

## PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**2019****Open to Public Inspection**

<b>A</b> For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF CENTRAL FLORIDA, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 1357 City or town, state or province, country, and ZIP or foreign postal code HIGHLAND CITY, FL 33846-1357
	<b>D</b> Employer identification number 59-2116280
	<b>E</b> Telephone number (863) 648-1500
	<b>G</b> Gross receipts \$ 13,830,847
	<b>F</b> Name and address of principal officer: CHRISTINA CRISER JACKSON P O BOX 1357, HIGHLAND CITY, FL 33846-1357
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ WWW.UWCF.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: 1980	
<b>M</b> State of legal domicile: FL	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITY. (CONTINUED ON SCHEDULE O)
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 31
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 31
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . <b>5</b> 54
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 1,314
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . . <b>7b</b> 0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>Prior Year</b> 10,092,354 <b>Current Year</b> 12,874,454
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 808,544 604,446
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 247,240 347,779
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11,198 1,175
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 11,159,336 13,827,854
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 7,301,330 10,235,548
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 2,374,811 2,410,316
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 988,731
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 1,313,317 1,081,726
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 10,989,458 13,727,590
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . 169,878 100,264	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . . <b>Beginning of Current Year</b> 29,793,006 <b>End of Year</b> 40,903,200
	<b>21</b> Total liabilities (Part X, line 26) . . . . . 16,085,904 27,923,563
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . 13,707,102 12,979,637

**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.

<b>Sign Here</b>	Signature of officer	Date
	CHRISTINA CRISER JACKSON, CEO	02/19/2021
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRITTNEY KOCAJ	Brittney Kocaj	2/19/2021		P01320603
	Firm's name ▶ CROWE LLP	Firm's EIN ▶	35-0921680		
Firm's address ▶ 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230			Phone no.	(954) 202-8600	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1** Briefly describe the organization's mission:  
 MISSION: TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITY.  
 VISION: TO CREATE POSITIVE LASTING CHANGE IN OUR COMMUNITY BY HELPING CHILDREN SUCCEED IN SCHOOL;  
 PROMOTING FAMILY FINANCIAL STABILITY AND INDEPENDENCE; AND IMPROVING PEOPLE'S HEALTH.
- 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 \$ 7,506,451 including grants of \$ 7,063,234 ) (Revenue \$ 598,951 )

COMMUNITY IMPACT: UWCF'S PREMIERE COMMUNITY INVESTMENT PROCESS MOBILIZES MORE THAN 100 VOLUNTEERS ON 17 TEAMS AROUND FOCUS AREAS OF EDUCATION, INCOME, HEALTH, AND SAFETY NET. THESE VOLUNTEERS VISIT PROGRAM SITES, REVIEW PREVIOUS INVESTMENTS, PROGRAM GOALS AND OUTCOMES, AND MAKE RECOMMENDATIONS ABOUT THE MOST EFFECTIVE WAY TO MEET CRITICAL COMMUNITY NEEDS.

EDUCATION: THE EARLY LITERACY INITIATIVE HELPS AT-RISK CHILDREN DEVELOP THE LANGUAGE SKILLS THEY NEED TO SUCCEED IN SCHOOL. GIVEN THE RIGHT START, CHILDREN LEARN TO READ, SUCCEED ACADEMICALLY AND ARE MORE LIKELY TO GRADUATE FROM HIGH SCHOOL. ACADEMIC ACHIEVEMENT INITIATIVE HELPS CHILDREN IN GRADES K-12 PASS ACHIEVEMENT TESTS AT GRADE LEVEL AND GRADUATE ON TIME.

FINANCIAL STABILITY/INCOME: THE FINANCIAL STABILITY INITIATIVE HELPS FAMILIES IMPROVE FINANCIAL  
 (CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 3,280,375 including grants of \$ 3,172,314 ) (Revenue \$ )

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

UWCF WAS QUICK TO RESPOND TO COVID-19, MAKING RELIEF EFFORTS A TOP PRIORITY. WITH THE SUPPORT OF LOCAL PATTERNS AND GOVERNMENT FUNDING, UWCF WAS ABLE TO PROVIDE THE FOLLOWING SUPPORT:

-POLK COUNTY UNITES: IN PARTNERSHIP WITH THE POLK COUNTY BOARD OF COUNTY COMMISSIONS, POLK COUNTY CARES ACT FUNDING PROVIDED RESIDENTS WHO HAVE LOST WAGES DUE TO COVID-19 WITH OVER \$2 MILLION IN FINANCIAL ASSISTANCE.

