DLN: 93493298002009 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number Name of organization UNITED ARTS OF CENTRAL FLORIDA INC B Check if applicable ☐ Address change 59-1166446 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2450 MAITLAND CENTER PKWY STE 201 ☐ Amended return ☐ Application pending (407) 628-0333 City or town, state or province, country, and ZIP or foreign postal code MAITLAND, FL  $\,$  327514140  $\,$ **G** Gross receipts \$ 6,691,695 Name and address of principal officer H(a) Is this a group return for FLORA MARIA GARCIA □Yes ☑No subordinates? 2450 MAITLAND CENTER PKWY STE 201 H(b) Are all subordinates MAITLAND, FL 327514140 ☐ Yes ☐No ıncluded? Tax-exempt status 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW UNITEDARTS CC L Year of formation 1965 M State of legal domicile FL K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities UNITED ARTS SUPPORTS MORE THAN 60 ARTS, SCIENCE AND HISTORY ORGANIZATIONS BY RAISING AND DISTRIBUTING FUNDS, SECURING AND FACILITATING CONTRACTS FOR SERVICES INCLUDING VITAL PRE-K TO 12TH GRADE EDUCATIONAL PROGRAMMING, AND BY PROVIDING TECHNICAL ASSISTANCE, ADVOCACY, ADMINISTRATIVE AND ADVISORY SERVICES IN FY19, UNITED ARTS PROVIDED MORE THAN 5 1 MILLION IN FUNDING THROUGH GRANTS, DESIGNATED GIVING AND CONTRACT SERVICE OPPORTUNITIES THROUGH THE 60+ ORGANIZATIONS UNITED ARTS FUNDS, CENTRAL FLORIDA RESIDENTS AND VISITORS ENJOYED 2,881,318 ART, SCIENCE AND Activities & Governance HISTORY EXPERIENCES K-12 STUDENT ARTS EDUCATION EXPERIENCES REPRESENT 36% OF THIS NUMBER AT 1,037,879 EXPERIENCES 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 3 Number of voting members of the governing body (Part VI, line 1a) . 44 44 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 20 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 200 Total number of volunteers (estimate if necessary) . . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,072,244 5,776,634 Program service revenue (Part VIII, line 2g) . 928,106 892,175 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21.622 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1.264 6,008,351 6,691,695 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,183,551 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 4,918,346 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 957,675 894.436 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 30,000 f b Total fundraising expenses (Part IX, column (D), line 25) igle 542,351 553,329 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 498,512 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,374,533 6,661,316 19 Revenue less expenses Subtract line 18 from line 12 . -366.182 30.379 Assets or d Balances End of Year Beginning of Current Year 7,086,427 7,889,887 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 4,971,603 5,750,903 2,138,984 Net assets or fund balances Subtract line 21 from line 20 . 2,114,824 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-23 Signature of officer Date Sign Here S BRENDAN LYNCH CHAIR AT 7/1/19 Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check 🗹 ıf P00546302 Paid self-employed Firm's name TAX KNIGHT CONSULTING Firm's EIN ▶ Preparer Use Only Firm's address ▶ 5840 RED BUG LAKE ROAD 205 Phone no (407) 796-8450 WINTER SPRINGS, FL 327085011 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	statement	of Program Servic	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission				
		ARTS OF CENTRAL FLOR ESSIONALISM, EXCELL			NVESTING IN ART, SCIENCE ANI	O HISTORY OUR CORE
VALC	JES ARE TRUST, PROF	ESSIONALISM, EXCELL	ENCE, INCLUSI	ON AND LEADERSHIP		
2	Did the organization	undertake any significa	nt program ser	vices during the year wh	ıch were not listed on	
	-	r 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the	ese new services on Sch	edule O			
3	Did the organization	cease conducting, or m	ake significant	changes in how it conduc	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedul	e O			
4	Describe the organiza	ation's program service	accomplishmen	nts for each of its three la	argest program services, as mea	sured by expenses
		d 501(c)(4) organization			grants and allocations to others	, the total
	expenses, and reven	ue, ii any, for each prog	grain service re	ported		
4a	(Code	) (Expenses \$	2,873,854	including grants of \$	2,331,503 ) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$	1,951,254	including grants of \$	1,825,104 ) (Revenue \$	180,328 )
	See Additional Data					
4c	(Code	) (Expenses \$	1,118,467	including grants of \$	992,317 ) (Revenue \$	501,058)
	See Additional Data					
	(Code	) (Expenses \$	34,627	including grants of \$	34,627 ) (Revenue \$	210,789 )
	•		•		DES A SOURCE OF EARNED INCOME F	, ,
	ORGANIZATIONS IN THE	E CENTRAL FLORIDA REGIO	N PROGRAMS IN	CLUDE ORLANDO ARTS MAG	AZINE - A BI-MONTHLY PUBLICATION	N (SIX ISSUES PUBLISHED PER
					AND GUIDE TO ARTS AND CULTURAL S ALSO OFFERED AS A DONOR PREMI	
	50 OR MORE QUARTERI	LY RACK CARDS - INFORMA	TION CARDS AVA	ILABLE AT THE VISITOR'S C	ENTERS AT THE ORLANDO INTERNAT	IONAL AIRPORT PROVIDE
					RTS AND CULTURAL HAPPENINGS GOO NG THE SEVEN-COUNTY CENTRAL FLO	
	PROVIDES INFORMATIO	N ON ARTS, SCIENCE AND	HISTORY AS WEL	L AS DINING, NATURE ACTIV	VITIES, FARMERS MARKETS AND PUB	LIC ART THE SITE SERVES
					NG FOR SOMETHING TO DO AND PRO FY19, OVER 800 ORGANIZATIONS PO	
	SITE, THERE ARE 200+	PIECES OF PUBLIC ART AN	D 141 RESTAURA	NTS LISTED IN ADDITION, S	SITE VISITORS CAN SUBSCRIBE TO A	WEEKLY E-NEWSLETTER
	(8,600 SUBSCRIBERS) T	THAT DELIVERS INFORMAT: S WHO VISITED THE SITE (	ION ON UPCOMIN	G EVENTS AND FREE AND DI	(SCOUNTED EVENTS TO THEIR INBO) AGES OF ARTS AND CULTURAL EVENT	( EACH WEEK IN FY19, THE
	DONOR PREMIUM FOR C	CONTRIBUTIONS OF 100 OF	MORE, THE ART	SCARD PROVIDES DISCOUNT	FED ADMISSIONS AND CLASSES FOR	24+ PARTICIPATING AREA
					LY GRANTS MANAGEMENT SERVICES AGEMENT FOR OTHER AGENCIES WIS	
	TO THE ARTS AND CULT	URAL COMMUNITY IN FY1	9, UNITED ARTS N	1ANAGED OVER 5 4 MILLION	IN CULTURAL TOURISM, CULTURAL	FACILITIES AND
					/ BUILDING PROGRAMS - UNITED AR ITH OPERATIONAL, FISCAL AND GOV	
					,	
4d	Other program service	ces (Describe in Schedu	ile O )			
	(Expenses \$	34,627 incli	uding grants of	\$ 34,62	27 ) (Revenue \$	210,789 )

21

Par	tiV Checklist of Required Schedules			
- 1	Section of Italyan on Contamina		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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
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 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		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	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII 🕏	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . .

government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Νo

Yes

20a

20b

21

22

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Checklist of Required Schedules (continued)			
		Yes	No
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	
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ref{eq:Matter}$	29	Yes	
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
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
<b>Section 501(c)(3) organizations.</b> 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
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." pot to line 25a.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization mayer that it engaged in an excess benefit transaction with a disqualified person on a princy year, and that the transaction has not been reported on any of the organizations aware that it engaged in an excess benefit transaction with a disqualified person in a princy year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E27  If "Yes," complete Schedule L, Part I.  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? If "Yes," complete Schedule L, Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key emp	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.  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 "yas issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." to line 25a.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I., Part I.  25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I., Part I.  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I., Part I.  Did the organization newser 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-E27  25b If "Yes," complete Schedule I., Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions of charged schedule I., Part III.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule I., Part III.  Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part III.  26b A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule III.  27c A family of which a current or fo	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 inghest compensated employees? If "Yes," complete Schedule I. 23 Ves Schedule I. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No.", go to Inle 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24b Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  25d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I., Part II.  25a Is the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I., Part II.  25b If "Yes," complete Schedule I., Part II.  Did the organization acts are the good of the organization with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations prior payables to any current or former officer, schedule I., Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified persons?  26b If "Yes," complete Schedule I., Part II.  27c Organization and the payable of the payable of the payable of the organization and exceptions and exceptions?  27d Aranty in member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part III.  28d Aranty in member of a current or former officer, director, trustee, or key employee? If "Yes,"

