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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application 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 338461357

D Employer identification number
59-2116280

E Telephone number
(863) 648-1500

G Gross receipts $ 10,502,225

F Name and address of principal officer
TERRY WORTHINGTON
P O Box 1357
Highland City, FL 338461357

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 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
UNITED WAY OF CENTRAL FLORIDA (UWCF) UNDERSTANDS LOCAL NEEDS AND DRIVES LASTING CHANGE TO BUILD BETTER LIVES AND STRONGER COMMUNITIES UWCF ADDRESSES ROOT CAUSES OF COMMUNITY PROBLEMS FOCUSING ON EDUCATION, INCOME & HEALTH UWCF BRINGS COMMUNITY LEADERS TOGETHER TO IDENTIFY NEEDS, FUND SERVICES AND ACHIEVE RESULTS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	40
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	47
6	Total number of volunteers (estimate if necessary)	**6**	1,321
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,391,351	9,631,137
9	Program service revenue (Part VIII, line 2g)	554,481	591,646
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	152,727	129,736
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	373,076	15,173
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,471,635	10,367,692
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,819,106	6,759,225
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)	2,083,953	2,183,129
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,101,157		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,068,496	1,124,691
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,971,555	10,067,045
19	Revenue less expenses Subtract line 18 from line 12	1,500,080	300,647

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	22,191,834	23,433,584
21	Total liabilities (Part X, line 26)	10,581,243	11,500,091
22	Net assets or fund balances Subtract line 21 from line 20	11,610,591	11,933,493

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

****** 2013-02-13
Signature of officer — Date

TERRY WORTHINGTON PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Nicole Bencik | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00756195

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP
401 East Las Olas Blvd
Suite 1100
Fort Lauderdale, FL 33301

EIN ▶

Phone no ▶ (954) 202-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MISSION UNITED WAY OF CENTRAL FLORIDA (UWCF) UNDERSTANDS LOCAL NEEDS AND DRIVES LASTING CHANGE TO BUILD BETTER LIVES AND STRONGER COMMUNITIES VISION UNITED WAY OF CENTRAL FLORIDA IS THE PREEMINENT LEADER FOR EMPOWERING PEOPLE AND MAXIMIZING RESOURCES FOR IMPROVING LIVES AND OUR COMMUNITIES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 7,100,374 including grants of $ 6,754,225) (Revenue $ 541,166)

COMMUNITY IMPACT - UWCF'S PREMIERE COMMUNITY INVESTMENT PROCESS MOBILIZES MORE THAN 100 VOLUNTEERS ON 15 TEAMS AROUND FOCUS AREAS OF EDUCATION, INCOME AND HEALTH THESE VOLUNTEERS VISIT PROGRAM SITES, REVIEW PREVIOUS INVESTMENTS, PROGRAM GOALS AND OUTCOMES, AND MAKE RECOMMENDATIONS ABOUT THE MOST EFFECTIVE WAY TO MEET CRITICAL COMMUNITY NEEDS EDUCATION HELPS AT-RISK CHILDREN DEVELOP THE LANGUAGE SKILLS THEY NEED TO SUCCEED IN SCHOOL INCOME THROUGH FINANCIAL STABILITY PARTNERSHIPS, HELPS LOW-INCOME FAMILIES MAXIMIZE INCOME, INCREASE SAVINGS AND IMPROVE CREDIT SCORES HEALTH FOCUSES ON PROGRAMS THAT HELP IMPROVE OR MAINTAIN GOOD HEALTH, ACCESS AND PERSONAL RESPONSIBILITY ABOUT HEALTH ISSUES

4b (Code) (Expenses $ 351,253 including grants of $) (Revenue $ 50,480)

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 CHILDREN AND FAMILY RELATIONSHIPS

4c (Code) (Expenses $ 333,234 including grants of $) (Revenue $)

MASTER TEACHER - AN OUTREACH OF SUCCESS BY 6 SCHOOL READINESS - THE 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 INSTRUCTORS AND PARENTS PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO SUCCEED READINESS SKILLS FOR CHILDREN IN CLASSES TRAINED BY A MASTER TEACHER IMPROVED AN AVERAGE OF 2 1/2 MONTHS FOR EVERY 1 MONTH WITH THE NEWLY TRAINED CAREGIVER

(Code) (Expenses $ 515,484 including grants of $ 5,000) (Revenue $ 15,173)

