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Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1Briefly 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

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4Describe 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 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 \$ 7,650,585 including grants of \$ 7,227,290) (Revenue \$ 611,460)

COMMUNITY IMPACT - UWCF'S PREMIERE COMMUNITY INVESTMENT PROCESS MOBILIZES MORE THAN 100 VOLUNTEERS ON 15 TEAMS AROUND FOCUS AREAS OF EDUCATION, INCOME, HEALTH, AND SAFETY NET 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 GIVEN THE RIGHT START, CHILDREN LEARN TO READ, SUCCEED ACADEMICALLY AND ARE MORE LIKELY TO GRADUATE FROM HIGH SCHOOL INCOME FAMILIES IMPROVE FINANCIAL STABILITY WITH GED AND JOB TRAINING, CREDIT AND BUDGETING CLASSES, MONEY COACHES, FINANCIAL EDUCATION FOR KIDS AND SAVINGS MATCH PROGRAMS HEALTH UWCF FUNDS PROGRAMS THAT HELP PEOPLE OF ALL AGES TO IMPROVE OR MAINTAIN GOOD HEALTH, ACCESS AND UTILIZATION OF HEALTH SERVICES, AND INCREASES KNOWLEDGE AND PERSONAL RESPONSIBILITY ABOUT HEALTH ISSUES SAFETY NET PROVIDES RELATIVELY SHORT-TERM, VARIED, CRISIS INTERVENTION SERVICES

4b

(Code) (Expenses \$ 336,227 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

4c

(Code) (Expenses \$ 321,342 including grants of \$) (Revenue \$ 43,650)

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 MORE THAN 20,000 PARENTS AND CHILDREN SIGNED IN AT CLASSES AND EVENTS SPONSORED BY FAMILY FUNDAMENTALS IN 2013

(Code) (Expenses \$ 670,147 including grants of \$ 8,000) (Revenue \$ 15,320)

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 MORE THAN 100 PARENT LENDING LIBRARIES WERE IN CHILDCARE CENTERS SERVING LOW-INCOME FAMILIES, WITH AN AVERAGE OF 40,000 BOOKS CHECKED OUT ANNUALLY BORN LEARNING INCREASES AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION AND PROVIDED MORE THAN 300,000 MESSAGES TO CITIZENS 100,000 PARENT RESOURCE GUIDES WHICH INCLUDE CONTACT INFORMATION FOR CHILDREN AND PARENT SERVICES, WERE DISTRIBUTED 3 TIMES DURING THE FISCAL YEAR 45,000 COPIES WERE HAND DELIVERED TO HEALTH AND HUMAN SERVICES PROFESSIONALS WHO WORK WITH AT-RISK CHILDREN 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 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 WOMEN'S LEADERSHIP -EARLY LITERACY INITIATIVE 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 192 READINGPALS OFFERED TUTORING SESSIONS IN 58 CLASSROOMS IN THE 2013/14 SCHOOL YEAR \$8,000 IN COLLEGE SCHOLARSHIPS FOR STUDENTS PLANNING TO MAJOR IN EDUCATION WERE AWARDED THROUGH THE WOMEN'S LEADERSHIP COUNCIL 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

4dOther program services (Describe in Schedule O)

(Expenses \$ 670,147 including grants of \$ 8,000) (Revenue \$ 15,320)

4eTotal program service expenses

8,978,301

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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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		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		
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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		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 	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, line 10? If "Yes," complete Schedule D, Part VI. 	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		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		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 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	49	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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	54
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See 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 as charitable contributions?		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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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	No
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 this 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 ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Jill Martin P O Box 1357 Highland City, FL 338461357 (863) 648-1500

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	425,273	0	103,586

2 Total number of individuals (including but not limited to those l
\$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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a295,561					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e41,386					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f10,032,181					
	g	Noncash contributions included in lines 1a-1f \$	26,319					
	h	Total. Add lines 1a-1f						10,369,128
Program Service Revenue	2a	SERVICE & ADMIN FEES	Business Code 900099	655,860	655,860			
	b			0				
	c			0				
	d			0				
	e			0				
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f		655,860				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		119,857			119,857
		4	Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0				
6a		(i) Real						
		(ii) Personal						
b		Less rental expenses						
c		Rental income or (loss)		0	0			
d		Net rental income or (loss)		0				
7a		(i) Securities						
		(ii) Other						
b		Less cost or other basis and sales expenses		604,465				
c		Gain or (loss)		122,726	0			
d		Net gain or (loss)		122,726			122,726	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
a								
b		Less direct expenses						
c	Net income or (loss) from fundraising events . .		0					
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses							
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							
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS		900099	14,570	14,570			
b				0				
c				0				
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			14,570				
12	Total revenue. See Instructions			11,282,141	670,430	0	242,583	