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

24

0

12b

13b

13c

13a

14a

14b

15

No

Nο

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

	Check if Schedule O contains a response or note to any line in this Part VI	uie U	See instructions			<b>✓</b>		
Se	ction A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44					
	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	1b	44					
2	Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No		
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p			3		No		
4	Did the organization make any significant changes to its governing documents since the	Form 990 was filed? .	4		No			
5	Did the organization become aware during the year of a significant diversion of the organ	nizatio	n'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 t members of the governing body?		t or appoint one or more	7a		No		
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions the following	under	aken during the year by					
а		<b>8</b> a	Yes					
b	<b>b</b> Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C		be reached at the	9		No		
Se	ection B. Policies (This Section B requests information about policies not requi	ired b	y the Internal Revenue	e 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 activitie and branches to ensure their operations are consistent with the organization's exempt put	es of s urpose	uch chapters, affiliates, es?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernın •	g body before filing the	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 int conflicts?	erests	that could give rise to	12b	Yes			
C	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy •	? If "Yes," describe in	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 a persons, comparability data, and contemporaneous substantiation of the deliberation and							
а	The organization's CEO, Executive Director, or top management official			15a	Yes			
b	Other officers or key employees of the organization			15b	Yes			
	If "Yes" to line 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 sir	milar a	arrangement with a		,			

	the following			
а	The governing body?	8a	Yes	,
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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			

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)

▶JULIANA STEELE 2450 MAITLAND CENTER PKWY STE 201 MAITLAND, FL 32751 (407) 628-0333

status with respect to such arrangements? .

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

policy, and financial statements available to the public during the tax year

Section C. Disclosure

17

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

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2018)

Νo

16a

16b

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	Average hours per week (list any hours director						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
Section  a Complete ear  List all for compens  List the horeceive rganization  List all freportabl  List all rganization st persons ompensate		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Form 990 (2018)											Page <b>8</b>		
Part VII Section	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	<b>A)</b> and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	n off cor/tr	ruste	s pers	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		

	line)	idual trustee rector	tutional Trustee	환	employee	est compensated ovee	ièi		,
See Additional Data Table									

	1b Sub-Total											
d Total (add lines 1b and 1c)						•		294,414		30,580		
Total number of individuals (including of reportable compensation from the compensa			e liste	ed al	bove	e) who	rece	eived more than \$10	00,000			

c 1	Sub-Total			30,580	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1					
			Yes	No	
3	Did the organization list any <b>former</b> 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	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	individual	4	Yes		

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensa- organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for the second to the s</i>				
	ındıvıdual		4	Yes	ĺ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule I for such person	5		No	
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received n from the organization. Report compensation for the calendar year ending with or within the organization.		compens	ation	
	(A)	(B)		/(	.7

			- 1							
5	5		No							
S	ection 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	Con		) nsation					

1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		nsation
	(A)	(B)	(C)
	Name and business address	Description of services	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 ▶ Form **990** (2018)

Form 990 (2018)				Page <b>10</b>
PartIX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	elete 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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,161,936	5,161,936		
2 Grants and other assistance to domestic individuals See Part IV, line 22	21,615	21,615		
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	292,311	111,078	73,078	108,155
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	445,456	280,658	12,147	152,651
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	25,064	13,284	3,008	8,772
9 Other employee benefits	77,731	41,197	9,328	27,206
<b>10</b> Payroll taxes	53,874	28,553	6,465	18,856
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	18,951	10,044	2,274	6,633
d Lobbying	2,000	2,000		
e Professional fundraising services See Part IV, line 17	30,000			30,000
f Investment management fees	237	237		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	86,955	60,670	2,249	24,036
12 Advertising and promotion	108,920	77,362		31,558
13 Office expenses	27,836	11,157	5,468	11,211
<b>14</b> Information technology	41,912	16,220	5,443	20,249
15 Royalties				
<b>16</b> Occupancy	94,491	50,423	10,739	33,329
<b>17</b> Travel	12,266	7,029	1,388	3,849
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	31,570	3,306	1,333	26,931
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,785	5,008	439	3,338
23 Insurance	9,766	6,118	424	3,224
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 MAGAZINE PRINTING	54,000	54,000		
b PRINTING & MATERIALS	28,466	2,732	240	25,494

10,693

8,755

7,726

6,661,316

6,411

5,503

1,661

5,978,202

3,784

2,820

136

140,763

498

432

5,929

542,351

Form **990** (2018)

c PHONES/INTERNET

d MISCELLANEOUS

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

Form 990 (2018)

P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lir	ne in this Part IX			<u> </u>
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			300	1	300
	2	Savings and temporary cash investments .		[	2,982,601	2	2,869,002
	3	Pledges and grants receivable, net			476,894	3	482,881
	4	Accounts receivable, net		[		4	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	yees Complete ns (as defined under		5		
its	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net		6			
Assets	8	Inventories for sale or use		Ī		8	
A	9	Prepaid expenses and deferred charges		. [	27,489	9	33,965
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	113,236			
	Ь	Less accumulated depreciation	10b	101,940	9,156	<b>10</b> c	11,296
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11	[	26,029	12	26,535
	13	Investments—program-related See Part IV, line	11			13	
	14	Intangible assets		[		14	
	15	Other assets See Part IV, line 11		[	3,563,958	15	4,465,908
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	[	7,086,427	16	7,889,887
	17	Accounts payable and accrued expenses			958,572	17	900,975
	18	Grants pavable			334,534	18	269,311

	basis Complete Part VI of Schedule D	10a	113,236			
ь	Less accumulated depreciation	10b	101,940	9,156	<b>10</b> c	
11	Investments—publicly traded securities .		11			
12	Investments—other securities See Part IV, line	11 .		26,029	12	
13	Investments—program-related See Part IV, line	11 .			13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			3,563,958	15	
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	7,086,427	16	
17	Accounts payable and accrued expenses			958,572	17	
18	Grants payable			334,534	18	
19	Deferred revenue			120,992	19	

	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	3,557,505	21	4,459,425
iabilitie.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>æ</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)  Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,971,603	26	5,750,903

121,192

2,138,984

7,889,887 Form **990** (2018)

30

31

32

33

34

2,114,824

7,086,427

4,971,603 **26** 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 1,782,522 Unrestricted net assets 27 27 28 Temporarily restricted net assets 332,302 28 29 Permanently restricted net assets 29

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

30

31

32

33

34

Net Assets or Fund Balances 1,916,229 222,755 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Form 990 (2018)

### Additional Data

Software ID:

LARGEST COLLABORATIVE FUNDRAISING CAMPAIGN IN SUPPORT OF ARTS AND CULTURE IN CENTRAL FLORIDA CON'T IN SCH O

Software Version: **EIN:** 59-1166446

Name: UNITED ARTS OF CENTRAL FLORIDA INC

Form 990 (2018)

### Form 990, Part III, Line 4a:

FUNDRAISING - UNITED ARTS OPERATES IN A FISCALLY CONSERVATIVE MANNER AND PREPARES ITS BUDGET ON A FORWARD-FUNDING MODEL. MEANING FUNDS RAISED DURING THE ANNUAL CAMPAIGN IN ONE FISCAL YEAR ARE RESTRICTED TO FUND GRANTS AND OPERATIONS IN THE FOLLOWING FISCAL YEAR. THIS MAY RESULT IN NET INCOME OR A DEFICIT DEPENDING ON THE TIMING OF WHEN FUNDS ARE RAISED AND EXPENDED. THE FORWARD-FUNDING MODEL ENSURES THE AGENCY HAS THE COMMITTED FUNDS ON HAND EACH YEAR TO FUND THE GRANTS AND OPERATIONS PROPOSED IN ITS ANNUAL BUDGET. UNITED ARTS ACTIVELY RAISES FUNDS FOR ITSELE AND THE REGION'S ARTS AND CULTURAL ORGANIZATIONS THROUGH ITS ANNUAL COLLABORATIVE FUNDRAISING CAMPAIGN. UNITED ARTS COORDINATES THE

INVESTING IN THE COMMUNITY - UNITED ARTS INVESTS DIRECTLY IN THE ARTS COMMUNITY THROUGH GRANTS, COLLABORATIVE FUNDRAISING AND CONTRACT SERVICE OPPORTUNITIES UNITED ART'S TWO CORE GRANT PROGRAMS SUPPORT ARTS, SCIENCE AND HISTORY ORGANIZATIONS AND INDIVIDUAL ARTISTS

