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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED ARTS OF CENTRAL FLORIDAINC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 216 PASADENA PLACE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ORLANDO, FL 32803

D Employer identification number
59-1166446

E Telephone number
(407) 628-0333

G Gross receipts $ 9,396,591

F Name and address of principal officer:
JULIANA STEELE
216 PASADENA PL
ORLANDO, FL 32803

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITEDARTS.CC

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

L Year of formation: 1965

M State of legal domicile: FL

Part I Summary

Activities & Governance

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 K-12 EDUCATIONAL PROGRAMMING, AND BY PROVIDING TECHNICAL ASSISTANCE, ADVOCACY, ADMINISTRATIVE, AND ADVISORY SERVICES. IN FY20, UNITED ARTS PROVIDED MORE THAN 7.1 MILLION IN FUNDING THROUGH GRANTS, DESIGNATED GIVING, AND CONTRACT SERVICE OPPORTUNITIES. THROUGH THE 60+ ORGANIZATIONS WE FUND, CENTRAL FLORIDA RESIDENTS AND VISITORS ENJOY, ON AVERAGE, 2.9 MILLION ARTS, SCIENCE, AND HISTORY EXPERIENCES ANNUALLY. K-12 STUDENT ARTS EDUCATION EXPERIENCES REPRESENT 36% OF THIS NUMBER AT MORE THAN ONE MILLION EXPERIENCES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,776,634	8,265,750
	9	Program service revenue (Part VIII, line 2g)	892,175	890,158
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,622	10,589
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,264	21,999
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,691,695	9,188,496
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,183,551	7,153,980
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	894,436	901,247
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,000	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶444,927		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	553,329	572,000
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,661,316	8,627,227
	19	Revenue less expenses. Subtract line 18 from line 12	30,379	561,269

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,889,887	8,662,807
	21	Total liabilities (Part X, line 26)	5,750,903	5,962,818
	22	Net assets or fund balances. Subtract line 21 from line 20	2,138,984	2,699,989

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2020-10-26
Signature of officer Date

S BRENDAN LYNCH CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
		2020-11-04		P00546302

Firm's name ▶ TAX KNIGHT CONSULTING | Firm's EIN ▶

Firm's address ▶ 5840 RED BUG LAKE ROAD 205
WINTER SPRINGS, FL 327085011 | Phone no. (407) 796-8450

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE MISSION OF UNITED ARTS OF CENTRAL FLORIDA IS TO ENRICH COMMUNITIES BY INVESTING IN ART, SCIENCE AND HISTORY. OUR CORE VALUES ARE: TRUST, PROFESSIONALISM, EXCELLENCE, INCLUSION AND LEADERSHIP.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,099,814 including grants of $ 3,775,835) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ 2,987,287 including grants of $ 2,712,213) (Revenue $ 42,688)

See Additional Data

4c (Code:) (Expenses $ 916,103 including grants of $ 641,029) (Revenue $ 549,000)

See Additional Data

(Code:) (Expenses $ 24,903 including grants of $ 24,903) (Revenue $ 298,470)

UNITED ARTS PROVIDES PROGRAMMING THAT RAISES AWARENESS FOR THE ARTS, PROVIDES FREE MARKETING AVENUES FOR THE REGION'S ARTS AND CULTURAL ORGANIZATIONS, AND PROVIDES EARNED INCOME OPPORTUNITIES FOR ARTS AND CULTURAL ORGANIZATIONS IN THE CENTRAL FLORIDA REGION. PROGRAMS INCLUDE 1) ORLANDO ARTS MAGAZINE - A BI-MONTHLY GLOSSY PUBLICATION (SIX ISSUES PER YEAR) 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 OFFERED AS A DONOR PREMIUM FOR CONTRIBUTIONS OF 50 OR MORE AND IS DISTRIBUTED AT 126 LOCATIONS THROUGHOUT THE 7-COUNTY REGION. 2) 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). 3) ORLANDOATPLAY.COM - AN EVENTS WEBSITE SERVING THE SEVEN-COUNTY CENTRAL FLORIDA REGION. THE SEARCHABLE WEBSITE PROVIDES INFORMATION ON ARTS, SCIENCE AND HISTORY EVENTS 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 FY20, THE SITE FEATURED 3,196 EVENTS BY 228 ORGANIZATIONS. 4) UNITED ARTSCARD - A DONOR PREMIUM FOR CONTRIBUTIONS OF 100 OR MORE, THE ARTSCARD PROVIDES DISCOUNTED ADMISSIONS AND CLASSES TO 26 PARTICIPATING AREA ARTS, SCIENCE, AND HISTORY ORGANIZATIONS. OVER 2,000 CARDS ARE DISTRIBUTED ANNUALLY. 5) GRANTS MANAGEMENT SERVICES - A FEE-FOR- SERVICE PROGRAM WHERE UNITED ARTS LENDS ITS EXPERTISE IN GRANTS ADMINISTRATION AND MANAGEMENT FOR OTHER AGENCIES WISHING TO PROVIDE GRANTS TO THE ARTS AND CULTURAL COMMUNITY. IN FY20, UNITED ARTS MANAGED OVER 4.2 MILLION IN CULTURAL TOURISM AND BLOCKBUSTER GRANT AWARDS FOR ORANGE COUNTY ARTS AND CULTURAL AFFAIRS. 6) CAPACITY BUILDING PROGRAMS - UNITED ARTS FACILITATES WORKSHOPS AND CAPACITY BUILDING OPPORTUNITIES TO ASSIST ARTS AND CULTURAL ORGANIZATIONS WITH OPERATIONAL, FISCAL AND GOVERNANCE CHALLENGES

4d Other program services (Describe in Schedule O.)

