS AT GRADE LEVEL AND TO GRADUATE ON TIME.

INCOME: FINANCIAL STABILITY PARTNERSHIPS HELP LOW-INCOME FAMILIES TO MAXIMIZE INCOME, INCREASE SAVINGS AND IMPROVE CREDIT SCORES. FAMILIES HELPED WITH BASIC NEEDS SUCH AS RENT AND UTILITIES ARE CONNECTED WITH ADDITIONAL SERVICES THAT HELP THEM TO REMAIN IN THEIR HOMES.

Name of the organization: UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number: 59-2116280

HEALTH: UWCF FUNDS PROGRAMS THAT HELP PEOPLE OF ALL AGES TO IMPROVE OR MAINTAIN GOOD HEALTH. UNITED WAY IMPROVES ACCESS AND UTILIZATION OF HEALTH SERVICES AND INCREASES KNOWLEDGE AND PERSONAL RESPONSIBILITY ABOUT HEALTH ISSUES THAT LEAD TO IMPROVED BLOOD PRESSURE, WEIGHT CONTROL AND OTHER SPECIFIC HEALTH INDICATORS. UNITED WAY ALSO WORKS TO REDUCE AVOIDABLE HOSPITALIZATIONS AND INCARCERATIONS WITH PREVENTION SERVICES AND TREATMENT FOR THOSE WITH ADDICTION.

SAFETY NET PROGRAMS: PROVIDE SHORT-TERM SUPPORT AND RESOURCES FOR INITIAL STABILIZATION OF A CRISIS RELATED TO WEATHER, FIRE OR ACTS OF VIOLENCE. SERVICES ALSO INCLUDE EMERGENCY FOOD FOR THE HUNGRY AND SHELTER FOR THE HOMELSSS AS WELL AS COUNSELLING FOR THOSE DEALING WITH GRIEF OR MENTAL ILLNESS.

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

SUCCESS BY 6 (SB6)- MOBILIZES VOLUNTEERS FROM LOCAL ORGANIZATIONS, BUSINESSES, GOVERNMENT, CHURCHES, CIVIC GROUPS, EDUCATORS AND HUMAN SERVICES TO ENSURE THAT ALL CHILDREN, BY THE AGE OF SIX, HAVE THE PHYSICAL, EMOTIONAL, SOCIAL AND MENTAL FOUNDATION TO SUCCEED IN SCHOOL AND IN LIFE. SINCE 1995, SB6 HAS FOCUSED ON EARLY LITERACY TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED. IN ADDITION:

* 118 PARENT LENDING LIBRARIES WERE IN CHILDCARE CENTERS SERVING LOW-INCOME FAMILIES; WITH AN AVERAGE OF 193,275 BOOKS CHECKED OUT SINCE 2005.

* TO INCREASE AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION, BORN LEARNING, A $90 MILLION EARLY CHILDHOOD AWARENESS CAMPAIGN DEVELOPED BY THE AD COUNCIL, CIVILIAN & SUCCESS BY 6 PROVIDED MORE THAN 300,000 MESSAGES TO CITIZENS OF CENTRAL FLORIDA. THESE INCLUDED BUS SIGNS, BILL BOARDS, NEWSPAPER ADVERTISEMENTS AND PARENT

Name of the organization: UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number: 59-2116280

EDUCATION MATERIALS PLACED IN KEY LOCATIONS THROUGHOUT THE AREA.

* 100,000 PARENT RESOURCE GUIDES WERE DISTRIBUTED THREE TIMES DURING THIS FISCAL YEAR. GUIDES INCLUDE CONTACT INFORMATION FOR SERVICES NEEDED BY CHILDREN AND PARENTS ALONG WITH STRATEGIC INFORMATION TO HELP PARENTS PREPARE THEIR CHILDREN TO ENTER SCHOOL READY TO SUCCEED. 45,000 COPIES WERE HAND DELIVERED TO HEALTH AND HUMAN SERVICES PROFESSIONALS WHO WORK WITH AT-RISK CHILDREN.

LET'S GROW - A COMMUNITY-WIDE EARLY LITERACY INITIATIVE FACILITATED BY UWCF TO IMPROVE LANGUAGE SKILLS OF CHILDREN AT-RISK OF SCHOOL FAILURE. LANGUAGE SKILLS PREDICT THE ABILITY OF CHILDREN TO LEARN TO READ. OF MIDDLE/HIGH INCOME CHILDREN, 8 OF 10 ENTER SCHOOL WITH THE SKILLS THEY NEED. HOWEVER, ONLY 2 OF 10 LOW INCOME CHILDREN HAVE SUFFICIENT SKILLS! CHILDREN WHO ENTER SCHOOL READY TO SUCCEED, LEARN TO READ AND GRADUATE ON TIME. THE LET'S GROW GOAL: ELIMINATE THE GAP IN EARLY LITERACY BETWEEN CHILDREN FROM LOW AND MIDDLE/HIGH INCOME LEVELS BY 2015. WITH DOLLY PARTON IMAGINATION LIBRARY, UWCF'S LET'S GROW MAILED BOOKS TO THE HOMES OF 978 PRESCHOOL CHILDREN IN 2010, WITH 1,775 CHILDREN RECEIVING BOOKS MONTHLY SINCE THE PROGRAM'S INCEPTION IN 2009.