THROUGHOUT THE FOUR-COUNTY REGION THROUGH OPERATING SUPPORT AND PROJECT GRANTS THEY ARE 1) OPERATING SUPPORT GRANTS (OSG) PROVIDE STABILIZING OPERATING SUPPORT FOR THE REGION'S ARTS AND CULTURAL ORGANIZATIONS WITH FULL SEASONS OF PROGRAMMING AND OPERATING BUDGETS IN

EXCESS OF 75,000 IN FY19, 1,495,000 IN FUNDING WAS AWARDED TO 35 ORGANIZATIONS 2) MINI GRANTS - THIS PROGRAM PROVIDES MUCH NEEDED FUNDING FOR

ORGANIZATIONS WITH BUDGETS OF UNDER 75,000 OR THAT DO NOT PROVIDE A FULL SEASON OF PROGRAMMING, SUCH AS FAIRS AND CON'T IN SCH O

Form 990, Part III, Line 4b:

# ARTS EDUCATION PROGRAMMING - STATISTICS SHOW THAT CHILDREN WHO HAVE ARTS CREDITS IN THEIR CURRICULUM HAVE IMPROVED PERFORMANCE, ARE MORE LIKELY TO STAY IN SCHOOL AND ARE MORE LIKELY TO GRADUATE ENGAGING WITH THE ARTS ENCOURAGES CRITICAL THINKING, RESULTING IN MORE STUDENT

ENGAGEMENT IN THE LEARNING PROCESS AND FEWER DISCIPLINE PROBLEMS THIS APPLIES TO ALL STUDENTS REGARDLESS OF ETHNICITY AND SOCIO-ECONOMIC BACKGROUND ARTS EXPERIENCES IN SCHOOLS ARE A VITAL COMPONENT OF THE EDUCATION PROCESS UNITED ARTS FACILITATES CURRICULUM-BASED K-12 ARTS

EDUCATION PROGRAMMING IN THE COMMUNITY THROUGH CONTACTED SERVICES WITH LOCAL SCHOOL DISTRICTS AND OUR GRANTEE ORGANIZATIONS UNITED ARTS' ARTS EDUCATION INITIATIVES EXPOSE STUDENTS TO MUSIC, THEATER, DANCE, FILM, BALLET, AND CON'T IN SCHOOL

Form 990, Part III, Line 4c:

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours			from the organization and						
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations
FLORA MARIA GARCIA PRESIDENT &	60 00	x		×				194,530	0	17,666
KATE WILSON CHAIR	1 00	х		×				0	0	0
STEPHANIE GHERTNER VICE CHAIR	1 00	х		х				0	0	0
JENNIFER QUIGLEY SECRETARY	1 00	x		x				0	0	0
DANIEL O'KEEFE TREASURER	1 00	×		×				0	0	0

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SERVER EN GOLDEL
SECRETARY
DANIEL O'KEEFE
TREASURER
BETTINA BUCKLEY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DEBBIE FAHMIE

BONNIE HUBBARD

CECELIA BONIFAY

DANIELLE SABA HOLLANDER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	i and	a uii	ecto	יוועונ	ustee	. !	organization	organizations	Irom the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DIANE O'DELL DIRECTOR	1 00	I .						0	0	0
DR BARBARA JENKINS DIRECTOR	1 00	I .						0	0	0
DR RICHARD SANDLER DIRECTOR	1 00	X						0	0	0
DR STACEY JOHNSON DIRECTOR	1 00							0	0	0
EDWARD HENSLEY	1 00	[ ]					$\Box$			_

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DIRECTOR
DR STACEY JOHNSON
DIRECTOR
EDWARD HENSLEY

DIRECTOR

GAIL RAYOS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

HOWARD BRITT

HONORABLE BELVIN PERRY

HONORABLE CHRISTINE MOORE

HONORABLE JAY ZEMBOWER

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	1 6,	1			,			(11, 2,4,000	(11/ 2/1000	l avanniantion and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JEAN GRONO DIRECTOR, EX	1 00							0	0	0	
JODIE HARDMAN DIRECTOR	1 00						_	0	0	0	
JOSEPH TERRY DIRECTOR	1 00							0	0	0	
JOYCE ODONOGO DIRECTOR	1 00							0	0	0	
KAREN SHEEHAN	1 00										

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DIRECTOR
JOYCE ODONOGO
DIRECTOR
KAREN SHEEHAN
DIRECTOR

LARRY MEADOR

LESLIE CARNEY

.......

LINDA LANDMAN GONZALEZ

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MALIKA HARRISON

MARC MCMURRIN

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) from the

organization

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organizations

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

	6l-t					usccc,	· 1	(14/ 3/1000	(14/ 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Ē	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MARCIA HOPE GOODWIN DIRECTOR	1 00	x						0	0	0	
MARIA RUIZ-HAYS DIRECTOR	1 00	х						0	0	0	
MARK JONES DIRECTOR	1 00	x						0	0	0	
MERCEDES MCCALL DIRECTOR	1 00	x						0	0	0	
PAUL LARTONOIX	1 00						$\Box$		1		

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DIRECTOR
MERCEDES MCCALL
DIRECTOR
PAUL LARTONOIX
DIRECTOR

PENELOPE PEREZ-KELLEY

ROSEANN HARRINGTON

SAMI HAIMAN-MARRERO

......

DIRECTOR

DIRECTOR

RIZWAN ZAMAN

DIRECTOR, EX

CHAIR AT 7/1

DIRECTOR

S BRENDAN LYNCH

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other

	week (list any hours	pers		botl	n an	office ustee		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SHARON ARROYO DIRECTOR	1 00	×						0	0	0
SURESH GUPTA DIRECTOR	1 00	×						0	0	0
SUZANNE GILBERT DIRECTOR	1 00	х						0	0	0
TERRY OLSON	1 00	.,								

1 00

60 00

Х

99,884

DIRECTOR, EX

WILSON LOPEZ

JULIANA STEELE

VP OF ADMIN

DIRECTOR

12,914

SCHEDUL Form 990 or 90EZ)		Public Complete if the o	a section	2018			
epartment of the T ternal Revenue Se	TURE	► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
ame of the o	rganization CENTRAL FLORID	DA INC				Employer identific	cation number
Part I R	eason for P	ublic Charity Stat	us (All organization	s must comple	ete this part.) S	59-1166446 See instructions.	
			e it is (For lines 1 thro				
<b>1</b>	hurch, conven	tion of churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
<b>2</b>	chool describe	ed in <b>section 170(b)(</b>	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	990 or 990-EZ) )		
3 🗌 Ah	ospital or a co	operative hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
	nedical researd ne, city, and s	•	ed in conjunction with	a hospital descr	ibed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's
	_	pperated for the benefictions (Complete Part II )	t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
		' '	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	ı)(v).	
		hat normally receives (1)(A)(vi). (Complete	a substantial part of it Part II )	s support from a	a governmental u	ınıt or from the gener	al public described ii
B Ac	ommunity tru	st described in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	II )		
			escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
froi inv	m activities re estment incon	lated to its exempt fur	(1) more than 331/3% actions—subject to certiess taxable income (learning)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
•			d exclusively to test fo	r public safety	See <b>section 509</b>	(a)(4).	
mo	re publicly sup	ported organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a	
Tyl org	<b>pe I.</b> A suppor Janization(s) ti	ting organization oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
ma	nagement of t		ervised or controlled in ation vested in the sand C.				
			supporting organization ions) You must com	•	•	, -	ated with, its
I Tyl	pe III non-fu ctionally integ	inctionally integrate irated The organization	d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wirequirement and	th its supported orgai	
: Che	eck this box if	the organization recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
<b>f</b> Enter the	number of su	pported organizations	integrated supporting	-			
	ne following in e of supported		ipported organization(		anization listed	(v) Amount of	(vi) Amount of
` '	anization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		(iv) Is the organization listed in your governing document? (see instru		other support (se instructions)
				Yes	No		
tal							
	. Dadwatian A	Act Notice, see the I		Cat No 1128!	<u> </u>	 Schedule A (Form 9	000 57) 20