OTHER PROGRAM SERVICES SUCCESS BY 6 MOBILIZES VOLUNTEERS FROM LOCAL ORGANIZATIONS, BUSINESSES, GOVERNMENT, CHURCHES, CIVIC GROUPS, EDUCATORS AND HUMAN SERVICES TO ENSURE THAT ALL CHILDREN, BY THE AGE OF SIX HAVE THE PHYSICAL, EMOTIONAL, SOCIAL AND MENTAL FOUNDATION TO SUCCEED IN SCHOOL AND IN LIFE SINCE 1995, UWCF'S SB6 HAS FOCUSED ON EARLY LITERACY TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED LET'S GROW FOCUSES ON IMPROVING LANGUAGE SKILLS OF CHILDREN AT-RISK OF SCHOOL FAILURE LANGUAGE SKILLS PREDICT THE ABILITY OF CHILDREN TO LEARN TO READ THE GOAL IS TO ELIMINATE THE GAP IN EARLY LITERACY BETWEEN CHILDREN FROM LOW AND MIDDLE/HIGH INCOME LEVELS BY 2015 2-1-1 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 PEOPLE TO RESOURCES, AND ADVOCATES FOR ACCESS TO RESOURCES IT ALSO WORKS TO PROVIDE BETTER SERVICE, ACCESS AND INFORMATION TO THE HISPANIC COMMUNITY DISASTER RELIEF PROVIDES IMMEDIATE ASSISTANCE AND LONG TERM RECOVERY SUPPORT TO OUR COMMUNITY'S MOST URGENT DISASTER RELIEF NEEDS UWCF MEETS WITH PARTNERS TO COORDINATE THE EFFORTS OF GOVERNMENT, NON-PROFIT AND FAITH-BASED ORGANIZATIONS INVOLVED IN DISASTER RESPONSE

4d Other program services (Describe in Schedule O)

(Expenses $ 515,484 including grants of $ 5,000) (Revenue $ 15,173)

4e **Total program service expenses** ▶ $ 8,300,345

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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**	51		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	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**		
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
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 lines 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 . . . . . ☑

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	40		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	40		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

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

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

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(863) 648-1500

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								369,368	0	98,081

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 298,628				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 4,000				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,328,509				
	g	Noncash contributions included in lines 1a-1f $ 39,337				
	h	**Total.** Add lines 1a-1f	9,631,137			
Program Service Revenue		Business Code				
	2a	SERVICE & ADMIN FEES 900099	591,646	591,646		
	b					
	c					
	d					
	e					
	f	All other program service revenue	0	0	0	0
	g	**Total.** Add lines 2a–2f	591,646			
	3	Investment income (including dividends, interest and other similar amounts)	99,912			99,912
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss) 0 / 0				
	d	Net rental income or (loss)	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 164,357				
	b	Less cost or other basis and sales expenses 132,688 / 1,845				
	c	Gain or (loss) 31,669 / -1,845				
	d	Net gain or (loss)	29,824			29,824
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a 0				
	b	Less direct expenses b 0				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19 a 0				
	b	Less direct expenses b 0				
	c	Net income or (loss) from gaming activities	0			
	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	0			
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS 900099	15,173	15,173		
	b					
	c					
	d	All other revenue	0	0	0	0
	e	**Total.** Add lines 11a–11d	15,173			
	12	**Total revenue.** See Instructions	10,367,692	606,819	0	129,736

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)

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

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 United States See Part IV, line 21	6,674,898	6,674,898		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	84,327	84,327		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	483,338	125,786	224,135	133,417
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,278,251	589,530	355,701	333,020
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	145,249	69,827	46,244	29,178
9	Other employee benefits	146,806	59,465	49,999	37,342
10	Payroll taxes	129,485	53,127	41,335	35,023
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	24,576		24,576	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	20,304		20,304	
g	Other	191,589	95,119	37,559	58,911
12	Advertising and promotion	214,027	35,839	22,394	155,794
13	Office expenses	201,385	141,463	53,259	6,663
14	Information technology	52,892	8,886	40,244	3,762
15	Royalties . .	0			
16	Occupancy	143,223	80,670	60,649	1,904
17	Travel	46,544	12,071	7,918	26,555
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	31,961	7,568	19,740	4,653
20	Interest	0			
21	Payments to affiliates	85,724		85,724	
22	Depreciation, depletion, and amortization	54,910	26,067	12,635	16,208
23	Insurance	4,626		4,626	
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	EQUIPMENT MAINTENANCE	19,494	10,099	5,636	3,759
b	MEMBERSHIP DUES	27,587	647	24,504	2,436
c	ALLOCATION OF INDIRECT COSTS	0	222,811	-475,056	252,245
d	MISCELLANEOUS	5,849	2,145	3,417	287
e					
f	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	10,067,045	8,300,345	665,543	1,101,157
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	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		550	1	3,902,872
	2	Savings and temporary cash investments		3,655,469	2	489,165
	3	Pledges and grants receivable, net		12,353,121	3	13,093,322
	4	Accounts receivable, net		78,543	4	39,384
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		36,231	9	36,963
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,385,185			
	b	Less accumulated depreciation	10b 1,755,148	633,012	10c	630,037
	11	Investments—publicly traded securities		2,135,159	11	2,082,221
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,299,749	15	3,159,620
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,191,834	16	23,433,584
Liabilities	17	Accounts payable and accrued expenses		111,525	17	134,864
	18	Grants payable		9,771,460	18	10,667,920
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		698,258	25	697,307
	26	**Total liabilities.** Add lines 17 through 25		10,581,243	26	11,500,091
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,950,821	27	7,297,329
	28	Temporarily restricted net assets		3,463,522	28	3,508,073
	29	Permanently restricted net assets		1,196,248	29	1,128,091
		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		11,610,591	33	11,933,493
	34	Total liabilities and net assets/fund balances		22,191,834	34	23,433,584

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,367,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,067,045
3	Revenue less expenses Subtract line 2 from line 1	3	300,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,610,591
5	Other changes in net assets or fund balances (explain in Schedule O)	5	22,255
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	11,933,493