-THE GEORGE JENKINS FOUNDATION PROVIDED \$384,866 TO SUPPORT ADDITIONAL FOOD RESOURCES, CHILD CARE  
 (CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 304,149 including grants of \$ ) (Revenue \$ 6,645 )

FAMILY FUNDAMENTALS: AN OUTREACH OF SUCCESS BY 6 - IS A "ONE-STOP" PARENT RESOURCE CENTER WHICH MOBILIZES PARTNERSHIPS WITH MORE THAN 42 HUMAN SERVICE ORGANIZATIONS PROVIDING PARENTS AND FAMILY MEMBERS WITH ACTIVITIES, CLASSES, READING, TUTORING AND OTHER PROGRAMS DESIGNED TO STRENGTHEN THE DEVELOPMENT OF OUR CHILDREN AND FAMILY RELATIONSHIPS. 5,792 PARENTS AND CHILDREN SIGNED IN AT CLASSES AND EVENTS SPONSORED BY FAMILY FUNDAMENTALS DURING THE FISCAL YEAR ENDED JUNE 30, 2020.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 714,416 including grants of \$ 0 ) (Revenue \$ 25 )

**4e** Total program service expenses ► 11,805,391

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	✓
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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 . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> ✓	
<b>b</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 . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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 . . . . .	<b>14b</b>	✓
<b>15</b> 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 . . . . .	<b>15</b>	✓
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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) . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b>	✓
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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 . . . . .	<b>21</b> ✓	

**Part IV Checklist of Required Schedules (continued)**

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

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	54
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b>	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	✓
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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	✓
<b>16</b>	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	✓

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	1a	31	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	31		
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 on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .	1b	31		
<b>2</b> 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			✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	3			✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4			✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5			✓
<b>6</b> Did the organization have members or stockholders? . . . . .	6			✓
<b>7a</b> 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			✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b			✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? . . . . .	8a		✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8b		✓	
<b>9</b> 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 on Schedule O . . . . .	9			✓

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	10a	✓
<b>b</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	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	✓
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	✓
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	✓
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	✓
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	13	✓
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	14	✓
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	15a	✓
<b>b</b> Other officers or key employees of the organization . . . . .	15b	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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	✓
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)

**19** Describe on 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 ►  
 JILL MARTIN, P O BOX 1357, HIGHLAND CITY, FL 33846-1357, (863) 648-1500, FAX: (863) 648-1535

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)						(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			
(1) CHRISTINA CRISER JACKSON CEO	37.5			✓				124,422	0	16,299
(2) PENNY BORGIA COO (THROUGH MARCH 2020)	37.5			✓				112,632	0	8,444
(3) JILL MARTIN CFO	37.5			✓				101,536	0	14,252
(4) ANSLEY WOODS VP RESOURCE DEVELOPMENT	37.5			✓				69,883	0	12,330
(5) KATHERINE FITZWATER VP MARKETING AND COMMUNICATIONS	37.5			✓				34,133	0	3,085
(6) BECKY TROUTMAN DIRECTOR (THROUGH DECEMBER 2019)	1.0	✓						1,002	0	0
(7) ROD CROWLEY COO (STARTING MARCH 2020)	37.5			✓				0	0	0
(8) GRETA DUPUY CHAIR	2.0	✓		✓				0	0	0
(9) TIM CAMPBELL CHAIR ELECT	2.0	✓		✓				0	0	0
(10) GREG LITTLETON VICE CHAIR	2.0	✓		✓				0	0	0
(11) JOE WOLF SECRETARY	2.0	✓		✓				0	0	0
(12) LYLE BOWLIN TREASURER	2.0	✓		✓				0	0	0
(13) DON SELVAGE FACILITY COMMITTEE CHAIR (BEGINNING MAY 2020) / IMMEDIATE PAST CHAIR	2.0	✓						0	0	0
(14) ASHLEY BARNETT COMMUNITY IMPACT CHAIR	2.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (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			
(15) MICHAEL TAMNEY COMMUNITY INVESTMENT CHAIR	2.0	✓						0	0	0
(16) SHERYL BROWN AGENCY DIRECTOR COUNCIL CHAIR	2.0	✓						0	0	0
(17) TIP FOWLER RESOURCE DEVELOPMENT CHAIR	2.0	✓						0	0	0
(18) DUSTY JOHNSON HIGHLANDS COUNTY CHAIR	2.0	✓						0	0	0
(19) BRIAN HAAS GOVERNANCE CHAIR	2.0	✓						0	0	0
(20) BILL MUTZ FACILITY COMMITTEE CHAIR (THROUGH MAY 2020) / DIRECTOR	1.0	✓						0	0	0
(21) ANGELA FALCONETTI DIRECTOR	1.0	✓						0	0	0
(22) ANN CLAUSSEN DIRECTOR	1.0	✓						0	0	0
(23) BRITTANY SALE DIRECTOR	1.0	✓						0	0	0
(24) DANA HURLEY DIRECTOR	1.0	✓						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								443,608	0	54,410
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								443,608	0	54,410