supported organization

ightharpoons

Page 2

	(Complete only if you sh	acked the have t	n lung E 7 0	0 of Dart I are of	the eressins	s foulded to accele	u under Deut
	(Complete only if you ch III. If the organization fa						y under Part
-	ection A. Public Support	ana to quanty und	שבו נוופ נפטנט ווטנ	ed below, pieds	e compiete raft	111.)	
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) 2018	(f) Total
L	Gifts, grants, contributions, and						
	membership fees received (Do not	5,193,117	5,241,308	5,695,498	5,072,244	5,776,634	26,978,801
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
ı	Total. Add lines 1 through 3	5,193,117	5,241,308	5,695,498	5,072,244	5,776,634	26,978,801
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)						
5	<b>Public support.</b> Subtract line 5						
	from line 4						26,978,801
S	ection B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	. ,					
7	Amounts from line 4	5,193,117	5,241,308	5,695,498	5,072,244	5,776,634	26,978,801
8	Gross income from interest,						
	dividends, payments received on	2,123	3,857	2,256	7,523	21,622	37,381
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
LO	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
1	<b>Total support.</b> Add lines 7 through 10						27,016,182
-	Gross receipts from related activities,	etc (see instruction	ne)			12	2 022 750
							2,832,758
13	First five years. If the Form 990 is fo	or the organization'	s first, second, thii	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and <b>stop here</b>					<u></u>	
S	ection C. Computation of Public	c Support Perce	entage				
4	Public support percentage for 2018 (lin	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	99 860 %
L <b>5</b>	Public support percentage for 2017 Sc	hedule A, Part II, li	ne 14			15	98 820 %
6a	33 1/3% support test-2018. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	
	and <b>stop here.</b> The organization quali				,	,	▶ 🗹
h	33 1/3% support test—2017. If th				ind line 15 is 33 1/1	3% or more, check	
D							▶ □
_	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b>				o 12 165 or 16h	and line 14	
. / a	is 10% or more, and if the organization						
	in Part VI how the organization meets						
	<del>-</del>				,	·, ·	►□
	organization 10%-facts-and-circumstances tes	-t_2017 If the er	ganization did not	check a box on lin	ne 13 16a 16b ar	17a and line	
D	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.)	)	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
4	under section 513 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 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
ь	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 )						
Se	ection B. Total Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	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							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and <b>stop here</b>	<b>.</b>	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f	))	17	
18	Investment income percentage from 2	<b>017</b> Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	<b>33 1/3% support tests—2017.</b> If the						
J	not more than 33 1/3%, check this box	-			•		<b>▶</b> □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		
	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	art IV Supporting Organizations (continued)						
	cupper unit of game and (community)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
u	governing body of a supported organization?	11a					
h	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
	Section B. Type I Supporting Organizations	110					
	ection B. Type I Supporting Organizations		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such						
	powers during the tax year	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization						
	-						
5	section C. Type II Supporting Organizations		Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	NO			
_	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
S	Section D. All Type III Supporting Organizations						
			Yes	No			
1	Old the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing locuments in effect on the date of notification, to the extent not previously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard						
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)					
	a  The organization satisfied the Activities Test Complete <b>line 2</b> below						
	b						
	c	ınstru	ctions)				
2	Activities Test Answer (a) and (b) below.						
	· , · ,		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.	20					
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a					
	<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard</li> </ul>	26					

m	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income	(A) Prior Year	(B) C (o	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . .

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

### **Additional Data**

## Software ID:

Software Version:

**EIN:** 59-1166446

Name: UNITED ARTS OF CENTRAL FLORIDA INC

Schedule A	(Form 990 or 990-EZ) 2018 Page
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493298002009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNITED ARTS OF CENTRAL FLORIDA INC 59-1166446 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political

				organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2018

e	Total exempt purpose expenditures (add lines 1c and						
f	Lobbying nontaxable amount Enter the amount from columns						
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
	Not over \$500,000	over \$500,000 20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000					
g h i j	h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0-						
	(Some organizations that made a columns below. See t		ction do not h	ave to comple		ive	
	Lobbying Expe	enditures During 4	-Year Averagi	ng Period			
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total	
<b>2</b> a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
_с	Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

	Form 5768 (electi	on under section 501(h)).	T -		
For e	ach "Yes" response on lines 1a thro	(a	)	(b)	
activity					Amount
1		anization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Yes		
b	Paid staff or management (includ	e compensation in expenses reported on lines 1c through 1i)?	Yes		
С	Media advertisements?			No	
d	Mailings to members, legislators,	or the public?		No	
e	Publications, or published or broa	dcast statements?		No	
f	Grants to other organizations for	lobbying purposes?	Yes		2,000
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?			No	
j	Total Add lines 1c through 1i				2,000
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any	tax incurred under section 4912			
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912			
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?		•	
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c	)(5), o	r sectio	n Yes No
1	Were substantially all (90% or mo	ore) dues received nondeductible by members?		<b>1</b>	
2	, ,	n-house lobbying expenditures of \$2,000 or less?		2	
3					
Par	and if either (a) B answered "Yes."	ganization is exempt under section 501(c)(4), section 501(c OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	iII-A,		
1	Dues, assessments and similar ar		1		
2	Section 162(e) nondeductible lob expenses for which the sectio	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).			
a	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
	3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4		
5	Taxable amount of lobbying and p	5			
	art IV Supplemental Info	· · · · · · · · · · · · · · · · · · ·			
Pro	vide the descriptions required for P	art l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	, Part II-	A, lines 1	and 2 (see
1	Return Reference	Explanation			
SCHEDULE C, PART II-B, LINE 1  THE ORGANIZATION PAYS MEMBERSHIP DUES OF 2,000 ANNUALLY TO THE FLORIDA CULTURAL  AND				AL ALLIANCE,	

FLORIDA ECONOMY AND QUALITY OF LIFE

A NONPROFIT ORGANIZED TO ADVANCE FUNDING POLICIES TO SUPPORT ARTS, ARTS EDUCATION, AND CULTURE THE ORGANIZATION TRAVELS TO TALLAHASSEE EACH YEAR FOR ARTS DAY TO MEET WITH LEGISLATORS AND DISCUSS THE IMPORTANCE OF ARTS AND CULTURAL ORGANIZATIONS TO THE CENTRAL

**SCHEDULE D** 

DLN: 93493298002009 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Inspection

	<b>me of the organization</b> TED ARTS OF CENTRAL FLORIDA INC		Employer identification number			
O I NI I	THE ARTS OF CENTRAL FEOREDA INC		59-1166446			
Pa	Organizations Maintaining Donor Adv Complete of the organization answered "Ye	ised Funds or Other Similar Funds o	or Accounts.			
		(a) Donor advised funds	(b)Funds and other accounts			
	Total number at end of year					
	Aggregate value of contributions to (during year)					
i	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
i	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		Ivised funds are the			
•	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?		be used only for			
Pa	rt III Conservation Easements. Complete if t	he organization answered "Yes" on Fori	n 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the orga	anization (check all that apply)				
	$\square$ Preservation of land for public use (e g , recreation	on or education) $\Box$ Preservation of an	historically important land area			
	Protection of natural habitat	Preservation of a	certified historic structure			
	Preservation of open space					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the fo	rm of a conservation  Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified histor	2c				
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 7/25/06, and not on a historic	2d			
1	Number of conservation easements modified, transferratax year ▶	ed, released, extinguished, or terminated by	the organization during the			
	Number of states where property subject to conservati	on easement is located ►				
i	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,  Yes No			
,	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing c	onservation easements during the year			
	Amount of expenses incurred in monitoring, inspecting  \$	, handling of violations, and enforcing conser	vation easements during the year			
,	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)^2$	) above satisfy the requirements of section 1	70(h)(4)(B)(ı)			
l	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organization's financial state				
ar	t III Organizations Maintaining Collections Complete of the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.			
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to report in its revenue sta r public exhibition, education, or research in t				
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items					
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$			
(i	ii)Assets included in Form 990, Part X		► \$			
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		<u> </u>			
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$			
	b Assets included in Form 990, Part X					