(Expenses $ 24,903 including grants of $ 24,903) (Revenue $ 298,470)

4e **Total program service expenses ▶** 8,028,107

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 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, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Line	Question			Line	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	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.			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 41			
	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** 41			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

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

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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JULIANA STEELE 216 PASADENA PL ORLANDO, FL 32803 (407) 628-0333

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	314,629		27,511

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 ▶ 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,558,250				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,707,500				
	g Noncash contributions included in lines 1a - 1f:$	1g 211,782				
	h **Total.** Add lines 1a-1f . . . . ▶		8,265,750			
Program Service Revenue		Business Code				
	2a EDUCATION SERVICES		549,000	549,000		
	b EXTERNAL GRANTS MGMT		212,207	212,207		
	c ADMINISTRATIVE FEES		73,986	73,986		
	d CONTRACT SERVICES		42,688	42,688		
	e OTHER		12,277	12,277		
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶		890,158			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶		8,114	8,114		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . ▶					

	(i) Real	(ii) Personal
6a Gross rents	6a	
b Less: rental expenses	6b	
c Rental income or (loss)	6c	

d Net rental income or (loss) . . . . ▶

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a 210,570	
b Less: cost or other basis and sales expenses	7b 208,095	
c Gain or (loss)	7c 2,475	

		(A)	(B)	(C)	(D)
d Net gain or (loss) . . . . ▶		2,475	2,475		
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses . . .	8b				
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
b Less: direct expenses . . .	9b				
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . .	10a				
b Less: cost of goods sold . .	10b				
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a ART+ PUBLIC HEALTH CONFERENCE	999999	19,272			19,272
b OTHER REVENUE	999999	2,727			2,727
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . ▶		21,999			
12 **Total revenue.** See instructions . . . . . ▶		9,188,496	900,747		21,999

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,151,600	7,151,600		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,380	2,380		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	291,199	118,747	53,705	118,747
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	454,478	302,535	9,110	142,833
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,637	13,237	2,127	8,273
9 Other employee benefits	79,536	44,540	7,158	27,838
10 Payroll taxes	52,397	29,342	4,716	18,339
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,509	14,576	1,175	7,758
d Lobbying	2,000	2,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	360	360		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,747	2,399	625	6,723
12 Advertising and promotion	81,965	58,089		23,876
13 Office expenses	66,990	34,422	6,133	26,435
14 Information technology	33,415	10,891	3,816	18,708
15 Royalties				
16 Occupancy	85,915	53,267	4,296	28,352
17 Travel	8,585	5,008	1,242	2,335
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,558	92,196	2,922	6,440
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,549	2,821	227	1,501
23 Insurance	9,808	6,568	426	2,814
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 PRESIDENT/CEO SEARCH EXP	47,665		47,665	
c MISCELLANEOUS	37,240	26,273	8,620	2,347
d POSTAGE	4,694	2,856	230	1,608
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,627,227	8,028,107	154,193	444,927
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).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		300	1	300
	2	Savings and temporary cash investments		2,869,002	2	3,959,940
	3	Pledges and grants receivable, net		482,881	3	612,331
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		33,965	9	40,607
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 117,449			
	b	Less: accumulated depreciation	10b 105,894	11,296	10c	11,555
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		26,535	12	25,877
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,465,908	15	4,012,197
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,889,887	16	8,662,807
Liabilities	17	Accounts payable and accrued expenses		900,975	17	1,232,934
	18	Grants payable		269,311	18	472,312
	19	Deferred revenue		121,192	19	118,185
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		4,459,425	21	4,008,974
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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	130,413
	26	**Total liabilities.** Add lines 17 through 25		5,750,903	26	5,962,818
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,916,229	27	2,216,929
	28	Net assets with donor restrictions		222,755	28	483,060
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,138,984	32	2,699,989
	33	Total liabilities and net assets/fund balances		7,889,887	33	8,662,807

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,188,496
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,627,227
3	Revenue less expenses. Subtract line 2 from line 1	3	561,269
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,138,984
5	Net unrealized gains (losses) on investments	5	-264
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,699,989

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-1166446

Name: UNITED ARTS OF CENTRAL FLORIDAINC

Form 990 (2019)

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 COMMITTED FUNDS ON HAND EACH YEAR TO FUND THE GRANTS AND OPERATIONS PROPOSED IN ITS ANNUAL BUDGET. DURING THE COVID-19 SHUTDOWNS, AS FUNDS RAISED FOR THE CURRENT YEAR WERE ALREADY IN HAND, THE AGENCY WAS ABLE TO PROVIDE STABILIZING SUPPORT FOR OUR FUNDED ORGANIZATIONS THROUGH ADVANCES ON AWARDED GRANTS. CON'T IN SCH O

Form 990, Part III, Line 4b:

INVESTING IN THE COMMUNITY - UNITED ARTS INVESTS DIRECTLY IN THE ARTS COMMUNITY THROUGH GRANTS, COLLABORATIVE FUNDRAISING, AND CONTRACT SERVICE OPPORTUNITIES. UNITED ART'S GRANT PROGRAMS SUPPORT ARTS, SCIENCE AND HISTORY ORGANIZATIONS AND INDIVIDUAL ARTISTS THROUGHOUT THE FOUR-COUNTY REGION THROUGH BOTH OPERATING SUPPORT AND PROJECT GRANTS. IN FY20, THE ORGANIZATION INVESTED OVER 3.2 MILLION THROUGH THE FOLLOWING GRANT PROGRAMS: 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 FY20, 2,288,000 IN FUNDING WAS AWARDED TO 34 ORGANIZATIONS. CON'T IN SCH O

Form 990, Part III, Line 4c:

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 OUR SCHOOLS ARE A VITAL COMPONENT OF THE EDUCATION PROCESS. UNITED ARTS FACILITATES CURRICULUM-BASED K-12 ARTS EDUCATION PROGRAMMING IN THE COMMUNITY THROUGH CONTRACTED SERVICES WITH LOCAL SCHOOL DISTRICTS AND OUR GRANTEE ORGANIZATIONS. CON'T IN SCH O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
FLORA MARIA GARCIA-RETIRED 13120 PRESIDENT &	60.00						X	209,656	0	14,473
JULIANA STEELE INTERIM PRES	60.00			X				104,973	0	13,038
S BRENDAN LYNCH CHAIR	1.00	X		X				0	0	0
DANIEL O'KEEFE VICE CHAIR	1.00	X		X				0	0	0
JENNIFER QUIGLEY SECRETARY	1.00	X		X				0	0	0
LINDSAY ABT TREASURER	1.00	X		X				0	0	0
BONNIE HUBBARD DIRECTOR	1.00		X					0	0	0
CECELIA BONIFAY DIRECTOR	1.00	X						0	0	0
CARLOS BARRIOS DIRECTOR	1.00	X						0	0	0
CHARLES KING DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DANIELLE HOLLANDER DIRECTOR	1.00	X						0	0	0
DEBBIE FAHMIE DIRECTOR	1.00	X						0	0	0
DIANE O'DELL DIRECTOR	1.00	X						0	0	0
DR BARBARA JENKINS DIRECTOR	1.00		X					0	0	0
DR DEBRA PACE DIRECTOR	1.00		X					0	0	0
DR RICHARD SANDLER DIRECTOR	1.00	X						0	0	0
DR WENDY GIVOGLU DIRECTOR	1.00		X					0	0	0
GAIL RAYOS DIRECTOR	1.00	X						0	0	0
HONORABLE BELVIN PERRY DIRECTOR	1.00	X						0	0	0
HONORABLE CHRISTINE MOORE DIRECTOR	1.00		X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
HOWARD BRITT DIRECTOR	1.00	X						0	0	0
JEFFREY MOORE DIRECTOR	1.00		X					0	0	0
JODIE HARDMAN DIRECTOR	1.00	X						0	0	0
JOSEPH TERRY DIRECTOR	1.00	X						0	0	0
KAREN SHEEHAN DIRECTOR	1.00	X						0	0	0
KATE WILSON DIRECTOR	1.00	X						0	0	0
LESLIE CARNEY DIRECTOR	1.00	X						0	0	0
LINDA FERRONE DIRECTOR	1.00	X						0	0	0
LINDA LANDMAN GONZALEZ DIRECTOR	1.00	X						0	0	0
MALIKA HARRISON DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MARC MCMURRIN DIRECTOR	1.00	X						0	0	0
MARCELLENE BAUGH DIRECTOR	1.00	X						0	0	0
MARCIA HOPE GOODWIN DIRECTOR	1.00		X					0	0	0
MARIA RUIZ-HAYS DIRECTOR	1.00	X						0	0	0
MARK JONES DIRECTOR	1.00	X						0	0	0
MATTHEW PENGRA DIRECTOR	1.00	X						0	0	0
MERCEDES MCCALL DIRECTOR	1.00	X						0	0	0
PAMELA GOULD DIRECTOR	1.00	X						0	0	0
PENELOPE PEREZ-KELLEY DIRECTOR	1.00	X						0	0	0
ROSEANN HARRINGTON DIRECTOR	1.00		X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON ARROYO DIRECTOR	1.00	X						0	0	0
STEPHANIE GHERTNER DIRECTOR	1.00		X					0	0	0
TAJIANA ANCORA-BROWN DIRECTOR	1.00		X					0	0	0
TERRY OLSON DIRECTOR	1.00		X					0	0	0
WILSON LOPEZ DIRECTOR	1.00	X						0	0	0

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED ARTS OF CENTRAL FLORIDAINC

Employer identification number
59-1166446

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	5,241,308	5,695,498	5,072,244	5,776,634	8,265,750	30,051,434
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	5,241,308	5,695,498	5,072,244	5,776,634	8,265,750	30,051,434
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) . .						
6 **Public support.** Subtract line 5 from line 4.						30,051,434

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	5,241,308	5,695,498	5,072,244	5,776,634	8,265,750	30,051,434
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	3,857	2,256	7,523	21,622	8,114	43,372
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						30,094,806

12 Gross receipts from related activities, etc. (see instructions) **12** 3,744,915

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 99.860 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15** 99.860 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV 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 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.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *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**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	**3a**		
b	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**		
c	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.*	**3c**		
4a	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**		
b	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 supervised by or in connection with its supported organizations.*	**4b**		
c	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**		
5a	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 amendment to the organizing document).*	**5a**		
b	**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**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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**		
9a	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**		
b	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**		
c	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.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	**10b**		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	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

			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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

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 each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax 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 documents in effect on the date of notification, to the extent not previously provided?	**1**		
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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section 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 instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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.**

			Yes	No
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.***	**3a**		
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.*	**3b**		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 59-1166446
Name: UNITED ARTS OF CENTRAL FLORIDAINC

Part VI **Supplemental Information.** 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).