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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,879,562	9,506,361	9,039,523	10,391,351	9,631,137	47,447,934
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	8,879,562	9,506,361	9,039,523	10,391,351	9,631,137	47,447,934
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)						11,395,210
6 **Public Support.** Subtract line 5 from line 4						36,052,724

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,879,562	9,506,361	9,039,523	10,391,351	9,631,137	47,447,934
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	252,440	132,904	104,403	97,533	99,912	687,192
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	19,213	98,867	27,882	82,059	15,173	243,194
11 **Total support** (Add lines 7 through 10)						48,378,320

12 Gross receipts from related activities, etc (See instructions)	12	502,347

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	74 520 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	45 100 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - OTHER INCOME, COLUMN A - 3835, COLUMN B - 12295, COLUMN C - 9978, COLUMN D - 15768, COLUMN E - 15173, COLUMN F - 57049, DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - 15378, COLUMN B - 86572, COLUMN C - 9596, COLUMN D - 25044, COLUMN E - 0, COLUMN F - 136590, DESCRIPTION - GROSS INCOME FROM GAMING, COLUMN A - , COLUMN B - , COLUMN C - 8308, COLUMN D - 41247, COLUMN E - 0, COLUMN F - 49555,,

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,624,179	1,393,348	1,366,620	1,364,001	
b Contributions	14,854	17,099	16,866	215,776	
c Investment earnings or losses	-34,020	267,509	69,476	-158,937	
d Grants or scholarships					
e Other expenditures for facilities and programs	48,983	53,777	59,614	54,220	
f Administrative expenses					
g End of year balance	1,556,030	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 ▶ 19 460 %
- b Permanent endowment ▶ 72 510 %
- c Term endowment ▶ 8 030 %

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

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

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

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

Description of property	(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		1,013,236	550,523	462,713
c Leasehold improvements		444,822	438,219	6,603
d Equipment		827,127	766,406	60,721
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				630,037

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	3,159,620
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,159,620

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DESIGNATIONS PAYABLE - SPLIT INTEREST TRUST	697,307
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	697,307

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,367,692
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,067,045
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	300,647
4	Net unrealized gains (losses) on investments	4	-114,156
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	136,411
9	Total adjustments (net) Add lines 4 - 8	9	22,255
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	322,902

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

1	Total revenue, gains, and other support per audited financial statements			1	9,354,249
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-114,156		
b	Donated services and use of facilities	2b	15,716		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	136,411		
e	Add lines **2a** through **2d**			2e	37,971
3	Subtract line **2e** from line **1**			3	9,316,278
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	20,304		
b	Other (Describe in Part XIV)	4b	1,031,110		
c	Add lines **4a** and **4b**			4c	1,051,414
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,367,692

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

1	Total expenses and losses per audited financial statements			1	9,031,347
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	15,716		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	15,716
3	Subtract line **2e** from line **1**			3	9,015,631
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	20,304		
b	Other (Describe in Part XIV)	4b	1,031,110		
c	Add lines **4a** and **4b**			4c	1,051,414
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,067,045

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	UNLESS INCOME IS EXPLICITLY RESTRICTED BY THE DONOR, INCOME IS USED TO SUPPORT THE CITIZENS INVESTMENT TEAM ALLOCATION PROCESS
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	UWCF HAS RECEIVED DETERMINATION OF TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE UNDER CODE SECTION 501(C)(3) AND, CONSEQUENTLY, THE EARNINGS OF UWCF ARE NOT TAXED A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED UWCF IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 30, 2008 UWCF DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS UWCF RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE UWCF DID NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2012 OR 2011, RESPECTIVELY

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 59-2116280
Name: UNITED WAY OF CENTRAL FLORIDA INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 515,484 including grants of $ 5,000) (Revenue $ 15,173)