**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 **3**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ✓

**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** ✓

**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** ✓

**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
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>0</b>	



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 14,855				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 2,605,442				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 10,254,157				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 487,927				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		12,874,454			
<b>Program Service Revenue</b>	<b>2a</b>	SERVICE & ADMIN FEES	Business Code 900099	604,446	604,446		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		604,446			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		143,352			143,352
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real (ii) Personal				
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)	0 0				
	<b>d</b>	Net rental income or (loss)					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	207,420 0			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		0 2,993			
	<b>c</b>	Gain or (loss) . . . . .		207,420 (2,993)			
	<b>d</b>	Net gain or (loss) . . . . .		204,427			204,427
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISCELLANEOUS	Business Code 900099	1,175	1,175		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,175			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		13,827,854	605,621	0	347,779	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	10,076,526	10,076,526		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	159,022	159,022		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	585,526	198,798	250,692	136,036
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	11,847		11,847	
<b>7</b> Other salaries and wages . . . . .	1,390,408	566,111	440,222	384,075
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	76,827	32,151	29,517	15,159
<b>9</b> Other employee benefits . . . . .	199,924	73,567	68,545	57,812
<b>10</b> Payroll taxes . . . . .	145,784	56,832	51,324	37,628
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	33,350		33,350	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	39,657		39,657	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	227,804	183,032	4,556	40,216
<b>12</b> Advertising and promotion . . . . .	145,120	21,028	34,186	89,906
<b>13</b> Office expenses . . . . .	150,412	80,236	60,412	9,764
<b>14</b> Information technology . . . . .	74,295	7,578	61,028	5,689
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	117,645	35,168	82,477	
<b>17</b> Travel . . . . .	44,533	10,160	7,453	26,920
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	20,434	3,264	10,964	6,206
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	98,503		98,503	
<b>22</b> Depreciation, depletion, and amortization . . . . .	80,583	56,294	12,121	12,168
<b>23</b> Insurance . . . . .	2,650		2,650	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP DUES . . . . .	32,018	338	28,165	3,515
<b>b</b> ALLOCATION OF INDIRECT COSTS . . . . .	0	238,823	(399,305)	160,482
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	14,722	6,463	5,104	3,155
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	13,727,590	11,805,391	933,468	988,731
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,077,043	<b>1</b>	8,768,124
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	18,252,200	<b>3</b>	17,058,690
	<b>4</b> Accounts receivable, net . . . . .	56,112	<b>4</b>	294,456
	<b>5</b> Loans and other receivables from 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	44,415	<b>9</b>	7,836,370
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,965,791		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,451,811	561,944	<b>10c</b> 513,980
	<b>11</b> Investments—publicly traded securities . . . . .	5,386,100	<b>11</b>	5,301,423
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,415,192	<b>15</b>	1,130,157
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	29,793,006	<b>16</b>	40,903,200	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	164,660	<b>17</b>	13,017,843
	<b>18</b> Grants payable . . . . .	15,702,026	<b>18</b>	14,755,961
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	219,218	<b>25</b>	149,759
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	16,085,904	<b>26</b>	27,923,563
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	8,753,535	<b>27</b>	7,913,337
	<b>28</b> Net assets with donor restrictions . . . . .	4,953,567	<b>28</b>	5,066,300
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	13,707,102	<b>32</b>	12,979,637
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	29,793,006	<b>33</b>	40,903,200	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,827,854
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,727,590
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	100,264
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,707,102
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(233,967)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(593,762)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,979,637

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> 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? . . .	<input checked="" type="checkbox"/>	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits .	<input checked="" type="checkbox"/>	

**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 (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) EMILY ROGERS ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) GEORGE TINSLEY ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) GOW FIELDS ----- DIRECTOR	1.0 -----	✓						0	0	0
(28) IAN FLOYD ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) JESSICA TURNER ----- DIRECTOR	1.0 -----	✓						0	0	0
(30) JOE TEDDER ----- DIRECTOR	1.0 -----	✓						0	0	0
(31) KIM ELMHORST ----- DIRECTOR	1.0 -----	✓						0	0	0
(32) MARK CODD ----- DIRECTOR	1.0 -----	✓						0	0	0
(33) MARK MILLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(34) MERISSA GREEN ----- DIRECTOR	1.0 -----	✓						0	0	0
(35) MIKE HERR ----- DIRECTOR (THROUGH JANUARY 2020)	1.0 -----	✓						0	0	0
(36) ROBERT FREDERE ----- DIRECTOR	1.0 -----	✓						0	0	0
(37) ROBERT PERICHT ----- DIRECTOR	1.0 -----	✓						0	0	0
(38) RONNIE HEDRICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(39) TROY SMITH ----- DIRECTOR	1.0 -----	✓						0	0	0
(40) TYSON KING ----- DIRECTOR (THROUGH FEBRUARY 2020)	1.0 -----	✓						0	0	0

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number

59-2116280

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

The organization is not a private foundation because it is: (For lines 1 through 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 **section 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 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	10,186,058	10,390,554	10,536,400	10,092,354	12,874,454	54,079,820
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	10,186,058	10,390,554	10,536,400	10,092,354	12,874,454	54,079,820
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						11,888,200
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						42,191,620

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	10,186,058	10,390,554	10,536,400	10,092,354	12,874,454	54,079,820
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	118,618	134,311	153,656	157,488	143,352	707,425
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	12,875	13,414	5,180	11,198	1,175	43,842
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						54,831,087
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,660,911
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	76.95 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	74.10 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> 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)

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

  

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

## Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	OTHER INCOME	12,875	13,414	5,180	11,198	1,175	43,842
	Total	12,875	13,414	5,180	11,198	1,175	43,842