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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 FLORIDAINC	59-1166446

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 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)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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 ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

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 ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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 filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not 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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
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-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		2,000
g	Direct contact with legislators, their 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 the 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	THE ORGANIZATION PAYS MEMBERSHIP DUES OF 2,000 ANNUALLY TO THE FLORIDA CULTURAL ALLIANCE, 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 FLORIDA ECONOMY AND QUALITY OF LIFE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
UNITED ARTS OF CENTRAL FLORIDAINC	59-1166446

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,535	26,029	25,272	23,291	24,937
b Contributions					
c Net investment earnings, gains, and losses	666	1,695	2,019	3,222	-438
d Grants or scholarships	964	952	937	900	874
e Other expenditures for facilities and programs					
f Administrative expenses	360	237	325	341	334
g End of year balance	25,877	26,535	26,029	25,272	23,291

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

a Board designated or quasi-endowment ▶ 100.000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		36,667	27,367	9,300
e Other		80,782	78,527	2,255
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				11,555

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year 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 990, Part X, line 15.

(a) Description	(b) Book value
(1)CASH HELD FOR OTHERS	4,008,974
(2)OTHER ASSETS	3,223
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	4,012,197

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(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.)* ▶	130,413

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,222,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-264		
b	Donated services and use of facilities	2b	69,628		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	69,364
3	Subtract line **2e** from line **1**			3	6,153,435
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	360		
b	Other (Describe in Part XIII.)	4b	3,034,701		
c	Add lines **4a** and **4b**			4c	3,035,061
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	9,188,496

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,661,794
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	69,628		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	69,628
3	Subtract line **2e** from line **1**			3	5,592,166
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	360		
b	Other (Describe in Part XIII.)	4b	3,034,701		
c	Add lines **4a** and **4b**			4c	3,035,061
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	8,627,227

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1166446
Name: UNITED ARTS OF CENTRAL FLORIDAINC

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 OVEMENT AND THE ACQUISITION OF PUBLIC ART.

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA INCOME TAX CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE REQUIREMENTS FOR THE RECOGNITION OF INCOME TAXES IN FINANCIAL STATEMENTS, AND THE AMOUNTS RECOGNIZED ARE AFFECTED BY INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION IN ITS TAX RETURNS. THE ORGANIZATION'S STATUS AS AN EXEMPT ORGANIZATION IS DEFINED AS AN INCOME TAX POSITION UNDER THESE REQUIREMENTS. WHILE MANAGEMENT BELIEVES IT HAS COMPLIED WITH THE INTERNAL REVENUE CODE, THE SUSTAINABILITY OF SOME INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION IN ITS TAX RETURNS MAY BE UNCERTAIN. THERE ARE MINIMUM THRESHOLDS OF LIKELIHOOD THAT UNCERTAIN TAX POSITIONS ARE REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2020 OR 2019.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATED CONTRIBUTIONS 3,034,701

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATED GRANTS 3,034,701

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED ARTS OF CENTRAL FLORIDAINC

Employer identification number
59-1166446

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 39

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ORGANIZATIONS AND INDIVIDUALS SUBMIT GRANT APPLICATIONS DESCRIBING THE PROJECT OR PROGRAM THE GRANT BEING REQUESTED WILL BE USED FOR. APPLICATIONS INCLUDE A COMPREHENSIVE NARRATIVE DESCRIBING THE ORGANIZATION AND ITS PROGRAMMING, OR THE INDIVIDUAL AND THEIR PROJECT, ALONG WITH A DETAILED BUDGET AND WHERE FUNDING TO ACCOMPLISH THE PROJECT WILL COME FROM. A VOLUNTEER COMMITTEE OF DIVERSE PROFESSIONALS REVIEWS AND AWARDS FUNDING BASED ON ESTABLISHED CRITERIA. ONCE AWARDED, GRANTEES MUST SUBMIT REPORTS DETAILING THE CURRENT STATUS OF THE PROGRAM OR PROJECT IN ORDER TO GET INITIAL DISBURSEMENTS AND A PROGRESS REPORT AND FINAL REPORT IN ORDER TO GET THE BALANCE OF FUNDS AWARDED. UNITED ARTS SERVES LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES IN CENTRAL FLORIDA AND ONLY GRANTS FUNDS TO ARTS AND CULTURAL ORGANIZATIONS, INDIVIDUAL ARTISTS AND ARTS ADMINISTRATORS LOCATED IN OR SERVING THESE COUNTIES.