OTHER PROGRAM SERVICES SUCCESS BY 6 MOBILIZES VOLUNTEERS FROM LOCAL ORGANIZATIONS, BUSINESSES, GOVERNMENT, CHURCHES, CIVIC GROUPS, EDUCATORS AND HUMAN SERVICES TO ENSURE THAT ALL CHILDREN, BY THE AGE OF SIX HAVE THE PHYSICAL, EMOTIONAL, SOCIAL AND MENTAL FOUNDATION TO SUCCEED IN SCHOOL AND IN LIFE SINCE 1995, UWCF'S SB6 HAS FOCUSED ON EARLY LITERACY TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED LET'S GROW FOCUSES ON IMPROVING LANGUAGE SKILLS OF CHILDREN AT-RISK OF SCHOOL FAILURE LANGUAGE SKILLS PREDICT THE ABILITY OF CHILDREN TO LEARN TO READ THE GOAL IS TO ELIMINATE THE GAP IN EARLY LITERACY BETWEEN CHILDREN FROM LOW AND MIDDLE/HIGH INCOME LEVELS BY 2015 2-1-1 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 PEOPLE TO RESOURCES, AND ADVOCATES FOR ACCESS TO RESOURCES IT ALSO WORKS TO PROVIDE BETTER SERVICE, ACCESS AND INFORMATION TO THE HISPANIC COMMUNITY DISASTER RELIEF PROVIDES IMMEDIATE ASSISTANCE AND LONG TERM RECOVERY SUPPORT TO OUR COMMUNITY'S MOST URGENT DISASTER RELIEF NEEDS UWCF MEETS WITH PARTNERS TO COORDINATE THE EFFORTS OF GOVERNMENT, NON-PROFIT AND FAITH-BASED ORGANIZATIONS INVOLVED IN DISASTER RESPONSE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY ALEXANDER BOARD CAMPAIGN CHAIRMAN	2 50	X		X				0	0	0
ED VOGEL BOARD PAST CHAIRMAN - PARTIAL YEAR	2 50	X		X				0	0	0
EILEEN HOLDEN BOARD VICE CHAIRMAN	2 50	X		X				0	0	0
IKE FOUNTAIN BOARD COMMUNITY INTEREST	2 50	X		X				0	0	0
JAMES HORTON BOARD CHAIRMAN	2 50	X		X				0	0	0
JEROME FERSON BOARD STRATEGIC PLANNING	2 50	X		X				0	0	0
JOE TEDDER BOARD CHAIRMAN ELECT	2 50	X		X				0	0	0
MIKE CARTER BOARD TREASURER	2 50	X		X				0	0	0
PAULINE BROWN BOARD SECRETARY	2 50	X		X				0	0	0
TERRY BRIGMAN BOARD COMMUNITY IMPACT	2 50	X		X				0	0	0
ALLISON DEVITO BEEMAN DIRECTOR	1 00	X						0	0	0
BILL MUTZ DIRECTOR	1 00	X						0	0	0
BONNIE PARKER DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
BUTCH RIGGLEMAN DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
DAN HAIGHT DIRECTOR	1 00	X						0	0	0
DERIC FEACHER DIRECTOR	1 00	X						0	0	0
FRAN MCASKILL DIRECTOR	2 50	X						0	0	0
FRANK KENDRICK DIRECTOR	1 00	X						0	0	0
GREG LITTLETON DIRECTOR	1 00	X						0	0	0
HAROLD BENNETT DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
HERSCHEL MORRIS DIRECTOR	1 00	X						0	0	0
JANET FANSLER DIRECTOR	1 00	X						0	0	0
JESSE JACKSON DIRECTOR	1 00	X						0	0	0
JOHN FITZWATER DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
JUDITH PONTICELL DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY LONSBERRY DIRECTOR	1 00	X						0	0	0
KERRY WILSON DIRECTOR	1 00	X						0	0	0
KRIS GIORDANO DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
LARRY ROSS DIRECTOR	1 00	X						0	0	0
MICHAEL WALKER DIRECTOR	2 50	X						0	0	0
MONTI SOMMER DIRECTOR	1 00	X						0	0	0
PEGGY THRELKEL DIRECTOR	1 00	X						0	0	0
RICHARD SCHULER DIRECTOR	2 50	X						0	0	0
RICK JACKSON DIRECTOR	1 00	X						0	0	0
ROB BRINKERHOFF DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
ROBIN SCHECK DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
RON YASUREK DIRECTOR	1 00	X						0	0	0
SHERRIE NICKELL DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
STEVE MOORE DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
SUZETTE JONES DIRECTOR	1 00	X						0	0	0
TERRY SIMMERS DIRECTOR	1 00	X						0	0	0
TONY DELGADO DIRECTOR - PARTIAL YEAR	2 50	X						0	0	0
WEYMON SNUGGS DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
CHRISTINA CRISER VP MAJOR GIFTS	37 50			X				43,012	0	10,271
DALE STILLS VP RESOURCE DEVELOPMENT	37 50			X				53,415	0	16,063
JILL MARTIN CHIEF FINANCIAL OFFICER	37 50			X				75,312	0	13,887
PENNY BORGIA CHIEF OPERATING OFFICER	37 50			X				72,280	0	19,988
TERRY WORTHINGTON PRESIDENT	37 50			X				125,349	0	37,872

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 75

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ASSISTANCE WITH RENT & UTILITIES FOR FAMILIES	81	65,527	0	N/A	N/A
(2) ASSISTANCE WITH FOOD ITEMS FOR FAMILIES	34	0	18,800	RESALE/REDEMPTION 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.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	MEMBER AGENCIES OF THE UNITED WAY OF CENTRAL FL 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 FL, AN APPLICATION PACKET IS MAILED AND ELIGIBILITY FOR THAT AGENCY TO RECEIVE DESIGNATED FUNDS IS DETERMINED NON-MEMBER APPLICATIONS ARE GOOD FOR THREE YEARS EACH YEAR MORE THAN 100 VOLUNTEERS ON 15 TEAMS VISIT PROGRAM SITES, REVIEW PREVIOUS INVESTMENTS, PROGRAM GOALS AND OUTCOMES, AND MAKE RECOMMENDATIONS ABOUT THE MOST EFFECTIVE WAY TO MEET CRITICAL NEEDS THE PROCESS INCLUDES 1 AN ON-LINE APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE, HISTORIC 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 BUDGETS 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 UWCF WITH 6 MONTH PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED AS WELL AS A FINAL REPORT
DEFINITIONS OF CODES USED	PART II, LINE 1(H)	GENERAL OPERATING COST AN UNRESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF ITS GENERAL OPERATING COSTS PROGRAM OPERATING COST A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES DONOR DESIGNATED FOR GENERAL SUPPORT AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF ITS GENERAL OPERATING COSTS DONOR DESIGNATED FOR PROGRAM COSTS AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING DISASTER/EMERGENCY RELIEF EFFORTS TO VICTIMS DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT AN UNRESTRICTED GRANT MADE TO AN AGENCY, AT THE DIRECTION OF THE DONOR(S), COLLECTED AND PAID DIRECTLY TO THE AGENCY BY A 3RD PARTY, IN SUPPORT OF ITS GENERAL OPERATING COSTS