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)

Check if Schedule O contains a response or note to any line 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	7,160,604	7,160,604		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	74,686	74,686		
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	548,189	175,421	191,866	180,902
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	1,358,149	681,481	351,148	325,520
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,938	51,280	11,683	19,975
9	Other employee benefits	219,974	101,097	67,309	51,568
10	Payroll taxes	131,383	60,398	36,451	34,534
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	28,700		28,700	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	38,922		38,922	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	177,000	113,485	22,449	41,066
12	Advertising and promotion	163,261	37,606	14,495	111,160
13	Office expenses	198,648	121,131	65,580	11,937
14	Information technology	62,429	9,398	45,664	7,367
15	Royalties	0			
16	Occupancy	143,100	82,048	60,754	298
17	Travel	40,138	15,199	5,307	19,632
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	49,940	15,798	15,387	18,755
20	Interest	0			
21	Payments to affiliates	87,789		87,789	
22	Depreciation, depletion, and amortization	89,370	55,877	15,049	18,444
23	Insurance	5,027		5,027	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEMBERSHIP DUES	26,030	484	23,850	1,696
b	ALLOCATION OF INDIRECT COSTS	0	220,622	-346,845	126,223
c	MISCELLANEOUS	2,789	1,686	644	459
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	10,689,066	8,978,301	741,229	969,536
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,135,278	1	2,793,845
	2	Savings and temporary cash investments		0	2	
	3	Pledges and grants receivable, net		14,596,105	3	15,051,034
	4	Accounts receivable, net		110,579	4	110,380
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		39,033	9	50,157
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a2,416,364			
	b	Less accumulated depreciation	10b1,801,395	683,914	10c	614,969
	11	Investments—publicly traded securities		4,238,368	11	4,951,179
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,881,043	15	2,700,426
	16	Total assets. Add lines 1 through 15 (must equal line 34)		25,684,320	16	26,271,990
Liabilities	17	Accounts payable and accrued expenses		136,155	17	128,083
	18	Grants payable		12,021,460	18	12,026,664
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	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		614,219	25	552,055
	26	Total liabilities. Add lines 17 through 25		12,771,834	26	12,706,802
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		7,740,337	27	8,304,753
	28	Temporarily restricted net assets		4,004,121	28	4,018,322
	29	Permanently restricted net assets		1,168,028	29	1,242,113
	Organizations that do not follow SFAS 117 (ASC 958), 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		12,912,486	33	13,565,188
	34	Total liabilities and net assets/fund balances		25,684,320	34	26,271,990

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,282,141
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,689,066
3	Revenue less expenses Subtract line 2 from line 1	3	593,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	12,912,486
5	Net unrealized gains (losses) on investments	5	533,340
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-473,713
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,565,188

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL FLORIDA INC	Employer identification number 59-2116280
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,039,523	10,391,351	9,631,137	11,187,672	10,369,128	50,618,811
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	9,039,523	10,391,351	9,631,137	11,187,672	10,369,128	50,618,811
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)						13,917,827
6 Public support. Subtract line 5 from line 4						36,700,984

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9,039,523	10,391,351	9,631,137	11,187,672	10,369,128	50,618,811
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	104,403	97,533	99,912	117,778	119,857	539,483
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	27,882	82,059	15,173	18,595	14,570	158,279
11 Total support (Add lines 7 through 10)						51,316,573
12 Gross receipts from related activities, etc (see instructions)					12	2,957,679
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 2013 (line 6, column (f) divided by line 11, column (f))	14	71 520 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	74 900 %
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
Schedule A, Part II, Line 10, Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 9978, COLUMN B - 15768, COLUMN C - 15173, COLUMN D - 18595, COLUMN E - 14570, COLUMN F - 74084, DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - 9596, COLUMN B - 25044, COLUMN C - 0, COLUMN D - 0, COLUMN E - 0, COLUMN F - 34640, DESCRIPTION - GROSS INCOME FROM GAMING, COLUMN A - 8308, COLUMN B - 41247, COLUMN C - 0, COLUMN D - 0, COLUMN E - 0, COLUMN F - 49555,