Additional Data

Software ID:
Software Version:
EIN: 59-1166446
Name: UNITED ARTS OF CENTRAL FLORIDAINC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBIN POLASEK MUSEUMSCULP GARDEN PO BOX 1691 WINTER PARK, FL 32790	59-1102352	501C3	38,700				GENL SUPPORT/PROGRAM
ART & HISTORY MUSEUMS - MAITLAND 231 W PACKWOOD AVE MAITLAND, FL 32751	59-1710129	501C3	118,725				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTREACH ORLANDO PO BOX 1329 WINTER PARK, FL 32790	46-0609451	501C3	9,500				GENL SUPPORT/PROGRAM
BACH FESTIVAL SOC OF WINTER PARK ROLLINS COLLEGE 1000 HOLT AVE 2763 WINTER PARK, FL 327894499	59-6015959	501C3	411,006				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY STREET PLAYERS PO BOX 1405 EUSTIS, FL 32727	59-1789108	501C3	16,350				GENL SUPPORT/PROGRAM
CENTRAL FLORIDA BALLET 4525 VINELAND RD SUITE 204 ORLANDO, FL 32811	59-3658167	501C3	46,700				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA COMMUNITY ARTS PO BOX 720517 ORLANDO, FL 32872	45-2324172	501C3	202,231				GENL SUPPORT/PROGRAM
CENTRAL FLORIDA VOCAL ARTS 1842 WALKER AVE WINTER PARK, FL 32789	46-1089806	501C3	14,732				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREALDE SCHOOL OF ART 600 ST ANDREWS BLVD WINTER PARK, FL 32792	59-1887887	501C3	164,706				GENL SUPPORT/PROGRAM
CREATIVE CITY PROJECT 1316 PORTLAND AVE ORLANDO, FL 32803	47-1158982	501C3	13,900				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN ARTS DISTCITYARTS ORLANDO 39 S MAGNOLIA AVE ORLANDO, FL 32801	30-0086039	501C3	68,327				GENL SUPPORT/PROGRAM
DR PHILLIPS CTR FOR PERFORM ARTS 155 EAST ANDERSON ST ORLANDO, FL 32801	20-0695917	501C3	66,999				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENZIAN THEATER 1300 SOUTH ORLANDO AVE MAITLAND, FL 32751	59-2719581	501C3	175,791				GENL SUPPORT/PROGRAM
FLORIDA SYMPHONY YOUTH ORCHESTRA PO BOX 2328 WINTER PARK, FL 32790	59-2225301	501C3	38,375				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARDEN THEATRE 160 W PLANT ST WINTER GARDEN, FL 34787	27-2577059	501C3	116,777				GENL SUPPORT/PROGRAM
GLOBAL PEACE FILM FESTIVAL PO BOX 3310 WINTER PARK, FL 327903310	20-0117158	501C3	12,275				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLOCAUST MEMORIAL RESOURCE CTR 851 NORTH MAITLAND AVE MAITLAND, FL 32751	59-2219851	501C3	61,950				GENL SUPPORT/PROGRAM
LEESBURG CENTER FOR THE ARTS PO BOX 492857 LEESBURG, FL 34749	59-1830071	501C3	8,900				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAD COW THEATRE PO BOX 3109 ORLANDO, FL 328023109	59-3575599	501C3	5,060				GENL SUPPORT/PROGRAM
MENNELLO MUSEUM OF AMERICAN ART 900 E PRINCETON ST ORLANDO, FL 32803	59-3618760	501C3	32,710				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHELEE PUPPETS 3655 MAGUIRE BLVD SUITE 130 ORLANDO, FL 32803	59-2616456	501C3	25,225				GENL SUPPORT/PROGRAM
MT DORA CENTER FOR THE ARTS 138 E FIFTH AVE MT DORA, FL 32757	59-2470958	501C3	21,500				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERA ORLANDO PO BOX 547937 ORLANDO, FL 328547937	27-0406958	501C3	99,461				GENL SUPPORT/PROGRAM
ORANGE COUNTY REGIONAL HISTORY CTR 65 E CENTRAL BLVD ORLANDO, FL 32801	59-1860444	501C3	102,832				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORLANDO BALLET 3751 MAGUIRE BLVD SUITE 111 ORLANDO, FL 32803	23-7427817	501C3	1,207,625				GENL SUPPORT/PROGRAM
ORLANDO FRINGE 812 E ROLLINS ST SUITE 300 ORLANDO, FL 32803	75-3012108	501C3	109,967				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO GAY CHORUS PO BOX 3103 ORLANDO, FL 328023103	59-3008188	501C3	10,025				GENL SUPPORT/PROGRAM
ORLANDO INTERNATIONAL FILM FESTIVAL 941 W MORSE BLVD 100 WINTER PARK, FL 32789	20-3862640	501C3	21,900				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO MUSEUM OF ART 2416 N MILLS AVE ORLANDO, FL 32803	59-0910352	501C3	511,680				GENL SUPPORT/PROGRAM
ORLANDO PHILHARMONIC ORCHESTRA 425 N BUMBY AVE ORLANDO, FL 32803	59-3058884	501C3	1,298,856				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO REPERTORY THEATRE 1001 E PRINCETON ST ORLANDO, FL 328540203	20-1813523	501C3	419,720				GENL SUPPORT/PROGRAM
ORLANDO SCIENCE CENTER 777 E PRINCETON ST ORLANDO, FL 32803	59-0896343	501C3	485,381				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORLANDO SHAKESPEARE THEATER 812 E ROLLINS ST SUITE 100 ORLANDO, FL 32803	59-2931698	501C3	926,639				GENL SUPPORT/PROGRAM
PLAYWRIGHT'S ROUND TABLE 4696 MIDDLEBROOK RD J ORLANDO, FL 32811	59-3733179	501C3	5,093				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNAP ORLANDO 1200 COUNTRY CLUB DR ORLANDO, FL 32804	45-4561963	501C3	10,900				GENL SUPPORT/PROGRAM
TIMUCUA ARTS FOUNDATION 2001 HAMILTON LANE ORLANDO, FL 32806	20-0692046	501C3	15,650				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN THINK FOUNDATION PO BOX 533709 ORLANDO, FL 328533709	26-2534274	501C3	16,300				GENL SUPPORT/PROGRAM
WINTER GARDEN HERITAGE FOUNDATION PO BOX 770657 WINTER GARDEN, FL 34777	59-3201766	501C3	10,436				GENL SUPPORT/PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTER PARK PLAYHOUSE THE 711-B ORANGE AVE WINTER PARK, FL 32789	31-1786833	501C3	11,552				GENL SUPPORT/PROGRAM
GRANTS OF 5000 OR LESS		501C3	217,144				GENL SUPPORT/PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED ARTS OF CENTRAL FLORIDAINC