Additional Data

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
EIN: 59-2116280
Name: UNITED WAY OF CENTRAL FLORIDA INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UW OF MIDWEST & SOUTH DISASTER 2515 CANAL STREET NEW ORLEANS, LA 701196435	72-0642009	501(C)(3)	5,000	0	N/A	N/A	PROGRAM OPERATING COST
FLORIDA RANGERS INC 3065 US HIGHWAY 17S FORT MEADE, FL 33841	59-2467618	501(C)(3)	5,091	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF MANATEE COUNTY 1701 TAMIAMI TRAIL BRADENTON,FL 34205	59-0901509	501(C)(3)	5,150	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
YOUNG LIFEPO BOX 8962 LAKELAND,FL 33806	84-0385934	501(C)(3)	5,270	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

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STEPPIN STONE FARM8421 PRITCHER ROAD LITHIA,FL 33547	23-7348139	501(C)(3)	5,783	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETESPO BOX 1971 LAKELAND,FL 33802	59-3528825	501(C)(3)	6,000	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF LAKE & SUMTERP O BOX 490720 LEESBURG,FL 34749	59-1143758	501(C)(3)	6,657	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICA'S CHARITIES14150 NEWBROOK DR 110 CHANTILLY,VA 201512223	54-1517707	501(C)(3)	6,741	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

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BOYS & GIRLS CLUB-HIGHLANDS PO BOX1596 SEBRING,FL 33871	59-3468588	501(C)(3)	7,028	0	N/A	N/A	PROGRAM OPERATING COST
POLK VISIONPO BOX 1506 HIGHLAND CITY, FL 33846	20-0141870	501(C)(3)	7,500	0	N/A	N/A	PROGRAM OPERATING COST

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INDEPENDENT CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE STE 340 LARKSPUR,CA 94939	94-3067804	501(C)(3)	8,111	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
FLORIDA BAPTIST CHILDREN'S HOMESPO BOX 8190 LAKELAND,FL 33802	59-0657326	501(C)(3)	8,587	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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HEARTLAND HORSES & HANDICAPPED INC PO BOX 3787 SEBRING, FL 338713787	59-3734965	501(C)(3)	10,316	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
WEBBER INTERNATIONAL UNIVERSITYPO BOX 96 BABSON PARK, FL 33827	59-2139553	501(C)(3)	10,750	0	N/A	N/A	PROGRAM OPERATING COST

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BIG BROTHERS BIG SISTERS OF THE SUNCOAST 101 W VENICE AVENUE SUITE 34 VENICE, FL 342851940	59-1361826	501(C)(3)	13,073	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HEART OF FLORIDA UNITED WAY1940 TRAYLOR BOULEVARD ORLANDO, FL 32804	59-0808854	501(C)(3)	13,264	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

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AMERICAN RED CROSS-HIGHLANDS106 MEDICAL CENTER AVE SEBRING,FL 338705422	53-0196605	501(C)(3)	14,192	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
UNITED WAY SUNCOAST-TAMPA BAY5201 W KENNEDY BOULEVARD SUITE 600 TAMPA,FL 33609	59-3725701	501(C)(3)	14,906	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