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**

▶ **Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,545,453	1,556,030	1,624,179	1,393,348	1,366,620
b Contributions	15,741	978,808	14,854	17,099	16,866
c Net investment earnings, gains, and losses	371,702	56,986	-34,020	267,509	69,476
d Grants or scholarships					
e Other expenditures for facilities and programs	34,817	46,371	48,983	53,777	59,614
f Administrative expenses					
g End of year balance	2,898,079	2,545,453	1,556,030	1,624,179	1,393,348

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

12 180 %
- b

Permanent endowment

42 860 %
- c

Temporarily restricted endowment

44 960 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(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 XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		1,032,059	593,465	438,594
c Leasehold improvements		463,474	463,474	0
d Equipment		820,831	744,456	76,375
e Other				0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				614,969

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,150,933
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	533,340
b	Donated services and use of facilities	2b	5,530
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	85,194
e	Add lines 2a through 2d	2e	624,064
3	Subtract line 2e from line 1	3	9,526,869
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	38,922
b	Other (Describe in Part XIII)	4b	1,716,350
c	Add lines 4a and 4b	4c	1,755,272
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,282,141

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,498,231
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,530
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	5,530
3	Subtract line 2e from line 1	3	9,492,701
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	38,922
b	Other (Describe in Part XIII)	4b	1,157,443
c	Add lines 4a and 4b	4c	1,196,365
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,689,066

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4, Intended uses of endowment funds	SPENDING WAS MADE IN ONE FUND, OWNED AND CONTROLLED BY A 3RD PARTY TRUSTEE, IN ACCORDANCE WITH DONOR STIPULATIONS. NO APPROPRIATIONS FOR SPENDING WERE MADE IN FUNDS SUBJECT TO UPMIFA IN 2013/14
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	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, 2014 OR 2013, RESPECTIVELY.
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	CHANGES IN BENEFICIAL INTEREST IN TRUST - 85194,
Schedule D, Part XI, Line 4b, Other revenues in form 990 not in audited financial statements	UNCOLLECTIBLE PLEDGES - 558907, DONOR DESIGNATIONS - 1157443,
Schedule D, Part XII, Line 4b, Other expenses in form 990 not in audited financial statements	DONOR DESIGNATIONS - 1157443,

[illegible]

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. Part II can be duplicated 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

68

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ASSISTANCE WITH RENT & UTILITIES FOR FAMILIES	72	60,486	0	N/A	N/A
(2) ASSISTANCE WITH FOOD ITEMS FOR FAMILIES	24	0	14,200	FMV	GROCERY GIFT CARDS

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART II, DEFINITIONS OF CODES USED	GENERAL OPERATING COST AN UNRESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF ITS GENERAL OPERATING COSTS PROGRAM OPERATING COST A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES DONOR DESIGNATED FOR GENERAL SUPPORT AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF ITS GENERAL OPERATING COSTS DONOR DESIGNATED FOR PROGRAM COSTS AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING DISASTER/EMERGENCY RELIEF EFFORTS TO VICTIMS DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT AN UNRESTRICTED GRANT MADE TO AN AGENCY, AT THE DIRECTION OF THE DONOR(S), COLLECTED AND PAID DIRECTLY TO THE AGENCY BY A 3RD PARTY, IN SUPPORT OF ITS GENERAL OPERATING COSTS
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	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

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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
SALVATION ARMY SERVING WESTERN POLK PO BOX 928 LAKELAND,FL 338020928	59-0631403	501(C)(3)	410,872				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
CENTRAL FLORIDA SPEECH & HEARING 710 E BELLA VISTA LAKELAND, FL 33805	59-0939466	501(C)(3)	354,395				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
EARLY LEARNING COALITION-POLK COUNTY 1765 N BROADWAY AVENUE BARTOW, FL 33830	59-3648316	501(C)(3)	340,115				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
BOYS & GIRLS CLUB OF LAKELAND PO BOX 763 LAKELAND,FL 33802	59-0171815	501(C)(3)	286,763				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
CITRUS CENTER BOYS & GIRLS CLUB INC PO BOX 2666 WINTER HAVEN, FL 338832666	59-0776417	501(C)(3)	280,887				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