Par	t III	Organizations Ma	aintaining Coll	lections of Art, I	listori	cal Tr	eas	ures, or	Other 9	Similar As	ssets (c	continued	)
3		g the organization's acques (check all that apply)	uisition, accessior	n, and other records,	check :	any of t	he fo	ollowing t	hat are a	sıgnıfıcant ı	use of its	collection	า
а		Public exhibition			d		Loar	or excha	nge prog	rams			
b		Scholarly research			e		Othe	er					
c		Preservation for future	e generations										
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5		ng the year, did the orga ts to be sold to raise fur								ılar	☐ Ye	s 🗆	No
Pa	rt IV							_					
		Complete if the org X, line 21.	ganization answ	rered "Yes" on For	m 990	, Part	IV,∣	ine 9, or	reporte	d an amou	ınt on F	orm 990	), Part
1a		e organization an agent ded on Form 990, Part )		an or other intermed	liary for	contrib	utior	ns or othe	er assets r	not	☐ Ye	s 🗸	No
b	If "Y	es," explain the arrange	ement in Part XIII	and complete the fo	llowing	table		ſ		Α	mount		
c	Begir	nning balance						[	1c				
d	Addıt	tions during the year						[	1d				
е	Dıstr	ibutions during the year	r						1e				
f	Endır	ng balance							<b>1</b> f				_
2a	Dıd t	he organization include	an amount on Fo	rm 990, Part X, line	21, for	escrow	or cu	ustodial a	ccount lia	bility?	<b></b> ✓ Ye	s 🗆	No
b		es," explain the arrange									_		
Pa	rt V	Endowment Fund											
			•	(a)Current year	<b>(b)</b> P	nor year		(c)Two ye	ears back	(d)Three year	ars back	(e)Four ye	ears back
1a	Beginn	ning of year balance .		26,029		25	,272		23,291		24,937		25,209
b	Contri	butions											
c	Net in	vestment earnings, gair	ns, and losses	1,695		2	,019		3,222		-438		70
d	Grants	or scholarships	•	952			937		900		874		
е		expenditures for facilitie rograms	es										
		istrative expenses .		237			325		341		334		342
g	End of	year balance		26,535		26	,029		25,272		23,291		24,937
2		de the estimated percei	=	•	(line 1	g, colur	nn (a	i)) held as	s				
а		d designated or quasi-e	ndowment ► 1	100 000 %									
b		nanent endowment <b>&gt;</b>											
C		porarily restricted endov											
2-		percentages on lines 2a, :here endowment funds		•			ما ما		atarad far	. +1			
3а		nization by	not in the posses	sion of the organizat	lon that	. are ne	eiu ai	ia aamini	stered for	tne		Yes	No
	<b>(i)</b> u	nrelated organizations									3 <i>a</i>	a(i) Yes	:
		related organizations .									За	(ii)	No
b		es" on 3a(II), are the rel	-	•			•				3	3b	
4		ribe in Part XIII the inte			wment f	unds							
Pa	rt VI	Land, Buildings, Complete if the ord			m 990	Part	TV	ine 11a	See For	m 990 Pa	rt X lin	e 10	
	Descr	ription of property	(a) Cost or oth (investme	er basis (b) Cost		•				epreciation	<u> </u>	<b>d)</b> Book va	lue
1a	Land							1					
	Buildir	1						1					
		nold improvements						1					
		nent				3	4,774			25,672			9,102
						7	8,462			76,268			2,194
		lines 1a through 1e (Co	ı olumn (d) must ed	gual Form 990, Part	X, colur	nn (B),	line	10(c)).	. 1	•			11,296

<b>Part VII Investments—Other Securities.</b> Complete if the organ See Form 990, Part X, line 12.	nization a	nswered "Ye	es" on Form 990	Page <b>3</b> , Part IV, line 11b.
(a) Description of security or category (including name of security)	(b	ok		of valuation vear market value
(1) Financial derivatives	valı	ie		
(2) Closely-held equity interests	-			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>			
Part VIIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 99			See Form 990, P	art X, line 13.
(a) Description of investment (b)	<b>b)</b> Book va	alue		of valuation vear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on	Form 990	) Part IV line	11d See Form 90	O Part V line 15
(a) Description	1101111 330	, raiciv, iiie	TIG Sec Tollin 33	(b) Book value
(1) CASH HELD FOR OTHERS (2) OTHER ASSETS				4,459,425 6,483
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization answered	d 'Yes' or	Form 990,	• • • ▶  Part IV, line 11e	4,465,908 e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(1	<b>o)</b> Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>			
2. Liability for uncertain tax positions In Part XIII, provide the text of the foot organization's liability for uncertain tax positions under FIN 48 (ASC 740) Che				

Part XI

2

3

4

b

c

Part XII

5

1

2

b

c

d

3 4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

15.700

237

2.331,503

15,700

237 2,325,284 2e

3

4c

2e

3

4c

5

Page 4

15,700

4,359,955

2,331,740

6,691,695

4,351,495

15,700

4,335,795

2,325,521

6.661.316

Schedule D (Form 990) 2018

-	, ,	-	-
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d		

Subtract line 2e from line 1 . . . . . .

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Add lines 2a through 2d . .

Return Reference

а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII )				
e	Add lines 2a through 2d				

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a 2b

2c 2d

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Software ID: Software Version:

OVEMENT AND THE ACQUISITION OF PUBLIC ART

**EIN:** 59-1166446

Name: UNITED ARTS OF CENTRAL FLORIDA INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	UNITED ARTS ACTS AS A FIDUCIARY AND MANAGES TWO GRANT PROGRAMS ON BEHALF OF ORANGE COUNTY, FL IN ADDITION, UNITED ARTS HOLDS FUNDS FOR THE ORANGE COUNTY ARTS & CULTURAL AFFAIRS OF FICE CASH HELD IS RECORDED ON THE BALANCE SHEET (FORM 990, PART X, LINE 21) CASH ON HAND IS FOR AWARDED GRANTS THAT SUPPORT ARTS AND CULTURAL TOURISM PROGRAMMING, FACILITIES IMPR

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION HAS TWO ENDOWMENT FUNDS HELD BY THE CENTRAL FLORIDA FOUNDATION THE UNITE  D ARTS OF CENTRAL FLORIDA ENDOWMENT FUND IS INTENDED TO SUPPORT ARTS AND CULTURAL ACTIVITI ES IN THE ORGANIZATION'S SERVICE AREA THE UNITED ARTS OF CENTRAL FLORIDA ARTS AND EDUCATI ON ENDOWMENT FUND IS INTENDED TO SUPPORT AND PROMOTE ARTS EDUCATION PROGRAMMING FOR ALL AG  ES IN LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES

Supplemental Information

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(C)(3) O F THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FL ORIDA INCOME TAX CODE THE ORGANIZATION IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS FOR WHICH THERE IS A LESS THA N MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHELD WHEN REVIEWED BY THE RELEV ANT TAXING AUTHORITY SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORR ESPONDING LIABILITY IS ESTABLISHED ON THE STATEMENT OF FINANCIAL POSITION THE ORGANIZATIO N HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS IF THERE WERE AN UNRECOGNIZE D TAX BENEFIT, THE ORGANIZATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED T AX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES THE ORGANIZATION'S RE MAINING OPEN TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY RE MAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING

upplemental Information	
Return Reference	Explanation
CHEDULE D, PAGE 4, PART XI, INE 4B	DONOR DESIGNATED CONTRIBUTIONS 2,331,503

Suj

upplemental Information								
Return Reference	Explanation							
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATED GRANTS 2,325,284							

Sι

SCHEDULE G

DLN: 93493298002009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding** Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information

Inspection

Name of the organization		get/			Employer i	dentification number						
UNITED ARTS OF CENTRAL FLORID	OA INC				59-1166446							
Part I Fundraising Activ Form 990-EZ filers		_		answered "Yes" on Fo part.	rm 990, Part IV, line	17.						
1 Indicate whether the organiz	ation raised funds th	nrough an	y of the f	ollowing activities Check	all that apply							
a 🗹 Mail solicitations			•	Solicitation of non-	government grants							
<b>b</b> Internet and email solicit	b ☑ Internet and email solicitations f ☑ Solicitation of government grants											
c 🗸 Phone solicitations	✓ Phone solicitations											
d 🗹 In-person solicitations	ns											
2a Did the organization have a vor key employees listed in Fo						Yes □ No						
b If "Yes," list the ten highest p to be compensated at least \$	oald individuals or e 5,000 by the organi	ntities (fu ization	ndraisers	) pursuant to agreements		—						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization						
		Yes	No									
J WRIGHT & CO 3854 GATLIN WOODS DR			No	2,206,559	30,00	2,176,559						
ORLANDO, FL 32812												
		_										

Sche	dule G (Form 990 or 990-EZ) 2018					Р	age <b>3</b>	
11	Does the organization conduct gaming	activities with nonmembe	ers?		Yes	□No		
12	Is the organization a grantor, beneficial formed to administer charitable gaming		a member of a partnership or other enti	ty	□Yes	_		
13	Indicate the percentage of gaming acti	vity conducted in						
а	The organization's facility			13a			%	
b	An outside facility			13b			%	
14	Enter the name and address of the per	son who prepares the org	anızatıon's gamıng/specıal events books	and records				
	Name							
	Address >							
15a	Does the organization have a contract revenue?	with a third party from wh	nom the organization receives gaming		□Yes	□No		
b	If "Yes," enter the amount of gaming ramount of gaming revenue retained by							
С	If "Yes," enter name and address of the	e third party						
	Name ▶							
	Address ►							
16	Gaming manager information							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ►							
	☐ Director/officer	☐ Employee	☐ Independent contractor					
17 a	Mandatory distributions  Is the organization required under state retain the state gaming license?	e law to make charitable o	distributions from the gaming proceeds t	co	□Yes	□No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$							
Par	t IV Supplemental Information	n. Provide the explana	ations required by Part I, line 2b, co plicable. Also provide any additiona				5.	
	Return Reference		Explanation					
	EDULE G, PAGE 1, PART I, LINE 2B, JMN (V)	J WRIGHT & CO FLAT M	ONTHLY FEE TO OVERSEE THE EXISTING	G ANNUAL C	AMPAIGN			