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HARDEE HELP CENTERP O BOX 422 WAUCHULA,FL 33873	59-2993242	501(C)(3)	16,500	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CAMP FIRE USA SUNSHINE COUNCIL INC2600 BUCKINGHAM AVE LAKELAND,FL 338033109	59-0637819	501(C)(3)	18,793	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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GIRL SCOUTS GULF COAST COUNCIL 4780 CATTLEMAN ROAD SARASOTA, FL 34233	59-0760212	501(C)(3)	19,511	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
POLK STATE COLLEGE FOUNDATION999 AVENUE H WINTER HAVEN, FL 33881	26-4804143	501(C)(3)	19,661	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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HIGHLANDS COUNTY FAMILY YMCA100 YMCA LANE SEBRING,FL 33872	59-2859656	501(C)(3)	20,000	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
NEIGHBORHOOD SERVICE CENTERPO BOX 3311 WINTER HAVEN,FL 338813311	59-1363593	501(C)(3)	20,559	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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NTL ALLIANCE FOR THE MENTALLY ILL POLK1090 US HIGHWAY 17 S BARTOW, FL 338306026	59-2600811	501(C)(3)	23,328	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CITIZEN CPRPO BOX 24298 LAKELAND, FL 338024298	59-2469360	501(C)(3)	24,675	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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HABITAT FOR HUMANITY OF LAKELAND1317 GEORGE JENKINS BOULEVARD LAKELAND,FL 33815	59-3000422	501(C)(3)	25,000	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
ENTERPRISE COMMUNITY SERVICEPO BOX 480 EATON PARK,FL 33840	41-2221951	501(C)(3)	26,575	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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NU-HOPE ELDER CARE SERVICES INC6414 US HWY 27 SOUTH SEBRING, FL 33875	59-1634802	501(C)(3)	28,700	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
EARLY LEARNING COALITION-HIGHLANDS209 N RIDGEWOOD DRIVE SEBRING, FL 33870	65-1006254	501(C)(3)	33,002	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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CHAMPION FOR CHILDREN FDN OF HIGHLANDSP O BOX 7125 SEBRING, FL 33872	65-0444941	501(C)(3)	33,134	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
RIDGE AREA ARC 120 WEST COLLEGE DRIVE AVON PARK, FL 33825	59-0829984	501(C)(3)	34,369	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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SUNRISE COMMUNITIES OF POLK COUNTY1339 GOLCONDRA ROAD LAKELAND,FL 33801	65-0714062	501(C)(3)	39,114	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
EPILEPSY SERVICES OF W CENT FL305 S FLORIDA AVE LAKELAND,FL 33801	59-3151484	501(C)(3)	39,933	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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WOMEN'S CARE CENTERPO BOX 1041 BARTOW,FL 338311041	65-0332777	501(C)(3)	40,445	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HARDEE COUNTY FAMILY YMCA610 WEST ORANGE STREET WAUCHULA,FL 33873	59-1618413	501(C)(3)	41,186	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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INNERACT ALLIANCE621 S FLORIDA AVE LAKELAND,FL 33801	59-2844663	501(C)(3)	43,370	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
EARLY LEARNING COALITION - HARDEE3028 CARING WAY SUITE 4 PORT CHARLOTTE, FL 33952	53-3738819	501(C)(3)	45,704	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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CHURCH SERVICE CENTER290 E CHURCH STREET BARTOW,FL 338303924	59-1162397	501(C)(3)	49,240	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
FROSTPROOF CARE CENTER21 S SCENIC HIGHWAY FROSTPROOF,FL 338432120	59-2988744	501(C)(3)	52,746	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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YMCA OF WEST CENTRAL FLORIDA 3620 CLEVELAND HEIGHTS BLVD LAKELAND,FL 338034997	59-1158144	501(C)(3)	54,320	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
YOUTH & FAMILY ALTERNATIVES 7524 PLATHE ROAD NEW PORT RICHEY, FL 34653	59-1545990	501(C)(3)	54,602	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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TAMPA LIGHTHOUSE FOR THE BLIND1106 WEST PLATT STREET TAMPA,FL 336062199	59-0637876	501(C)(3)	58,231	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
NU-HOPE ELDER CARE SERVICES INC6414 US HWY 27 SOUTH SEBRING,FL 33875	59-1634802	501(C)(3)	59,306	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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FAMILY EMERGENCY SERVICE CNTRPO BOX 624 WINTER HAVEN, FL 338820624	59-0609724	501(C)(3)	59,366	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HEART OF FL LEGAL AID SOCIETY INC510 S BROADWAY AVE SUITE 2 BARTOW, FL 33830	59-6215748	501(C)(3)	65,006	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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WOMEN'S RESOURCE CENTER 165 AVENUE A NW WINTER HAVEN,FL 338814012	59-2344584	501(C)(3)	66,406	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
EXPLORATIONS V MUSEUM109 N KENTUCKY AVENUE LAKELAND,FL 33801	59-2994883	501(C)(3)	78,169	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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LAKE WALES FAMILY YMCA1001 BURNS AVE LAKE WALES,FL 338533499	59-1741481	501(C)(3)	80,581	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
MULBERRY COMMUNITY SERVICE CENTER 301 NE 5TH STREET MULBERRY,FL 338602138	59-1896141	501(C)(3)	81,577	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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AMERICAN CANCER SOCIETY 809 S FLORIDA AVENUE LAKELAND,FL 33801	13-1788491	501(C)(3)	92,684	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
LEARNING RESOURCE CENTER1628 S FLORIDA AVENUE LAKELAND,FL 33803	51-0182646	501(C)(3)	94,089	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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BOY SCOUTS-GULF RIDGE COUNCIL13228 N CENTRAL AVENUE TAMPA,FL 33612	59-0624406	501(C)(3)	95,964	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
TRI-COUNTY HUMAN SERVICES INC1815 CRYSTAL LAKE DRIVE LAKELAND,FL 338015979	59-1708182	501(C)(3)	102,769	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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LAKELAND VOLUNTEERS IN MEDICINE1021 LAKELAND HILLS BLVD LAKELAND,FL 33805	52-2351630	501(C)(3)	119,179	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
CATHOLIC CHARITIES1801 EAST MEMORIAL BLVD LAKELAND,FL 33801	59-1084272	501(C)(3)	135,908	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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BIG BROTHERS & BIG SISTERS201 N KENTUCKY AVE 1 LAKELAND,FL 338014962	59-2173085	501(C)(3)	135,923	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SALVATION ARMY OF EAST POLKPO BOX 1069 WINTER HAVEN,FL 338821069	59-0631403	501(C)(3)	140,250	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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CHILDREN'S HOME SOCIETY 1260 SOUTH GOLFVIEW AVE BARTOW, FL 33830	59-0192430	501(C)(3)	153,786	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
GIRL SCOUTS-WEST CENTRAL FL 1831 N GILMORE AVE LAKELAND, FL 338053017	59-0895909	501(C)(3)	154,187	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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GOOD SHEPHERD HOSPICE105 ARNESON AVENUE AUBURNDALE,FL 33823	59-1926521	501(C)(3)	154,788	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
GIRLS INCORPORATED OF WHPO BOX 7285 WINTER HAVEN,FL 338837285	59-1158810	501(C)(3)	157,584	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRLS INCORPORATED OF LAKELANDPO BOX 1975 LAKELAND,FL 338021975	23-7101551	501(C)(3)	178,625	0	N/A	N/A	PROGRAM OPERATING COST,DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
HELP OF FORT MEADE121 WEST BROADWAY STREET FORT MEADE,FL 33841	59-2993886	501(C)(3)	186,417	0	N/A	N/A	PROGRAM OPERATING COST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEACE RIVER CENTERP O BOX 1559 BARTOW,FL 338311559	59-0818924	501(C)(3)	189,425	0	N/A	N/A	PROGRAM OPERATING COST
VOLUNTEERS IN SERVICE TO THE ELDERLY1232 EAST MAGNOLIA STREET LAKELAND,FL 338012126	59-2625297	501(C)(3)	197,867	0	N/A	N/A	PROGRAM OPERATING COST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR INDEPENDENCE 1038 SUNSHINE DRIVE EAST LAKELAND,FL 33801	59-0812958	501(C)(3)	206,160	0	N/A	N/A	PROGRAM OPERATING COST
AMERICAN NATIONAL RED CROSS-WH147 AVENUE A NORTHWEST WINTER HAVEN,FL 33881	53-0196605	501(C)(3)	221,417	0	N/A	N/A	PROGRAM OPERATING COST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TALBOT HOUSE MINISTRIESPO BOX 902 LAKELAND,FL 338020902	59-2151802	501(C)(3)	226,122	0	N/A	N/A	PROGRAM OPERATING COST
ACHIEVEMENT ACADEMY INC716 E BELLA VISTA STREET LAKELAND,FL 338053009	59-0774205	501(C)(3)	248,341	0	N/A	N/A	PROGRAM OPERATING COST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITRUS CENTER BOYS & GIRLS CLUB INCPO BOX 2666 WINTER HAVEN, FL 338832666	59-0776417	501(C)(3)	256,537	0	N/A	N/A	PROGRAM OPERATING COST
BOYS & GIRLS CLUB OF LAKELANDPO BOX 763 LAKELAND,FL 33802	59-0171815	501(C)(3)	281,389	0	N/A	N/A	PROGRAM OPERATING COST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EARLY LEARNING COALITION-POLK COUNTY1765 N BROADWAY AVENUE BARTOW,FL 33830	59-3648316	501(C)(3)	292,473	0	N/A	N/A	PROGRAM OPERATING COST
CENTRAL FLORIDA SPEECH & HEARING710 E BELLA VISTA LAKELAND,FL 33805	59-0939466	501(C)(3)	367,114	0	N/A	N/A	PROGRAM OPERATING COST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY SERVING WESTERN POLKPO BOX 928 LAKELAND,FL 338020928	59-0631403	501(C)(3)	407,673	0	N/A	N/A	PROGRAM OPERATING COST