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**Name of the organization  
UNITED WAY OF CENTRAL FLORIDA, INCEmployer identification number  
59-2116280**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- $\frac{1}{3}$
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF CENTRAL FLORIDA, INC	Employer identification number 59-2116280
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 550,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,619,160	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,856,267	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 657,554	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 300,740	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,196,826	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL FLORIDA, INC	Employer identification number 59-2116280
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 356,853	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 843,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization UNITED WAY OF CENTRAL FLORIDA, INC	Employer identification number 59-2116280
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization UNITED WAY OF CENTRAL FLORIDA, INC	Employer identification number 59-2116280
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number

59-2116280

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

Complete if the organization answered "Yes" 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	<b>Held at the End of the Tax Year</b>
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 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          |
|--|-----------------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> _____ |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> _____ |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> _____ |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> _____ |
- 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 on 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
<b>1a</b> Beginning of year balance . . . . .	3,392,925	3,308,318	3,158,957	2,813,542	2,925,005
<b>b</b> Contributions . . . . .	12,197	12,071	13,161	145,017	15,597
<b>c</b> Net investment earnings, gains, and losses . . . . .	(50,066)	128,091	223,670	263,830	(89,259)
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	129,837	55,555	87,470	63,432	37,801
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	3,225,219	3,392,925	3,308,318	3,158,957	2,813,542

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

**a** Board designated or quasi-endowment ▶ 16.53 %

**b** Permanent endowment ▶ 38.75 %

**c** Term endowment ▶ 44.72 %

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
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

- b** If "Yes" on line 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
<b>1a</b> Land . . . . .		100,000		100,000
<b>b</b> Buildings . . . . .		1,050,647	744,883	305,764
<b>c</b> Leasehold improvements . . . . .		113,651	44,976	68,675
<b>d</b> Equipment . . . . .		701,493	661,952	39,541
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				513,980

**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) . . . . .		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**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) DESIGNATIONS PAYABLE - SPLIT INTEREST TRUST	149,759
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	149,759

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	11,868,559
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	(233,967)
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	82,750
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	(12,582)
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	(163,799)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,032,358
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	39,657
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,755,839
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,795,496
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	13,827,854

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	12,596,024
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	82,750
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	82,750
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,513,274
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	39,657
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,174,659
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,214,316
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	13,727,590

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.

SEE STATEMENT

# Part XIII

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 - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	CHANGES IN BENEFICIAL INTEREST	- 12,582
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	ESTIMATED UNCOLLECTIBLE PLEDGES	581,180
	DONOR DESIGNATIONS	1,174,659
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	DONOR DESIGNATIONS	1,174,659

# 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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	SPENDING WAS MADE IN FUNDS OWNED AND CONTROLLED BY A 3RD PARTY TRUSTEE, IN ACCORDANCE WITH DONOR STIPULATIONS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>UWCF HAS RECEIVED DETERMINATION OF TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE UNDER CODE SECTION 501(C)(3) AND, CONSEQUENTLY, THE EARNINGS OF UWCF ARE NOT TAXED.</p> <p>A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED.</p> <p>UWCF DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. UWCF RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. UWCF DID NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2020 OR 2019.</p>



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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number

59-2116280

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	53-0196605	501(C)(3)	6,414	0	N/A	N/A	(SEE STATEMENT)
(2) ACHIEVEMENT ACADEMY, INC. 716 E. BELLA VISTA STREET, LAKELAND, FL 33805	59-0774205	501(C)(3)	242,237	0	N/A	N/A	(SEE STATEMENT)
(3) AGRICULTURAL AND LABOR PROGRAM, INC. PO BOX 3126, WINTER HAVEN, FL 33885	59-1634148	501(C)(3)	75,502	0	N/A	N/A	(SEE STATEMENT)
(4) ALLIANCE FOR INDEPENDENCE, INC. 1038 SUNSHINE DRIVE EAST, LAKELAND, FL 33801	59-0812958	501(C)(3)	243,692	0	N/A	N/A	(SEE STATEMENT)
(5) (SEE STATEMENT)	53-0196605	501(C)(3)	97,992	0	N/A	N/A	(SEE STATEMENT)
(6) (SEE STATEMENT)	59-2173085	501(C)(3)	134,197	0	N/A	N/A	(SEE STATEMENT)
(7) (SEE STATEMENT)	65-0330147	501(C)(3)	21,892	0	N/A	N/A	(SEE STATEMENT)
(8) (SEE STATEMENT)	81-1106879	501(C)(3)	10,000	0	N/A	N/A	(SEE STATEMENT)
(9) BOYS AND GIRLS CLUB OF HIGHLANDS COUNTY PO BOX 1596, SEBRING, FL 33870	59-3468588	501(C)(3)	41,118	0	N/A	N/A	(SEE STATEMENT)
(10) BOYS AND GIRLS CLUB OF POLK COUNTY PO BOX 763, LAKELAND, FL 33802	59-0171815	501(C)(3)	521,800	0	N/A	N/A	(SEE STATEMENT)
(11) CAMP FIRE USA SUNSHINE COUNCIL 2600 BUCKINGHAM AVENUE, LAKELAND, FL 33803	59-0637819	501(C)(3)	156,739	0	N/A	N/A	(SEE STATEMENT)
(12) (SEE STATEMENT)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 89
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) (2019)



**Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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
(12) CAREERSOURCE -POLK COUNTY 600 NORTH BROADWAY AVENUE, STE. B, BARTOW, FL 33830	59-3385244	501(C)(3)	854,973	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(13) CARING PEOPLE MINISTRIES 5207 MASON DIXON AVENUE, BOWLING GREEN, FL 33894	65-06889295	501(C)(3)	7,000	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(14) CATHOLIC CHARITIES OF CENTRAL FL 801 SOUTH FLORIDA AVENUE SUITE 3, LAKELAND, FL 33801	59-1214353	501(C)(3)	96,829	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(15) CENTRAL FLORIDA HEALTHCARE 47 5TH STREET NW, WINTER HAVEN, FL 33881	59-1404594	501(C)(3)	100,000	193,036	FMV	FOOD	PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(16) CENTRAL FLORIDA SPEECH & HEARING CENTER 3020 LAKELAND HIGHLANDS ROAD, LAKELAND, FL 33803	59-0939466	501(C)(3)	292,727	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(17) CHAMPION FOR CHILDREN FOUNDATION OF HIGHLANDS COUNTY, INC. P O BOX 7125, SEBRING, FL 33872	65-0444941	501(C)(3)	80,883	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(18) CHILDREN'S HOME SOCIETY GREATER LAKELAND DIVISION - POLK, HARDEE & HIGHLANDS 1010 EAST ROSE STREET, LAKELAND, FL 33801	59-0192430	501(C)(3)	94,908	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(19) CHURCH SERVICE CENTER 495 EAST SUMMERLIN ST., BARTOW, FL 33830	59-1162397	501(C)(3)	335,219	18,884	FMV	FOOD	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(20) EARLY LEARNING COALITION (HIGHLANDS CO) 6432 US HIGHWAY 27 SOUTH, SEBRING, FL 33876	65-1006254	501(C)(3)	49,966	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

(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
(21) EARLY LEARNING COALITION OF FLORIDA'S HEARTLAND - HARDEE COUNTY 901 WEST MAIN STREET OFFICE 121, WAUCHULA, FL 33873	53-3738819	501(C)(3)	67,464	0 N/A	N/A		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(22) EARLY LEARNING COALITION OF POLK COUNTY 115 SOUTH MISSOURI AVENUE, SUITE 501, LAKELAND, FL 33815	59-3648316	501(C)(3)	339,478	0 N/A	N/A		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(23) EXPLORATIONS V CHILDREN'S MUSEUM 109 NORTH KENTUCKY AVENUE, LAKELAND, FL 33801	59-2994883	501(C)(3)	94,545	0 N/A	N/A		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(24) FAITH IN ACTION- NORTH LAKELAND AREA 1123 NORTH OMOHUNDRO AVENUE, LAKELAND, FL 33805	59-2849609	501(C)(3)	10,000	0 N/A	N/A		DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(25) FAITH XTREME PO BOX 790, EAGLE LAKE, FL 33839	36-4850002	501(C)(3)	10,000	0 N/A	N/A		DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(26) FIRST ASSEMBLY OF GOD, INC. OF MULBERRY FLORIDA PO BOX 496, MULBERRY, FL 33860	59-1573804	501(C)(3)	10,000	0 N/A	N/A		DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(27) FLORIDA BAPTIST CHILDREN'S HOMES (ONE MORE CHILD) PO BOX 8190, LAKELAND, FL 33802	59-0657326	501(C)(3)	503,580	0 N/A	N/A		DONOR DESIGNATED FOR GENERAL SUPPORT; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(28) FLORIDA EPILEPSY SERVICES 1102 S. FLORIDA AVE., LAKELAND, FL 33801	59-3151484	501(C)(3)	61,617	0 N/A	N/A		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(29) FROSTPROOF CARE CENTER 17 SOUTH SCENIC HIGHWAY, FROSTPROOF, FL 33843	59-2988744	501(C)(3)	95,569	16,786 FMV	FOOD		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(30) GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD., TAMPA, FL 33634	59-0895909	501(C)(3)	148,987	0 N/A	N/A		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(31) GIRLS INC OF LAKELAND 1120 WEST HIGHLAND STREET, LAKELAND, FL 33815	23-7101551	501(C)(3)	225,373	0 N/A	N/A		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