DLN: 93493298002009 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number UNITED ARTS OF CENTRAL FLORIDA INC 59-1166446 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>
		Domestic Individua onal space is needed	als. Complete if the orga	anization answered "Yes"	" on Form 990, Part IV, line 22	
(a) Type of grant or as	sistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ARTS EDUCATION SERVIC	CES	13	21,615			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplement	tal Information	on. Provide the inf	ormation required in [	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanation	on				
SCHEDULE I, PAGE 1, PART I, L 2	INCLUDE A	COMPREHENSIVE NA	ARRATIVE DESCRIBING T	THE ORGANIZATION AND	D ITS PROGRAMMING, OR THE IND	E GRANT WILL BE USED FOR APPLICATIONS DIVIDUAL AND THEIR PROJECT, ALONG WITH A MITTEE OF DIVERSE PROFESSIONALS REVIEWS AND

Schedule I (Form 990) 2018

## **Additional Data**

(a) Name and address of

SCUL GARDEN

PO BOX 1691

MAITLAND

WINTER PARK, FL 32790 ART & HISTORY MUSEUMS -

231 W PACKWOOD AVE MAITLAND, FL 32751

## Software ID: Software Version: EIN:

(b) EIN

59-1710129

**EIN:** 59-1166446

(d) Amount of cash

98,826

Name: UNITED ARTS OF CENTRAL FLORIDA INC

(e) Amount of non- (f) Method of valuation

(q) Description of

(h) Purpose of grant

SUPPORT/PROGRAM

SUPPORT/PROGRAM

or assistance

**GENL** 

GENL

(c) IRC section

organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance
ALBIN POLASEK MUSEUM &	59-1102352	501C3	16,589			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6015959 501C3 261.488 GENL BACH FESTIVAL SOC OF WINTER PARK SUPPORT/PROGRAM ROLLINS COLLEGE 1000 HOLT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AVF 2763

EUSTIS, FL 32727

WINTER PARK, FL 327894499 BAY STREET PLAYERS 59-1789108 501C3 11,125 GENL PO BOX 1405 SUPPORT/PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CENTRAL FLORIDA BALLET 59-3658167 501C3 23.960 GENL 4525 VINELAND RD SUITE 204 SUPPORT/PROGRAM ORLANDO, FL 32811 45-2324172 501C3 106,547 GENL

ISUPPORT/PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTRAL FLORIDA COMMUNITY ARTS

PO BOX 720517 ORLANDO, FL 32872

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-1089806 501C3 6.500 CENTRAL FLORIDA VOCAL GENL ARTS SUPPORT/PROGRAM 1842 WALKER AVE WINTER PARK, FL 32789

SUPPORT/PROGRAM

CREALDE SCHOOL OF ART 59-1887887 501C3 138.722 GENL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

600 ST ANDREWS BLVD

WINTER PARK, FL 32792

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-1158982 501C3 5.170 CREATIVE CITY PROJECT GENL 1316 PORTLAND AVE SUPPORT/PROGRAM ORLANDO, FL 32803 DOWNTOWN ARTS 30-0086039 501C3 67.726 GENL

ISUPPORT/PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DISTCITYARTS ORI ANDO 39 S MAGNOLIA AVE

ORLANDO, FL 32801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-0695917 501C3 62.051 DR PHILLIPS CTR FOR GENL PERFORM ARTS SUPPORT/PROGRAM 155 FAST ANDERSON ST ORLANDO, FL 32801

SUPPORT/PROGRAM

143,140

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

**FN7IAN THEATER** 

MAITLAND, FL 32751

1300 SOUTH ORLANDO AVE

59-2719581

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-3740079 15.300 FLAMENCO DEL SOL GENL 1662 SWALLOWTAIL LN SUPPORT/PROGRAM SANFORD, FL 32771

FLORIDA SYMPHONY YOUTH 59-2225301 501C3 24.375 GENL ORCHESTRA ISUPPORT/PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 2328

WINTER PARK, FL 32790

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FOUND FOR OSCEOLA CO 59-2960396 501C3 14.000 GENL PUBLIC SCHOOLS SUPPORT/PROGRAM

SUPPORT/PROGRAM

SUITE 118
KISSIMMEE, FL 34744

54,944

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

27-2577059

GARDEN THEATRE

WINTER GARDEN, FL 34787

160 W PLANT ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-0117158 501C3 5.500 GLOBAL PEACE FILM FESTIVAL GENL PO BOX 3310 SUPPORT/PROGRAM

WINTER PARK, FL 327903310

HOLOCAUST MEMORIAL 59-2219851 501C3 34,850 GENL SUPPORT/PROGRAM
RESOURCE CTR SUPPORT/PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

851 NORTH MAITLAND AVE MAITLAND, FL 32751

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LEESBURG CENTER FOR THE 59-1830071 501C3 5.300 GENL ARTS SUPPORT/PROGRAM PO BOX 492857 LEESBURG, FL 34749

SUPPORT/PROGRAM

26.730

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

MENNELLO MUSEUM OF

900 E PRINCETON ST ORLANDO, FL 32803

AMERICAN ART

59-3618760

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2616456 501C3 19.344 GENL MICHELEE PUPPETS 3655 MAGUIRE BLVD SUITE SUPPORT/PROGRAM 130 ORLANDO, FL 32803

SUPPORT/PROGRAM

14.800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

MT DORA CENTER FOR THE

138 E FIFTH AVE MT DORA, FL 32757

ARTS

59-2470958

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-0406958 501C3 28.576 OPERA ORI ANDO GENL PO BOX 547937 SUPPORT/PROGRAM GENL

ISUPPORT/PROGRAM

ORLANDO, FL 328547937 ORANGE COUNTY REGIONAL 59-1860444 501C3 100,667 HISTORY CTR 65 E CENTRAL BLVD

ORLANDO, FL 32801

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7427817 501C3 685,289 GENL ORLANDO BALLET 2751 MACHIDE BLVD CHITE SUPPORT/PROGRAM

SUPPORT/PROGRAM

111 ORLANDO, FL 32803					SUPPORT
ORI ANDO GAY CHORUS	59-3008188	501C3	13.880		GENI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ORLANDO, FL 328023103

PO BOX 3103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 75-3012108 501C3 61.929 GENL ORI ANDO FRINGE 812 E ROLLINS ST SUITE 300 ISUPPORT/PROGRAM

ORLANDO, FL 32803

501C3

59-0910352

ORLANDO MUSEUM OF ART

2416 N MILLS AVE ORLANDO, FL 32803

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

285,768

GENL

SUPPORT/PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-3058884 501C3 890.602 GENL ORLANDO PHILHARMONIC ORCHESTRA SUPPORT/PROGRAM 425 N BUMBY AVE ORLANDO, FL 32803 ORLANDO REPERTORY 20-1813523 501C3 304.835 GENL

THEATRE SUPPORT/PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1001 E PRINCETON ST

ORLANDO, FL 328540203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-0896343 501C3 373.457 ORLANDO SCIENCE CENTER GENL 777 E PRINCETON ST SUPPORT/PROGRAM

777 E PRINCETON ST
ORLANDO, FL 32803

ORLANDO SHAKESPEARE 59-2931698 501C3 801,724

THEATER
812 E ROLLINS ST SUITE 100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ORLANDO, FL 32803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6179937 501C3 27.355 GENL OSCEOLA ARTS 2411 E IRLO BRONSON SUPPORT/PROGRAM HIGHWAY KISSIMMEE. FL 34744 SCHOOL BOARD OF ORANGE 59-6000771 GOV 52.021 GENL

SUPPORT/PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CO FL

445 W AMELIA ST ORLANDO, FL 32801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6000779 GOV 95.956 GENL SCHOOL DISTRICT OF OSCEOLA COUNTY SUPPORT/PROGRAM 817 BILL BECK BLVD