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	125,349	0	0	19,432	18,440	163,221	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	6	23,165	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES)	X	10	276	COST
26	Other ▶ (COMPUTERS)	X	1	662	COST
27	Other ▶ (COMPUTER SOFTWARE)	X	1	14,500	COST
28	Other ▶ (CHRISTMAS TREES)	X	1	184	COST
	Other ▶ (WINE)	X	1	550	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 0

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

Part II

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

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SUPPLIES	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=COMPUTERS	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=COMPUTER SOFTWARE	NUMBER OF CONTRIBUTIONS

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Identifier	Return Reference	Explanation
New program services	Form 990, Part III, Line 2	WOMEN'S LEADERSHIP COUNCIL - READINGPALS IN SPRING 2012, UWCF RECEIVED A FIRST YEAR GRANT TO BEGIN WOMEN'S LEADERSHIP COUNCIL'S READINGPALS PLANNING AND IMPLEMENTATION INCLUDE COLLABORATIONS WITH POLK COUNTY SCHOOLS, EARLY LEARNING COALITION OF POLK AND LEARNING RESOURCE CENTER READINGPALS FOCUSES ON ENGAGING, TRAINING AND DEPLOYING VOLUNTEER TUTORS TO INCREASE THE NUMBER OF STUDENTS READING AT GRADE LEVEL BY THE END OF 3RD GRADE. IT IS IMPORTANT TO OUR COMMUNITY THAT WE MAKE A UNITED EFFORT TO REDUCE THE CLOSE TO 40% OF CHILDREN WHO ARE NOT READING AT GRADE LEVEL. THE GOAL IS TO HAVE 500 READINGPALS IN 12 SCHOOLS BY THE END OF 2015