2-1-1 - THE 2-1-1 PROGRAM PROVIDES INFORMATION AND REFERRALS TO FAMILIES/INDIVIDUALS AND COMMUNITY GROUPS CONCERNING LOCAL SERVICES AND RESOURCES. 2-1-1 ALSO IDENTIFIES GAPS IN SERVICES; ASSISTS IN CREATING REMEDIES TO MEET LOCAL NEEDS; CONNECTS INDIVIDUALS/FAMILIES TO RESOURCES; AND ADVOCATES ON BEHALF OF INDIVIDUALS/FAMILIES FOR ACCESS TO RESOURCES. IT ALSO WORKS TO PROVIDE BETTER SERVICE, ACCESSIBILITY AND INFORMATION TO THE HISPANIC COMMUNITY. 2-1-1 REFERRAL SPECIALISTS RESPONDED TO 20,304 CALLS IN 2010.

Name of the organization: UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number: 59-2116280

DISASTER RELIEF - PROVIDES IMMEDIATE ASSISTANCE AND LONG TERM RECOVERY SUPPORT TO OUR COMMUNITY'S MOST URGENT DISASTER RELIEF NEEDS. UWCF DEVELOPS PARTNERSHIPS TO ADDRESS THE MANY CHALLENGES AND/OR EMERGENCIES THAT OUR COMMUNITY FACES. UWCF MEETS WITH PARTNERS TO COORDINATE THE EFFORTS OF GOVERNMENT, NON-PROFIT AND FAITH-BASED ORGANIZATIONS INVOLVED IN DISASTER RESPONSE.

FINANCIAL STABILITY - UWCF EXPANDED INTERNAL PROGRAM IMPACT WORK TO HELP LOW-INCOME FAMILIES TO MAXIMIZE INCOME, INCREASE SAVINGS AND IMPROVE CREDIT SCORES.

EXPENSES $ 596,398. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11: A FULL ELECTRONIC COPY OF THE FORM 990 WAS E-MAILED TO THE BOARD AND TO THE FINANCE COMMITTEE. THEIR REVIEW OF THE 990 WAS REPORTED IN THE SUBSEQUENT BOARD MEETING, PRIOR TO THE 990'S FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR BOARD MEMBERS AND STAFF ARE ASKED TO REVIEW AND BECOME FAMILIAR, OR REFAMILIARIZE THEMSELVES WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND TO STATE ANY EXISTING CONFLICTS AS DEFINED IN THE POLICY. DIRECTORS WITH CONFLICTS ABSTAIN FROM VOTING ON RELATED ISSUES AS NOTED IN THE MINUTES OF THE MEETING. PRIOR TO EACH FISCAL YEAR END, A COMPLETED QUESTIONNAIRE IS ALSO SENT TO DIRECTORS TO DISCLOSE FAMILY AND BUSINESS RELATIONSHIPS AND ESTABLISH WHETHER THERE MIGHT BE ANY RELATIONSHIPS OR BUSINESS TRANSACTIONS TO REPORT OR DISCLOSE IN THE FORM 990 SCHEDULE L OR THAT AFFECT INDEPENDENCE.

Name of the organization: UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number: 59-2116280

FORM 990, PART VI, SECTION B, LINE 15: UWCF ADOPTED AN EXECUTIVE COMPENSATION PROGRAM POLICY GUIDE IN JUNE 2009 FOR PERFORMANCE AND COMPENSATION OF THE CEO AND CFO AND OTHER MEMBERS OF THE LEADERSHIP TEAM. UWCF WILL STRIVE TO PROVIDE EXECUTIVE BASE SALARIES AND TOTAL CASH COMPENSATION LEVELS THAT ARE COMPETITIVE WITH THE MARKETPLACE AND THAT ARE INTERNALLY EQUITABLE. UWCF WILL REWARD EXECUTIVE PERFORMANCE BASED ON PREDETERMINED GOALS AND OBJECTIVES SUPPORTIVE OF THE MISSION AND BUSINESS OBJECTIVE. FINALLY, UWCF WILL STRIVE TO PROVIDE COMPETITIVE, AFFORDABLE, AND FAIR EXECUTIVE PERQUISITES AND EXECUTIVE BENEFITS. ENFORCEMENT AND ADMINISTRATIVE RESPONSIBILITIES FOR THE PROGRAM INVOLVING THE CEO AND CFO RESTS WITH THE EXECUTIVE COMMITTEE. THOSE SAME RESPONSIBILITIES REST WITH THE CEO FOR ALL OTHER MEMBERS OF THE LEADERSHIP TEAM.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 AND AUDIT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.UWCF.ORG. THESE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST BY PHONE, MAIL OR IN PERSON.

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

NET UNREALIZED GAINS ON INVESTMENTS:	321,023.
CHANGE IN BENEFICIAL INTEREST IN TRUST	84,549.
TOTAL TO FORM 990, PART XI, LINE 5	405,572.

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	UNITED WAY OF CENTRAL FLORIDA INC	59-2116280
	Number, street, and room or suite no. If a P O. box, see instructions. P O BOX 1357	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HIGHLAND CITY, FL 33846-1357	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

- The books are in the care of ▶ JILL MARTIN, CFO 5605 US HWY 98S - HIGHLAND CITY, FL 33846
  Telephone No ▶ 863-648-1500 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
▶ [X] 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.