Employer identification number
59-1166446

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 FLORA MARIA GARCIA-RETIRED 13120 PRESIDENT & CEO	**(i)**	188,056	12,000	9,600	9,621	4,852	224,129	
	(ii)							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART III	PART I, LINE 3: FOR THE ORGANIZATION'S PRESIDENT & CEO, A REVIEW COMMITTEE IS FORMED FROM MEMBERS OF THE EXECUTIVE COMMITTEE. THE COMMITTEE SOLICITS FEEDBACK ON THE PERFORMANCE OF THE PRESIDENT AND CEO FROM MEMBERS OF THE EXECUTIVE COMMITTEE. THE REVIEW COMMITTEE REVIEWS THE FEEDBACK AND 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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED ARTS OF CENTRAL FLORIDAINC

Employer identification number
59-1166446

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	209,585	AVG SHARE PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOODS)	X	1	2,197	COST OF COMPARABLE GOODS
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
		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 isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to *www.irs.gov/Form990* for the latest information.	2019 **Open to Public Inspection**

Name of the organization	Employer identification number
UNITED ARTS OF CENTRAL FLORIDAINC	59-1166446

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	LINE 4A - FIRST ACCOMPLISHMENT CON'T UNITED ARTS ACTIVELY RAISES FUNDS FOR ITSELF AND THE REGION'S ARTS AND CULTURAL ORGANIZATIONS THROUGH ITS ANNUAL COLLABORATIVE FUNDRAISING CAMP AIGN. THE ANNUAL COLLABORATIVE CAMPAIGN FOR THE ARTS IS THE LARGEST COLLABORATIVE FUNDRAIS ING CAMPAIGN IN SUPPORT OF ARTS AND CULTURE IN CENTRAL FLORIDA. FIFTEEN OF THE REGION'S CO RNERSTONE ARTS AND CULTURAL ORGANIZATIONS ACTIVELY PARTICIPATE IN RAISING UNRESTRICTED OPE RATING SUPPORT FOR THE ARTS COMMUNITY. DONORS ALSO HAVE THE OPTION TO WRITE IN THE NAME OF ANY NONPROFIT ARTS AND CULTURAL ORGANIZATION THEY WISH AND INCLUDE THEM IN THEIR CAMPAIGN GIFT. DONATIONS DESIGNATED TO ONE OR MORE OF THE 15 CAMPAIGN PARTNERS DURING THE COLLABOR ATIVE CAMPAIGN, WHICH RUNS FROM FEBRUARY 1 - APRIL 30 ANNUALLY, ARE MATCHED AT 15% BY UNIT ED ARTS. IN FY20, UNITED ARTS WAS PROVIDED WITH A 500K CHALLENGE GRANT BY ORANGE COUNTY TO RAISE 2.7 MILLION. UNITED ARTS FURTHER INCENTIVIZED THE CAMPAIGN WITH A 30% MATCH WHEN TH E 15 CAMPAIGN PARTNERS REACHED SPECIFIED BENCHMARKS. THE CAMPAIGN EXCEEDED ITS GOAL, RAISI NG NEARLY 3.2 MILLION DOLLARS AND UNLOCKING THE ORANGE COUNTY CHALLENGE GRANT, INFUSING AN ADDITIONAL 500K INTO THE ARTS COMMUNITY. THE ORGANIZATION ALSO GARNERS SUPPORT THROUGH GR ANTS AND CONTRACTS FOR SERVICE. IN FY20, UNITED ARTS RAISED OVER 9.2 MILLION IN SUPPORT OF ARTS AND CULTURE FROM ALL SOURCES, INCLUDING 3.0 MILLION IN DESIGNATED GIFTS. OVER 3.1 MI LLION IN FUNDING WAS RAISED DURING THE COLLABORATIVE CAMPAIGN AND AN ADDITIONAL 2.0 MILLIO N WAS RAISED THROUGH CONTRACTS FOR SERVICES, SPONSORSHIPS AND EVENTS, GRANTS, AND OTHER GI FTS AND IN-KIND DONATIONS. LINE 4B - SECOND ACCOMPLISHMENT CON'T 2) MINI GRANTS - THIS PRO GRAM PROVIDES MUCH NEEDED FUNDING FOR ORGANIZATIONS WITH BUDGETS OF UNDER 75,000 OR THAT D O NOT PROVIDE A FULL SEASON OF PROGRAMMING, SUCH AS FAIRS AND FESTIVALS THAT CELEBRATE AND HONOR THE REGION'S DIVERSITY. IN FY20, UNITED ARTS AWARDED 31,000 IN MINI GRANT FUNDING T O 19 NONPROFIT ARTS AND CULTURAL ORGANIZATIONS. 