SUPPORT/PROGRAM

47.268

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

817 BILL BECK BLVD
KISSIMMEE, FL 34744

SEMINOLE CULTURAL ARTS 59-3312429
COUNCIL

PO BOX 4100 SANFORD, FL 32772

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 20-5532663 501C3 8.300 GENL STEINWAY SOCIETY OF SUPPORT/PROGRAM CENTRAL FLORIDA

SUPPORT/PROGRAM

303 E ALTAMONTE DR SUITE 1225 ALTAMONTE SPRINGS, FL 32701				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 533709

ORLANDO, FL 328533709

URBAN THINK FOUNDATION 26-2534274 501C3 12,645 GENL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1216316 GOV 50.511 GENL VALENCIA COLLEGE PO BOX 3028 MAIL CODE DO-SUPPORT/PROGRAM 332 ORLANDO, FL 32802

SUPPORT/PROGRAM

60.413

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

WAYNE DENSCH PERFORMING

SANFORD, FL 327724321

ARTS CTR

PO BOX 4321

59-3274090

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-3201766 501C3 9.300 WINTER GARDEN HERITAGE GENL FOUNDATION SUPPORT/PROGRAM PO BOX 770657

SUPPORT/PROGRAM

WINTER GARDEN, FL 34777

7.100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

WINTER PARK PLAYHOUSE THE 711-B ORANGE AVE

WINTER PARK, FL 32789

31-1786833

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501C3 82.353 GRANTS OF 5000 OR LESS GENL ISUPPORT/PROGRAM

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	9329	8002	:009	
Sch	edule J	Comp	ensat	ion Information	ОМ	IB No	1545-0	0047	
(Form 990)		For certain Officers, Di							
			Compensa	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018			
			▶ Attach	to Form 990.					
•	tment of the Treasurval Revenue Service	► Go to <u>www.irs.gov/ror</u>	<u>мууи</u> тог	instructions and the latest inform	nation.		to Pul ectio		
	me of the organiza				Employer identificat	ion nu	ımber		
UNI	TED ARTS OF CENTR	AL FLORIDA INC			59-1166446				
Pa	rt I Questi	ons Regarding Compensation		•					
							Yes	No	
1a		plate box(es) if the organization provi ection A, line 1a Complete Part III to							
		or charter travel		Housing allowance or residence for					
	_	companions	님	Payments for business use of person					
		nification and gross-up payments	H	Health or social club dues or initiation					
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)				
b		kes in line 1a are checked, did the orga Il of the expenses described above? If			ent or reimbursement	1b			
2		ition require substantiation prior to rei			. 1-2	2			
	directors, truste	es, officers, including the CEO/Executi	ve Directo	r, regarding the items checked in line	· Ia'				
3		of any, of the following the filing organ			ne				
	_	EO/Executive Director Check all that a d organization to establish compensati		•	n Part III				
	☑ Compensa			Works a small constant continues					
	_ '	ation committee ent compensation consultant	<b>☑</b>	Written employment contract Compensation survey or study					
		of other organizations	<b>☑</b>	Approval by the board or compensa	tion committee				
4	During the year,	. did any person listed on Form 990, Pa	art VII, Se						
	related organiza	tion							
а	Receive a sever	ance payment or change-of-control pa	yment?			4a		No	
b	•	receive payment from, a supplement		'		4b		No	
С		receive payment from, an equity-bas if lines 4a-c, list the persons and provi	•	_		4c		No	
	ir res to any c	illiles 4a-c, list the persons and provi	de the app	bilicable amounts for each item in Fait	. 111				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) orgai	nizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section A, lir ontingent on the revenues of	ne 1a, did	the organization pay or accrue any					
а	The organization	۱۶				5a		No	
b	Any related orga					5b		No	
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, Iir ontingent on the net earnings of	ne 1a, did	the organization pay or accrue any					
а	The organization	۱۶				<b>6</b> a		No	
b	Any related orga					6b		No	
_	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section A, lir escribed in lines 5 and 6 <sup>7</sup> If "Yes," des			1	7		No	
8		nts reported on Form 990, Part VII, pa litial contract exception described in Re			escribe	8		No	
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the i	rebuttable	presumption procedure described in	Regulations section	9		145	
For I	Opportunit Podu	ction Act Notice, see the Instruction	one for E	orm 990 Cat No. 5	0053T Schedule J	/Earn	- 000)	2018	

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 on 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 (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 FLORA MARIA GARCIA 172,930 (i) 12,000 9,600 9,287 8,379 212,196 PRESIDENT & CEO (ii)

	 	 	 Schedule	J (Form 990) 2018

rage 3							
Part III Supplemental Inform	nation						
rovide 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						

Page 3

COMMITTEE SOLICITS FEEDBACK ON THE PERFORMANCE OF THE PRESIDENT AND CEO FROM MEMBERS OF THE EXECUTIVE COMMITTEE. THE REVIEW COMMITTEE TO RECOMMENDATION ON A COMPENSATION PACKAGE FOR THE COMPENSATION PACKAGE RECOMMENDATION IS BASED ON COMPARABLE COMPENSATIONS FOR INDIVIDUALS IN LIKE POSITIONS NATIONALLY, COMPARABLE POSITIONS LOCALLY AND

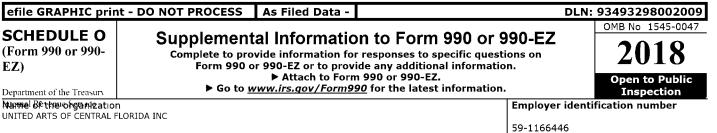
Schedule 1 (Form 990) 2018

IPERFORMANCE

2018 Schedule 1

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493298002009 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** UNITED ARTS OF CENTRAL FLORIDA INC 59-1166446 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 30,776 AVG SHARE PRICE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ ( Χ 2,350 GOODS ) 26 28 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 Yes No 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 Nο **b** If "Yes," describe the arrangement in Part II 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II 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 Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018) Page 2	
Part II Supplemental Info	
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 add	itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2018)



Return Reference	Explanation
FORM 990, PART III	LINE 4A - FIRST ACCOMPLISHMENT CON'T FIFTEEN OF THE REGION'S CORNERSTONE ARTS AND CULTURAL ORGANIZATIONS ACTIVELY PARTICIPATE IN RAISING UNRESTRICTED OPERATING SUPPORT FOR THE ARTS COMMUNITY DONATIONS DESIGNATED TO ONE OR MORE OF THESE COLLABORATING ARTS AND CULTURAL O RGANIZATIONS DURING THE COLLABORATIVE CAMPAIGN, WHICH RUNS FROM FEBRUARY 1 - APRIL 30 ANNU ALLY, ARE MATCHED AT 15% BY UNITED ARTS DONORS ALSO HAVE THE OPTION TO WRITE IN THE NAME OF ANY NONPROFIT ARTS AND CULTURAL ORGANIZATION THEY WISH AND INCLUDE THEM IN THEIR CAMPAI GN GIFT THE ORGANIZATION ALSO GARNERS SUPPORT THROUGH GRANTS AND COUTRACTS FOR SERVICE IN FY19, UNITED ARTS RAISED OVER 67 MILLION IN SUPPORT OF ARTS AND CULTURE FROM ALL SOURCE S, 2.3 MILLION WAS DESIGNATED DIRECTLY TO REGIONAL ARTS, SCIENCE AND HISTORY ORGANIZATIONS OVER 2.2 MILLION WAS DESIGNATED DIRECTLY TO REGIONAL ARTS, SCIENCE AND HISTORY ORGANIZATIONS OVER 2.2 MILLION WAS DESIGNATED DIRECTLY TO REGIONAL ARTS, SCIENCE AND HISTORY ORGANIZATIONS OVER 2.2 MILLION WAS DESIGNATED DIRECTLY TO REGIONAL ARTS, SCIENCE AND HISTORY ORGANIZATIONS OVER 2.2 MILLION WAS RAISED THROUGH CONTRACTS FOR SERVICES, SPONSORSHIPS AND EVENTS, GRANTS AND OTHER GIFTS AND IN-KIND DONATIONS LINE 4B - SECOND ACCOMPLISHMENT CONT FESTIVALS THAT CELEBRATE AND HONOR THE REGION'S DIVERSITY IN FY19, UNITED ARTS AWARDED 39,300 IN MINI GRANT FUNDING TO 2.7 NONPROFIT ARTS AND CULTURAL ORGANIZATIONS 3) DIVERSITY GRANTS - FUNDE D THROUGH A GRANT FROM DUKE ENERGY, THIS PROGRAM PROVIDES GRANTS FOR ARTS AND CULTURAL PRO GRAMMING THAT WILL APPEAL TO A WIDE RANGE OF AUDIENCES AND IS REFLECTIVE OF THE RACIALLY/E THNICALLY DIVERSE COMMUNITIES WITHIN THE UNITED ARTS SERVICE AREA IN FY19, UNITED ARTS SENDED AND SERVICE AREA IN FY19, UNITED ARTS SENDED AND SERVICE AREA IN FY19, UNITED ARTS SENDED AND SERVICE OPPORTUNITIES, DESIGNATED GIVING AND MATCHING FUNDS, UNITED ARTS INVESTED OVER 5 THIS PROGRAMS, UNITED ARTS AND CULTURAL COMMUNITY IN FY19 LINE 4C - THIRD ACCOMPLISHMENT CON'T MUSEU MS OF ART, HISTORY AND SCIENCE IN FY1