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TALBOT HOUSE MINISTRIES PO BOX 902 LAKELAND, FL 338020902	59-2151802	501(C)(3)	255,900				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
ACHIEVEMENT ACADEMY INC 716 E BELLA VISTA STREET LAKELAND,FL 338053009	59-0774205	501(C)(3)	255,716				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
PEACE RIVER CENTER PO BOX 1559 BARTOW, FL 338311559	59-0818924	501(C)(3)	247,920				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
ALLIANCE FOR INDEPENDENCE 1038 SUNSHINE DRIVE EAST LAKELAND, FL 33801	59-0812958	501(C)(3)	237,998				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
VOLUNTEERS IN SERVICE TO THE ELDERLY (VISTE) 1232 EAST MAGNOLIA STREET LAKELAND,FL 338012126	59-2625297	501(C)(3)	210,571				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 LAKELAND PO BOX 1975 LAKELAND, FL 338021975	23-7101551	501(C)(3)	201,191				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
LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BLVD LAKELAND, FL 33805	52-2351630	501(C)(3)	174,806				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 WH PO BOX 7285 WINTER HAVEN,FL 338837285	59-1158810	501(C)(3)	173,253				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
HELP OF FORT MEADE 121 WEST BROADWAY STREET FORT MEADE, FL 33841	59-2993886	501(C)(3)	172,105				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
LEARNING RESOURCE CENTER 1628 S FLORIDA AVENUE LAKELAND, FL 33803	51-0182646	501(C)(3)	167,041				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
CATHOLIC CHARITIES 1801 EAST MEMORIAL BOULEVARD LAKELAND, FL 33801	59-1084272	501(C)(3)	166,175				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
GOOD SHEPHERD HOSPICE 105 ARNESON AVENUE AUBURNDALE, FL 33823	59-1926521	501(C)(3)	165,925				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
AMERICAN NATIONAL RED CROSS-WH 147 AVENUE A NORTHWEST WINTER HAVEN,FL 33881	53-0196605	501(C)(3)	165,130				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
BIG BROTHERS & BIG SISTERS 201 N KENTUCKY AVE NO 1 LAKELAND, FL 338014962	59-2173085	501(C)(3)	159,895				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
GIRL SCOUTS-WEST CENTRAL FL 1831 N GILMORE AVE LAKELAND, FL 338053017	59-0895909	501(C)(3)	155,907				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
CAMP FIRE USA SUNSHINE COUNCIL INC 2600 BUCKINGHAM AVE LAKELAND, FL 338033109	59-0637819	501(C)(3)	121,371				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
TRI-COUNTY HUMAN SERVICES INC 1815 CRYSTAL LAKE DRIVE LAKELAND, FL 338015979	59-1708182	501(C)(3)	120,020				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
SALVATION ARMY OF EAST POLK PO BOX 1069 WINTER HAVEN, FL 338821069	59-0631403	501(C)(3)	115,063				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
NU-HOPE ELDER CARE SERVICES INC 6414 US HWY 27 SOUTH SEBRING, FL 33875	59-1648414	501(C)(3)	102,457				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
EXPLORATIONS V MUSEUM 109 N KENTUCKY AVENUE LAKELAND, FL 33801	59-2994883	501(C)(3)	101,486				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
UNITED WAY SUNCOAST-TAMPA BAY 5201 W KENNEDY BVLD SUITE 600 TAMPA,FL 33609	59-3725701	501(C)(3)	98,524				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RESOURCE CENTER 165 AVENUE A NW WINTER HAVEN, FL 338814012	59-2344584	501(C)(3)	97,344				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
CHILDREN'S HOME SOCIETY 1260 SOUTH GOLFVIEW AVENUE BARTOW, FL 33830	59-0192430	501(C)(3)	90,354				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
BOY SCOUTS-GULF RIDGE COUNCIL 13228 N CENTRAL AVENUE TAMPA, FL 33612	59-0624406	501(C)(3)	89,968				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