3) DIVERSITY GRANTS - FUNDED THROUGH A GRA NT FROM DUKE ENERGY, THIS PROGRAM PROVIDES GRANTS FOR ARTS AND CULTURAL PROGRAMMING THAT W ILL APPEAL TO A WIDE RANGE OF AUDIENCES AND IS REFLECTIVE OF THE RACIALLY/ETHNICALLY DIVER SE COMMUNITIES WE LIVE IN. IN FY20, UNITED ARTS PROVIDED 31,500 IN FUNDING TO 7 ORGANIZATI ONS. THIS GRANT ALSO PROVIDED UNDERWRITING FOR DIVERSE STUDENTS TO EXPLORE CAREERS IN ARTS ADMINISTRATION THROUGH PAID INTERNSHIPS AT AREA ARTS ORGANIZATIONS. 4) NEW IN FY20 AND UN DERWRITTEN THROUGH FUNDING FROM ORANGE COUNTY GOVERNMENT, VENUE SUBSIDY GRANTS SUPPORT THE RENTAL OF PERFORMANCE VENUES THROUGHOUT ORANGE COUNTY, INCREASING ACCESS TO CULTURAL EXPE RIENCES FOR ORANGE COUNTY RESIDENTS. DUE TO COVID-19, ONLY ONE ROUND OF GRANTS WAS AWARDED AND SEVERAL OF THE AWARDS WERE FORFEITED DUE TO EVENT CANCELLATIONS. TEN ORGANIZATIONS WE RE ABLE TO UTILIZE AWARDS TOTALING 170,952. COMBINED WITH CONTRACT SERVICE OPPORTUNITIES, DESIGNATED GIVING AND MATCHING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	FUNDS, UNITED ARTS INVESTED OVER 7.1 MILLION INTO THE ARTS AND CULTURAL COMMUNITY IN FY20 . LINE 4C - THIRD ACCOMPLISHMENT CON'T UNITED ARTS' ARTS EDUCATION INITIATIVES EXPOSE STUD ENTS TO MUSIC, THEATER, DANCE, FILM, BALLET, AND MUSEUMS OF ART, HISTORY AND SCIENCE. IN F Y20, 53 DIVERSE CULTURAL ORGANIZATIONS - ALL OF THEM FUNDED BY UNITED ARTS - PROVIDED 1,03 2,446 CURRICULUM-BASED ARTS EDUCATION EXPERIENCES FOR STUDENTS IN GRADES K-12. UNITED ARTS LARGEST EDUCATION CONTRACT IS WITH ORANGE COUNTY PUBLIC SCHOOLS (OCPS) TO PROVIDE CURRICU LUM-BASED ARTS EDUCATION SERVICES FOR OCPS STUDENTS IN GRADES K-12 (CONTRACT AMOUNT - 549, 000). IN FY20, THIS CONTRACT FACILITATED 86,879 K-12 CURRICULUM-BASED ARTS EDUCATION EXPER IENCES, INCLUDING 6,085 VIRTUAL EXPERIENCES FOR STUDENTS BEING EDUCATED FROM HOME. UNITED ARTS ACTIVELY SEEKS GRANT OPPORTUNITIES TO INCREASE THE BREADTH OF ARTS EDUCATION EXPERIEN CES EACH STUDENT WILL HAVE AND THE NUMBER OF STUDENTS THAT ARE SERVED EACH YEAR. FOR FY20, UNITED ARTS RECEIVED 20,000 IN GRANTS SPECIFICALLY FOR ARTS EDUCATION EXPERIENCES THROUGH OUT LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES, RESULTING IN AN ADDITIONAL 34,118 ARTS ED UCATION EXPERIENCES THESE STUDENTS WOULD NOT OTHERWISE HAVE HAD ACCESS TO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	UNITED ARTS PROVIDES PROGRAMMING THAT RAISES AWARENESS FOR THE ARTS, PROVIDES FREE MARKETING AVENUES FOR THE REGION'S ARTS AND CULTURAL ORGANIZATIONS, AND PROVIDES EARNED INCOME OPPORTUNITIES FOR ARTS AND CULTURAL ORGANIZATIONS IN THE CENTRAL FLORIDA REGION. PROGRAMS INCLUDE 1) ORLANDO ARTS MAGAZINE - A BI-MONTHLY GLOSSY PUBLICATION (SIX ISSUES PER YEAR) 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 OFFERED AS A DONOR PREMIUM FOR CONTRIBUTIONS OF 50 OR MORE AND IS DISTRIBUTED AT 126 LOCATIONS THROUGHOUT THE 7-COUNTY REGION. 2) 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). 3) ORLANDOATPLAY.COM - AN EVENTS WEBSITE SERVING THE SEVEN-COUNTY CENTRAL FLORIDA REGION. THE SEARCHABLE WEBSITE PROVIDES INFORMATION ON ARTS, SCIENCE AND HISTORY EVENTS 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 FY20, THE SITE FEATURED 3,196 EVENTS BY 228 ORGANIZATIONS. 4) UNITED ARTSCARD - A DONOR PREMIUM FOR CONTRIBUTIONS OF 100 OR MORE, THE ARTSCARD PROVIDES DISCOUNTED ADMISSIONS AND CLASSES TO 26 PARTICIPATING AREA ARTS, SCIENCE, AND HISTORY ORGANIZATIONS. OVER 2,000 CARDS ARE DISTRIBUTED ANNUALLY. 