Return Explanation
Reference

**FORM 990** 

PART III	OF-HOUSE CREATIVE SKILLS CURRICULUM DEVELOPMENT PROGRAM WITH THE OPENING OF TOHOPEKA LIGA HIGH
	SCHOOL (TOHO) IN AUGUST OF 2019 FUNDED THROUGH A GRANT FROM THE JP MORGAN CHASE FOUNDATION, AND
	IN COLLABORATION WITH VALENCIA COLLEGE AND THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FUNDING
	ALLOWED THE PLANNED STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATI CS) HIGH SCHOOL TO ADD
	ARTS TO THE CURRICULUM, MAKING IT A STEAM SCHOOL 611 STUDENTS REGI STERED FOR THE CAREER
	PATHWAYS FOR THE ARTS PROGRAM THE FIRST YEAR WITH OPTIONS TO LEARN S KILLS IN DIGITAL AUDIO, DIGITAL
	VIDEO, ENTERTAINMENT DESIGN AND GRAPHIC DESIGN STUDENTS C AN EARN CERTIFICATIONS IN DIFFERENT
	SKILLSETS AS THEY GO 84 PERCENT OF STUDENTS ENROLLED IN THE PROGRAM SAID THEY PLAN TO CONTINUE
	THEIR TRAINING AT THE COLLEGE LEVEL AFTER GRADUA TION THE PILOT CAREER PATHWAYS TO THE ARTS

PROGRAM WAS AT EVANS HIGH SCHOOL IN ORLANDO (O CPS) EVANS IS NOW AN ARTS MAGNET SCHOOL

CESS TO IN EY19 LINITED ARTS SAW THE COMPLETION OF ITS SECOND CAREER PATHWAYS TO THE ARTS BACK-

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	UNITED ARTS PROVIDES PROGRAMMING THAT RAISES AWARENESS FOR THE ARTS AND PROVIDES A SOURCE OF EARNED INCOME FOR THE ARTS AND CULTURAL ORGANIZATIONS IN THE CENTRAL FLORIDA REGION PROGRAMS INCLUDE ORLANDO ARTS MAGAZINE - A BI-MONTHLY PUBLICATION (SIX ISSUES PUBLISHED PER YEAR, PASS THROUGH READERSHIP RATE OF 450,000 ANNUALLY) THAT ACTS AS A REFERENCE AND GUIDE TO ARTS AND CULTURAL HAPPENINGS IN THE CENTRAL FLORIDA REGION AND TO THE INDIVIDUALS WHO MAKE IT HAPPEN THE MAGAZINE IS ALSO OFFERED AS A DONOR PREMIUM FOR CONTRIBUTIONS OF 50 OR MORE QUARTERLY RACK CARDS - INFORMATION CARDS AVAILABLE AT THE VISITOR'S CENTERS AT THE ORLANDO INTERNATIONAL AIRPORT PROVIDE VISITING NATIONAL AND INTERNATIONAL TOURISTS WITH INFORMATION ON THE EXCITING ARTS AND CULTURAL HAPPENINGS GOING ON IN CENTRAL FLORIDA (25,000 QUARTERLY/100,000 ANNUALLY) ORLANDOATPLAY COM - AN EVENTS WEBSITE SERVING THE SEVEN-COUNTY CENTRAL FLORIDA REGION THE SITE PROVIDES INFORMATION ON ARTS, SCIENCE AND HISTORY AS WELL AS DINING, NATURE ACTIVITIES, FARMERS MARKETS AND PUBLIC ART THE SITE SERVES RESIDENTS AND VISITORS ALIKE AS A COMPREHENSIVE SITE TO GO TO WHEN YOU ARE LOOKING FOR SOMETHING TO DO AND PROVIDES THE ARTS COMMUNITY WITH A CENTRAL LOCATION TO POST INFORMATION TO SHARE LOCALLY AND NATIONALLY IN FY19, OVER 800 ORGANIZATIONS POSTED 3,900+ EVENTS ON THE SITE, THERE ARE 200+ PIECES OF PUBLIC ART AND 141 RESTAURANTS LISTED IN ADDITION, SITE VISITORS CAN SUBSCRIBE TO A WEEKLY E-NEWSLETTER (8,600 SUBSCRIBERS) THAT DELIVERS INFORMATION ON UPCOMING EVENTS AND FREE AND DISCOUNTED EVENTS TO THEIR INBOX EACH WEEK IN FY19, THE SITE HAD 92,333 USERS WHO VISITED THE SITE OVER 110,667 TIMES AND VIEWED 209,420 PAGES OF ARTS AND CULTURAL EVENTS UNITED ARTSCARD - A DONOR PREMIUM FOR CONTRIBUTIONS OF 100 OR MORE, THE ARTSCARD PROVIDES DISCOUNTED ADMISSIONS AND CLASSES FOR 24+ PARTICIPATING AREA ART, SCIENCE, AND HISTORY ORGANIZATIONS OVER 2,000 CARDS ARE DISTRIBUTED ANNUALLY GRANTS MANAGEMENT SERVICES - A FEE-FOR-SERVICE PROGRAM WHERE UNITED ARTS LENDS ITS EXPERTISE

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Reference

FORM 990,	FORM 990 IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD OF
PAGE 6,	DIRECTORS FOR APPROVAL BEFORE FILING
PART VI,	
LINE 11B	

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Deference

Reference	
FORM 990,	CONFLICT OF INTEREST FORMS ARE PROVIDED FOR VOTING MEMBERS TO COMPLETE AND VOTING MEMBERS
PAGE 6,	ABSTAIN ON VOTES IN WHICH THEY HAVE A CONFLICT OF INTEREST. COMPLETED FORMS ARE KEPT ON FILE BY THE $ lacksquare$
PART VI,	ORGANIZATION
LINE 12C	

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Reference

FORM 990,	FOR THE ORGANIZATION'S PRESIDENT & CEO, A REVIEW COMMITTEE IS FORMED FROM MEMBERS OF THE
PAGE 6,	EXECUTIVE COMMITTEE THE COMMITTEE SOLICITS FEEDBACK ON THE PERFORMANCE OF THE PRESIDENT AND
PART VI,	CEO FROM MEMBERS OF THE EXECUTIVE COMMITTEE THE REVIEW COMMITTEE REVIEWS THE FEEDBACK AND
LINE 15A	MEETS IN EXECUTIVE SESSION WITH THE ORGANIZATION'S EXECUTIVE COMMITTEE A RECOMMENDATION ON A
	COMPENSATION PACKAGE FOR THE COMING YEAR IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR
	DISCUSSION AND APPROVAL THE COMPENSATION PACKAGE RECOMMENDATION IS BASED ON COMPARABLE
	COMPENSATIONS FOR INDIVIDUALS IN LIKE POSITIONS NATIONALLY, COMPARABLE POSITIONS LOCALLY AND
	PERFORMANCE

Return Explanation
Reference

FORM 990, KEY EMPLOYEES ARE REVIEWED BY THE PRESIDENT & CEO SALARY RANGES ARE DEVELOPED USING PAGE 6, COMPARABLE DATA FROM ROLLINS COLLEGES CENTRAL FLORIDA NONPROFIT COMPENSATION AND BENEFITS PART VI, REPORT INCREASES ARE BASED ON MERIT

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I IS AVAILABLE UPON REQUEST

Reference	
FORM 990,	GOVERNING DOCUMENTS ARE AVAILABLE AT SUNBIZ ORG AND FROM UNITED ARTS OFFICES UPON REQUEST THE
PAGE 6,	FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE AND
PART VI,	GUIDESTAR ORG AND A COMPLETE PROFILE OF THE ORGANIZATION CAN BE FOUND AT CENTRAL FLORIDA
I INF 10	FOLINDATION'S MONPROFIT SEARCH AT CEFOLIND GLIDESTAR ORG/FIND ASPY, THE CONFLICT OF INTEREST POLICY

Explanation

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## FORM 990, PART XI, LINE 9