LAKE WALES FAMILY YMCA 1001 BURNS AVE LAKE WALES, FL 338533499	59-1741481	501(C)(3)	85,246				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
MULBERRY COMMUNITY SERVICE CENTER 301 NE 5TH STREET MULBERRY, FL 338602138	59-1896141	501(C)(3)	84,181				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
HEART OF FL LEGAL AID SOCIETY INC 510 S BROADWAY AVE SUITE 2 BARTOW, FL 33830	59-6215748	501(C)(3)	76,275				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
SUNRISE COMMUNITIES OF POLK COUNTY 1339 GOLCONDRA ROAD LAKELAND, FL 33801	65-0714062	501(C)(3)	69,529				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
YMCA OF WEST CENTRAL FLORIDA 3620 CLEVELAND HEIGHTS BLVD LAKELAND,FL 33803	59-1158144	501(C)(3)	66,264				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
TAMPA LIGHTHOUSE FOR THE BLIND 1106 WEST PLATT STREET TAMPA, FL 336062199	59-0637876	501(C)(3)	63,864				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
FLORIDA PROSPERITY PARTNERSHIP 180 PINEHURST POINTE DRIVE ST AUGUSTINE,FL 32092	27-0905144	501(C)(3)	60,000				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
FROSTPROOF CARE CENTER 21 S SCENIC HIGHWAY FROSTPROOF, FL 338432120	59-2988744	501(C)(3)	59,150				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNERACT ALLIANCE 621 S FLORIDA AVE LAKELAND, FL 33801	59-2844663	501(C)(3)	58,817				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
YOUTH & FAMILY ALTERNATIVES 7524 PLATHE ROAD NEWPORT RICHEY, FL 34653	59-1545990	501(C)(3)	58,761				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
FAMILY EMERGENCY SERVICE CNTR PO BOX 624 WINTER HAVEN, FL 338820624	59-0609724	501(C)(3)	52,084				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH SERVICE CENTER 290 E CHURCH BARTOW, FL 338303924	59-1162397	501(C)(3)	50,278				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY LEARNING COALITION -HARDEE 3028 CARING WAY SUITE 4 PORT CHARLOTTE,FL 33952	53-3738819	501(C)(3)	46,807				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
EPILEPSY SERVICES OF W CENT FL 305 S FLORIDA AVE LAKELAND,FL 33801	59-3151484	501(C)(3)	44,731				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARDEE COUNTY FAMILY YMCA 610 WEST ORANGE STREET WAUCHULA, FL 33873	59-1618413	501(C)(3)	44,729				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
EARLY LEARNING COALITION-HIGHLANDS 209 N RIDGEWOOD DRIVE SEBRING, FL 33870	65-1006254	501(C)(3)	43,122				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
CHAMPION FOR CHILDREN FOUNDATION OF HIGHLANDS CNTY P O BOX 7125 SEBRING,FL 33872	65-0444941	501(C)(3)	40,387				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
WOMEN'S CARE CENTER PO BOX 1041 BARTOW, FL 338311041	65-0332777	501(C)(3)	36,772				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
RIDGE AREA ARC 120 WEST COLLEGE DRIVE AVON PARK, FL 33825	59-0829984	501(C)(3)	34,933				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARDEE HELP CENTER PO BOX 422 WAUCHULA,FL 33873	59-2993242	501(C)(3)	29,299				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
GIRL SCOUTS GULF COAST COUNCIL 4780 CATTLEMAN ROAD SARASOTA, FL 34233	59-0760212	501(C)(3)	26,345				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
LAKELAND HABITAT FOR HUMANITY INC 1317 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815	59-3000422	501(C)(3)	25,000				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD SERVICE CENTER PO BOX 3311 WINTER HAVEN, FL 338813311	59-1363593	501(C)(3)	23,968				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
HIGHLANDS COUNTY FAMILY YMCA 100 YMCA LANE SEBRING, FL 33872	59-2859656	501(C)(3)	21,504				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT

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

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CITIZEN CPR PO BOX 24298 LAKELAND, FL 33802	59-2469360	501(C)(3)	20,510				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
POLK STATE COLLEGE FOUNDATION 999 AVENUE H WINTER HAVEN, FL 33881	26-4804143	501(C)(3)	19,969				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
HEARTLAND HORSES & HANDICAPPED INC PO BOX 3787 SEBRING,FL 338713787	59-3734965	501(C)(3)	15,130				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
BIG BROTHERS BIG SISTERS OF THE SUNCOAST (HC) 101 W VENICE AVENUE SUITE 34 VENICE, FL 342851940	59-1361826	501(C)(3)	14,614				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
AMERICAN RED CROSS-HIGHLANDS 106 MEDICAL CENTER AVENUE SEBRING, FL 338705422	53-0196605	501(C)(3)	13,766				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
WEBBER INTERNATIONAL UNIVERSITY PO BOX 96 BABSON PARK,FL 33827	59-2139553	501(C)(3)	13,435				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 809 S FLORIDA AVENUE LAKELAND, FL 33801	13-1788491	501(C)(3)	11,922				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
KIDSPACK INC 3725 FRONTAGE ROAD NORTH SUITE 1 LAKELAND, FL 33810	80-0830473	501(C)(3)	11,733				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB-HIGHLANDS PO BOX 1596 SEBRING,FL 33871	59-3468588	501(C)(3)	10,514				PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLK EDUCATION FOUNDATION PO BOX 391 BARTOW, FL 33830	59-2956529	501(C)(3)	8,000				DONOR DESIGNATED FOR PROGRAM COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPPIN' STONE FARM 8421 PRITCHER ROAD LITHIA, FL 33547	23-7348139	501(C)(3)	7,800				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLK VISION PO BOX 1506 HIGHLAND CITY, FL 33846	20-0141870	501(C)(3)	7,500				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
FLORIDA RANGERS INC 3065 US HIGHWAY 17S FORT MEADE,FL 33841	59-2467618	501(C)(3)	6,615				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MANATEE COUNTY PO BOX 109 BRADENTON, FL 342060109	59-0901509	501(C)(3)	5,619				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE MINISTRIES PO BOX 3112 LAKELAND,FL 33801	59-1722768	501(C)(3)	5,199				DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)TERRY WORTHINGTON PRESIDENT	(i)	140,021	0	4,982	21,573	13,300	179,876	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL FLORIDA INC

Employer identification number
59-2116280

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
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	1	4,272	MARKET VALUE
10 Securities—Closely held stock	X	6	21,783	OPINIONS OF EXPERTS
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (OFFICE SUPPLIES)	X	10	264	COST
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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

Yes

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 noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

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

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Explanations of reporting method for number of contributions	SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS SECURITIES - CLOSELY HELD STOCK NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 10, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=OFFICE SUPPLIES NUMBER OF CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493353003374	
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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047
					2013 Open to Public Inspection
Name of the organization UNITED WAY OF CENTRAL FLORIDA INC				Employer identification number 59-2116280	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, MISSION STATEMENT	
Form 990, Part III, Line 2, New program services	NAVIGATOR THE AFFORDABLE CARE ACT CREATED THE NAVIGATOR PROGRAM TO HELP INDIVIDUALS, FAMILIES, AND SMALL BUSINESSES PURCHASE HEALTH INSURANCE THROUGH THEIR STATE'S HEALTH INSURANCE EXCHANGE UWCF PROVIDED A NAVIGATOR TO POLK COUNTY TO ASSIST OUR RESIDENTS IN ACCESSING A MEDICAL HOME AND TO USE ITS HEALTH SERVICES DURING THE INAUGURAL OPEN ENROLLMENT PERIOD , THE NAVIGATOR ENROLLED 150 FAMILIES INTO A PLAN AND ASSISTED 278 OTHERS
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	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
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	A FULL ELECTRONIC COPY OF THE FORM 990 WAS E-MAILED TO THE BOARD INCLUDING THE FINANCE COMMITTEE THE FINANCE COMMITTEE REVIEWED THE FORM 990 IN MORE DEPTH AND REPORTED AT THE SUBSEQUENT BOARD MEETING, PRIOR TO THE 990'S FILING
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	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 EACH FISCAL YEAR, 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 OR THAT AFFECT INDEPENDENCE THE RESPONSES ARE REVIEWED, MAINTAINED, AND SUMMARIZED BY THE ADMINISTRATIVE ASSISTANT TO THE PRESIDENT
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	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 2014
FORM 990, PART VI, LINE 15B, COMPENSATION OF OTHER OFFICERS	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
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	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
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	CHANGE IN BENEFICIAL INTEREST IN TRUST - 85194, UNCOLLECTIBLE PLEDGES - -558907,
Schedule M, part I, column (b), Line 10, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=OFFICE SUPPLIES NUMBER OF CONTRIBUTIONS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity?	
						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) Dispropportionate 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	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PERPETUAL TRUST	TRUST	FL	NA	TRUST					

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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