5) GRANTS MANAGEMENT SERVICES - A FEE-FOR- SERVICE PROGRAM WHERE UNITED ARTS LENDS ITS EXPERTISE IN GRANTS ADMINISTRATION AND MANAGEMENT FOR OTHER AGENCIES WISHING TO PROVIDE GRANTS TO THE ARTS AND CULTURAL COMMUNITY. IN FY20, UNITED ARTS MANAGED OVER 4.2 MILLION IN CULTURAL TOURISM AND BLOCKBUSTER GRANT AWARDS FOR ORANGE COUNTY ARTS AND CULTURAL AFFAIRS. 6) CAPACITY BUILDING PROGRAMS - UNITED ARTS FACILITATES WORKSHOPS AND CAPACITY BUILDING OPPORTUNITIES TO ASSIST ARTS AND CULTURAL ORGANIZATIONS WITH OPERATIONAL, FISCAL AND GOVERNANCE CHALLENGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	ON MARCH 25, 2020, THE BOARD OF DIRECTORS APPROVED A BYLAW AMENDMENT TO DELETE ALL REFERENCE OF TRUSTEE REQUIREMENTS IN THE BYLAWS AND INSTEAD ALLOW THE NOMINATING COMMITTEE TO CONSIDER DONORS OF 100K AND UP AS POTENTIAL BOARD MEMBERS THROUGH THE NOMINATING PROCESS. EXISTING TRUSTEES WHO CONTINUE TO GIVE GIFTS OF 100K OR MORE ANNUALLY ARE GRANDFATHERED IN AS HAVING BOARD SEATS. IN ADDITION, THE ROLE OF THE IMMEDIATE PAST CHAIR AS CHAIR OF THE NOMINATING COMMITTEE WAS CLARIFIED WITH TERM LIMITS SO THAT THE INITIAL TERM WAS ONE YEAR, WITH AN OPTION TO RENEW FOR AN ADDITIONAL YEAR. SHOULD THE IMMEDIATE PAST CHAIR ONLY CHAIR THE COMMITTEE FOR ONE YEAR, THE ROLE WILL FALL TO THE VICE CHAIR OF THE BOARD.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST FORMS ARE PROVIDED FOR VOTING MEMBERS TO COMPLETE ANNUALLY. COMPLETED FORMS ARE KEPT ON FILE BY THE ORGANIZATION. IN ADDITION, VOTING MEMBERS ANNOUNCE ANY CONFLICT OF INTEREST WITH REGARDS TO AGENDA ITEMS BEING DISCUSSED OR VOTED ON AND ABSTAIN FROM VOTING ON ITEMS WHICH THEY HAVE A CONFLICT OF INTEREST ON. CONFLICTS OF INTEREST AND ABSTENTIONS ARE RECORDED IN THE MINUTES OF THE MEETING AFFECTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	1) FOR THE ORGANIZATION'S PRESIDENT & CEO, A REVIEW COMMITTEE IS FORMED FROM MEMBERS OF THE EXECUTIVE COMMITTEE. THE PRESIDENT & CEO SUBMITS A SELF-REVIEW OF ACCOMPLISHMENTS FOR THE PAST YEAR. THE COMMITTEE SOLICITS FEEDBACK ON THE PERFORMANCE OF THE PRESIDENT AND CEO FROM MEMBERS OF THE EXECUTIVE COMMITTEE. THE REVIEW COMMITTEE REVIEWS THE FEEDBACK AND 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. 2) KEY EMPLOYEES ARE REVIEWED BY THE PRESIDENT & CEO. SALARY RANGES ARE DEVELOPED USING COMPARABLE DATA FROM ROLLINS COLLEGES CENTRAL FLORIDA NONPROFIT COMPENSATION AND BENEFITS REPORT OR LIKE POSITIONS LOCALLY OR REGIONALLY WHEN ROLLINS SURVEY DATA IS NOT AVAILABLE. INCREASES ARE BASED ON MERIT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	KEY EMPLOYEES ARE REVIEWED BY THE PRESIDENT & CEO. SALARY RANGES ARE DEVELOPED USING COMPARABLE DATA FROM ROLLINS COLLEGES CENTRAL FLORIDA NONPROFIT COMPENSATION AND BENEFITS REPORT. INCREASES ARE BASED ON MERIT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE AT SUNBIZ.ORG AND FROM UNITED ARTS OFFICES UPON REQUEST. THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE AND GUIDESTAR.ORG AND A COMPLETE PROFILE OF THE ORGANIZATION CAN BE FOUND AT CENTRAL FLORIDA FOUNDATION'S NONPROFIT SEARCH AT CFFOUND.GUIDESTAR.ORG/FIND.ASPX. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONOR DESIGNATED CONTRIBUTIONS -3,034,701 DONOR DESIGNATED GRANTS 3,034,701