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	OTHER PROGRAM SERVICES SUCCESS BY 6 MOBILIZES VOLUNTEERS FROM LOCAL ORGANIZATIONS, BUSINESSES, GOVERNMENT, CHURCHES, CIVIC GROUPS, EDUCATORS AND HUMAN SERVICES TO ENSURE THAT ALL CHILDREN, BY THE AGE OF SIX HAVE THE PHYSICAL, EMOTIONAL, SOCIAL AND MENTAL FOUNDATION TO SUCCEED IN SCHOOL AND IN LIFE. SINCE 1995, UWCF'S SB6 HAS FOCUSED ON EARLY LITERACY TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED LET'S GROW FOCUSES ON IMPROVING LANGUAGE SKILLS OF CHILDREN AT-RISK OF SCHOOL FAILURE. LANGUAGE SKILLS PREDICT THE ABILITY OF CHILDREN TO LEARN TO READ THE GOAL IS TO ELIMINATE THE GAP IN EARLY LITERACY BETWEEN CHILDREN FROM LOW AND MIDDLE/HIGH INCOME LEVELS BY 2015 2-1-1 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 PEOPLE TO RESOURCES, AND ADVOCATES FOR ACCESS TO RESOURCES IT ALSO WORKS TO PROVIDE BETTER SERVICE, ACCESS AND INFORMATION TO THE HISPANIC COMMUNITY DISASTER RELIEF PROVIDES IMMEDIATE ASSISTANCE AND LONG TERM RECOVERY SUPPORT TO OUR COMMUNITY'S MOST URGENT DISASTER RELIEF NEEDS UWCF MEETS WITH PARTNERS TO COORDINATE THE EFFORTS OF GOVERNMENT, NON-PROFIT AND FAITH-BASED ORGANIZATIONS INVOLVED IN DISASTER RESPONSE.

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE IS COMPOSED OF ALL OFFICERS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE MAY ACT BROADLY ON BEHALF OF THE FULL BOARD WHENEVER THE NEED ARISES OR THE FULL BOARD IS NOT SCHEDULED OR CANNOT MEET

Identifier	Return Reference	Explanation
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	THE ORGANIZATION'S BYLAWS WERE AMENDED TO DESCRIBE AN EXECUTIVE COMMITTEE WHICH IS AUTHORIZED TO ACT ON THE BOARD'S BEHALF IN (I) DETERMINING APPROPRIATE COMPENSATION FOR UWCF'S EXECUTIVES AND OTHER DISQUALIFIED PERSONS, (II) EVALUATING EXECUTIVES' AND OTHER DISQUALIFIED PERSONS' COMPENSATION PLANS, POLICIES AND PROGRAMS, (III) REVIEWING BENEFIT PLANS FOR EXECUTIVES AND OTHER DISQUALIFIED PERSONS AND (IV) VERYIFYING THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	A FULL ELECTRONIC COPY OF THE FORM 990 WAS E-MAILED TO THE BOARD INCLUDING THE FINANCE COMMITTTEE. THE FINANCE COMMITTEE REVIEWED THE FORM 990 IN MORE DEPTH AND REPORTED AT THE SUBSEQUENT BOARD MEETING, PRIOR TO THE 990'S FILING

Identifier	Return Reference	Explanation
Conflict of interest policy	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. THE RESPONSES ARE REVIEWED, MAINTAINED, AND SUMMARIZED BY THE ADMINISTRATIVE ASSISTANT TO THE PRESIDENT

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	UWCF ADOPTED AN EXECUTIVE COMPENSATION PROGRAM POLICY GUIDE IN JUNE 2009 FOR PERFORMANCE AND COMPENSATION OF THE CEO, CFO AND OTHER MEMBERS OF THE LEADERSHIP TEAM UWCF WILL STRIVE TO PROVIDE EXECUTIVE SALARIES AND TOTAL 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. THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW THE PRESIDENT'S PERFORMANCE AND COMPENSATION. A COMPENSATION COMMITTEE, WHOSE CHAIR IS SELECTED BY THE BOARD CHAIR, ANALYZES AND COMPARES SALARIES AND BENEFITS OF SIMILAR SIZE UNITED WAYS. A RECOMMENDATION IS PROVIDED TO THE EXECUTIVE COMMITTEE. THE DECISIONS MADE BY THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN THE EMPLOYEE'S FILE. IN THE DETERMINATION OF COMPENSATION, COMPARABILITY DATA PROVIDED BY UNITED WAY WORLDWIDE IS USED TO ENSURE REASONABLENESS. THIS PROCESS WAS LAST DONE PRIOR TO AND CONTINUING AFTER JUNE 2012

Identifier	Return Reference	Explanation
COMPENSATION OF OTHER OFFICERS	FORM 990, PART VI, LINE 15B	THE ORGANIZATION'S CEO REVIEWS AND APPROVES COMPENSATION FOR THE OTHER OFFICERS THE CEO USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE. THE PROCESS IS DOCUMENTED IN EACH EMPLOYEE'S FILE. THIS PROCESS IS UNDERTAKEN ANNUALLY

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW UWCF ORG THESE DOCUMENTS AS WELL AS THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST BY PHONE, MAIL OR IN PERSON

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -114156, CHANGE IN BENEFICIAL INTEREST IN TRUSTS - 81623, RECOVERY OF PRIOR YEAR UNCOLLECTIBLE PLEDGES - 54788,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PERPETUAL TRUST	TRUST	FL	UWCF	TRUST			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	