(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
(32) GIRLS INC OF WINTER HAVEN 2400 HAVENDALE BOULEVARD, WINTER HAVEN, FL 33881	59-1158810	501(C)(3)	159,365	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(33) GOOD SHEPHERD HOSPICE 405 ARNESON AVENUE, AUBURNDALE, FL 33823	20-5276923	501(C)(3)	136,121	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(34) GREATER TAMPA BAY AREA COUNCIL BOY SCOUT 13228 NORTH CENTRAL AVENUE, TAMPA, FL 33612	59-0624406	501(C)(3)	83,465	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(35) HABITAT FOR HUMANITY, LAKE LAND 1317 GEORGE JENKINS BOULEVARD, LAKE LAND, FL 33815	59-3000422	501(C)(3)	34,724	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(36) HANDS FOR HOMELESS PO BOX 240, AVON PARK, FL 33826	82-4299863	501(C)(3)	10,000	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(37) HARDEE HELP CENTER 713 EAST BAY STREET, WAUCHULA, FL 33873	59-2993242	501(C)(3)	36,659	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(38) HEALTHY START COALITION OF HARDEE, HIGHLANDS & POLK COUNTIES 650 EAST DAVIDSON STREET, BARTOW, FL 33830	59-3167649	501(C)(3)	20,000	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(39) HEART 4 WINTER HAVEN PO BOX 2383, WINTER HAVEN, FL 33883	47-1249404	501(C)(3)	114,480	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF; DONOR DESIGNATED FOR GENERAL SUPPORT
(40) HEART OF FLORIDA LEGAL AID SOCIETY, INC. 550 EAST DAVIDSON ST., BARTOW, FL 33830	59-6215748	501(C)(3)	72,995	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(41) HEARTLAND FOR CHILDREN 1239 EAST MAIN STREET, BARTOW, FL 33830	02-0619609	501(C)(3)	110,260	0	N/A	N/A	PROGRAM OPERATING COST; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(42) HEARTLAND HORSES EQUINE ACTIVITIES AND LEARNING, INC. 4305 INDEPENDENCE DRIVE, AVON PARK, FL 33825	59-3734965	501(C)(3)	19,030	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

(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
(43) HELP OF FORT MEADE, INC. 202 WEST BROADWAY STREET, FORT MEADE, FL 33841	59-2993886	501(C)(3)	91,789	23,080 FMV		FOOD	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(44) HIGHLANDS COUNTY FAMILY YMCA 100 YMCA LANE, SEBRING, FL 33875	59-2859656	501(C)(3)	50,855	0 N/A		N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(45) HOUSE OF HOPE OF POLK COUNTY 1801 HAVENDALE BOULEVARD, WINTER HAVEN, FL 33881	82-4395460	501(C)(3)	14,000	60,848 FMV		FOOD	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(46) HOUSE OF HOPE OF POLK COUNTY 1801 HAVENDALE BOULEVARD, WINTER HAVEN, FL 33881	82-4395460	501(C)(3)	14,000	0 N/A		N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(47) HUSKY HAVEN OF FLORIDA PO BOX 195066, WINTER SPRINGS, FL 32719	45-1554917	501(C)(3)	13,120	0 N/A		N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(48) INNERACT ALLIANCE 621 SOUTH FLORIDA AVENUE, LAKE LAND, FL 33801	59-2844663	501(C)(3)	21,043	0 N/A		N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(49) INSPIRATION MINISTRIES, INC. PO BOX 2735, LAKE LAND, FL 33806	06-1596874	501(C)(3)	17,500	41,964 FMV		FOOD	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(50) KATE'S STORY FOUNDATION 2725 CAMBRIDGE AVENUE, LAKE LAND, FL 33803	82-2553726	501(C)(3)	11,201	0 N/A		N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(51) KIDSPACK 3725 FRONTAGE ROAD NORTH SUITE 1, LAKE LAND, FL 33810	80-0830473	501(C)(3)	26,179	0 N/A		N/A	DONOR DESIGNATED FOR GENERAL SUPPORT; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(52) LAKE WALES CARE CENTER 140 EAST PARK AVENUE, LAKE WALES, FL 33853	59-2015847	501(C)(3)	97,486	0 N/A		N/A	DONOR DESIGNATED FOR GENERAL SUPPORT; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(53) LAKE WALES FAMILY YMCA 1001 BURNS AVENUE, LAKE WALES, FL 33853	59-1741481	501(C)(3)	69,855	0 N/A		N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(54) LAKE WALES MINISTERIAL ALLIANCE, INC. 143 MASTER PIECE ROAD, LAKE WALES, FL 33898	02-0549982	501(C)(3)	13,416	0 N/A		N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF

(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
(55) LAKELAND VOLUNTEERS IN MEDICINE 600 WEST PEACHTREE STREET, LAKELAND, FL 33805	52-2351630	501(C)(3)	164,122	16,786	FMV	FOOD	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(56) LAKELAND YOUTH ALLIANCE 6409 CHAROLAIS DRIVE, LAKELAND, FL 33810	59-3666953	501(C)(3)	8,119	0	N/A	N/A	DESIGNATED FOR GENERAL SUPPORT
(57) LEARNING RESOURCE CENTER OF POLK COUNTY, INC. 1628 SOUTH FLORIDA AVENUE, LAKELAND, FL 33803	51-0182646	501(C)(3)	233,583	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(58) LIGHTHOUSE FOR THE BLIND POLK DIVISION 206 AVENUE D NORTHWEST, WINTER HAVEN, FL 33881	59-0637876	501(C)(3)	107,801	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(59) LIGHTHOUSE MINISTRIES PO BOX 3112, LAKELAND, FL 33802	59-1722768	501(C)(3)	11,033	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT; DONOR DESIGNATED FOR PROGRAM SUPPORT; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(60) LOBO RANCH 5710 HENDRICKS ROAD, LAKELAND, FL 33810	82-3552233	501(C)(3)	7,400	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(61) MEALS ON WHEELS- WINTER HAVEN 620 6TH STREET NW, WINTER HAVEN, FL 33881	59-1427004	501(C)(3)	10,000	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(62) MULBERRY COMMUNITY SERVICE CENTER 1392 NORTH CHURCH AVENUE, MULBERRY, FL 33860	59-1896141	501(C)(3)	394,682	37,768	FMV	FOOD	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(63) NUEVO COMIENZO- FOOD PANTRY 2119 NORTH CRYSTAL LAKE DRIVE, LAKELAND, FL 33801	81-1204067	501(C)(3)	10,000	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(64) NU-HOPE ELDER CARE SERVICES, INC. 3530 OFFICE PARK ROAD, SEBRING, FL 33870	59-1649814	501(C)(3)	127,954	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(65) PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT, INC. 1239 EAST MAIN STREET, BARTOW, FL 33830	59-0818924	501(C)(3)	285,744	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF

(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
(66) POLK STATE COLLEGE FOUNDATION 999 AVENUE H NORTHEAST, WINTER HAVEN, FL 33881	59-1819213	501(C)(3)	32,095	0 N/A	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(67) POLK VISION 600 NORTH BROADWAY AVENUE, SUITE 201, BARTOW, FL 33830	20-0141870	501(C)(3)	7,500	0 N/A	N/A	N/A	PROGRAM OPERATING COST
(68) RCMA- POLK 402 WEST MAIN STREET, IMMOKALEE, FL 34142	59-1221966	501(C)(3)	10,000	0 N/A	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(69) RESTHAVEN OF HARDEE COUNTY, INC., 298 RESTHAVEN ROAD, ZOLFO SPRINGS, FL 33890	59-1471892	501(C)(3)	10,000	0 N/A	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(70) RIDGE AREA ARC 4352 INDEPENDENCE STREET, AVON PARK, FL 33825	59-0829984	501(C)(3)	30,316	0 N/A	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(71) ST. VINCENT DE PAUL- HAINES CITY 1001 SOUTH 10TH STREET, HAINES CITY, FL 33844	59-2948683	501(C)(3)	7,000	0 N/A	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(72) ST. VINCENT DE PAUL- LAKE LAND 4798 SOUTH FLORIDA AVENUE, STE. 147, LAKE LAND, FL 33813	59-2948683	501(C)(3)	17,808	0 N/A	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(73) SUNRISE COMMUNITY OF CENTRAL FLORIDA 5115 WALLACE COURT, LAKE LAND, FL 33813	65-0714062	501(C)(3)	44,655	0 N/A	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(74) TALBOT HOUSE MINISTRIES OF LAKE LAND, INC 814 NORTH KENTUCKY AVENUE, LAKE LAND, FL 33801	59-2151802	501(C)(3)	365,348	6,295 FMV	FOOD		PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(75) TEMPLE EMANUEL 600 LAKE HOLLINGSWORTH DRI, LAKE LAND, FL 33803	59-0915228	501(C)(3)	10,000	0 N/A	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(76) THE GIVEWELL COMMUNITY FOUNDATION 1501 SOUTH FLORIDA AVENUE, LAKE LAND, FL 33803	59-3649871	501(C)(3)	10,879	0 N/A	N/A	N/A	DONOR DESIGNATED FOR PROGRAM SUPPORT
(77) THE JOHN HOPKIN'S HOSPITAL 401 NORTH BROADWAY SUITE 1100, BALTIMORE, MD 21231	52-0591656	501(C)(3)	5,971	0 N/A	N/A	N/A	DONOR DESIGNATED FOR PROGRAM SUPPORT
(78) THE SALVATION ARMY OF EAST POLK 1898 HIGHWAY 17 NORTH, WINTER HAVEN, FL 33881	59-0631403	501(C)(3)	128,503	0 N/A	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF



(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
(79) THE SALVATION ARMY SERVING WEST POLK 2620 KATHLEEN ROAD, LAKE LAND, FL 33810	59-0631403	501(C)(3)	379,538	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(80) THE SPRING OF TAMPA BAY PO BOX 5147, TAMPA, FL 33675	59-3485250	501(C)(3)	6,198	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(81) THE WAY CENTER PO BOX 4364, HAINES CITY, FL 33845	33-1052498	501(C)(3)	10,078	0	N/A	N/A	DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF; DONOR DESIGNATED FOR GENERAL SUPPORT
(82) TO WRITE LOVE ON HER ARMS PO BOX 2203, MELBOURNE, FL 32902	26-0789229	501(C)(3)	5,485	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(83) TRI-COUNTY HUMAN SERVICES 1815 CRYSTAL LAKE DRIVE, LAKE LAND, FL 33801	59-1708182	501(C)(3)	134,049	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(84) UNITED WAY SUNCOAST- TAMPA BAY 5201 W KENNEDY BLVD, STE 600, TAMPA, FL 33609	59-3725701	501(C)(3)	9,212	0	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
(85) VISTE 1232 EAST MAGNOLIA STREET, LAKE LAND, FL 33801	59-2625297	501(C)(3)	202,116	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(86) WOMEN'S CARE CENTER OF BARTOW, INC. 490 EAST BOULEVARD STREET, BARTOW, FL 33830	65-0332777	501(C)(3)	48,777	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(87) WOMEN'S RESOURCE CENTER 165 AVENUE A NORTHWEST, WINTER HAVEN, FL 33881	59-2344584	501(C)(3)	82,347	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
(88) YMCA OF WEST CENTRAL FLORIDA 3620 CLEVELAND HEIGHTS BOULEVARD, LAKE LAND, FL 33803	59-1158144	501(C)(3)	196,837	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
(89) YOUTH & FAMILY ALTERNATIVES, INC. 7524 PLATHE ROAD, NEW PORT RICHEY, FL 34653	59-1545990	501(C)(3)	56,535	0	N/A	N/A	PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>MEMBER AGENCIES OF THE UNITED WAY OF CENTRAL FL SUBMIT AN ANNUAL APPLICATION TO THE COMMUNITY IMPACT DEPARTMENT FOR REVIEW. THIS APPLICATION PROVES ONGOING ELIGIBILITY OF THE AGENCY AND ITS PROGRAMS. FOR NON-MEMBER AGENCIES OF THE UNITED WAY OF CENTRAL FL, AN APPLICATION PACKET IS MAILED AND ELIGIBILITY FOR THAT AGENCY TO RECEIVE DESIGNATED FUNDS IS DETERMINED. NON-MEMBER APPLICATIONS ARE GOOD FOR THREE YEARS. EACH YEAR MORE THAN 100 VOLUNTEERS ON 17 TEAMS VISIT PROGRAM SITES, REVIEW PREVIOUS INVESTMENTS, PROGRAM GOALS AND OUTCOMES, AND MAKE RECOMMENDATIONS ABOUT THE MOST EFFECTIVE WAY TO MEET CRITICAL NEEDS.</p> <p>THE PROCESS INCLUDES:</p> <p>1. AN ON-LINE APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE, HISTORIC AND ANTICIPATED RESULTS FROM USE OF THE FUNDING. APPLICATIONS INCLUDE AGENCY AND PROGRAM BUDGETS, PROGRAM PROFILE, DEMOGRAPHICS, SPECIFIC OUTCOMES AND RELATED INDICATORS THAT MEASURE RESULTS. SOCIAL CONDITIONS IDENTIFY THE NEED FOR THE SERVICE IN THE COMMUNITY. A SUCCESS STORY PROVIDES AN EXAMPLE OF A CLIENT WHOSE LIFE WAS IMPACTED BY THE SERVICE. 2. FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND POLICIES. PARTNER PROGRAMS SUBMIT BUDGETS. 3. A COPY OF THE ORGANIZATION'S 990 AND AUDIT ARE ALSO REQUIRED. 4. VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT ARE INCLUDED IN THE APPLICATION. 5. VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501 (C) (3) NONPROFIT ORGANIZATION. 6. COMMUNITY INVESTMENT TEAMS, COMPOSED OF TRAINED VOLUNTEERS AND STAFF, CONDUCT SITE VISITS TO MEET THE APPLICANT'S CEO, BOARD MEMBER(S), PROGRAM STAFF AND CLIENTS SERVED. TEAMS MONITOR STAFF CREDENTIALS AND IMPACT DATA COLLECTION TO VERIFY RELIABILITY. PARTNER PROGRAMS ARE REQUIRED TO PROVIDE UWCF WITH 6 MONTH PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED AS WELL AS A FINAL REPORT.</p>
SCHEDULE I, PART II - DEFINITIONS OF CODES USED	<p>GENERAL OPERATING COST: AN UNRESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF ITS GENERAL OPERATING COSTS</p> <p>PROGRAM OPERATING COST: A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES</p> <p>DONOR DESIGNATED FOR GENERAL SUPPORT: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF ITS GENERAL OPERATING COSTS</p> <p>DONOR DESIGNATED FOR PROGRAM COSTS: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES</p> <p>DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING DISASTER/EMERGENCY RELIEF EFFORTS TO VICTIMS</p> <p>DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT: AN UNRESTRICTED GRANT MADE TO AN AGENCY, AT THE DIRECTION OF THE DONOR(S), COLLECTED AND PAID DIRECTLY TO THE AGENCY BY A 3RD PARTY, IN SUPPORT OF ITS GENERAL OPERATING COSTS</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>10120 AMERICAN RED CROSS-HIGHLANDS CO.</p> <p>21 RYANT BOULEVARD, SUITE B, SEBRING, FL 33870</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>AMERICAN RED CROSS - MID-FLORIDA CHAPTER</p> <p>147 AVENUE A NORTHWEST, WINTER HAVEN, FL 33881</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BIG BROTHERS BIG SISTERS OF TAMPA BAY POLK COUNTY DIVISION</p> <p>1231 EAST ORANGE STREET, LAKE LAND, FL 33801</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BIG BROTHERS BIG SISTERS OF THE SUNCOAST HIGHLANDS COUNTY</p> <p>366 NORTH FERNLEAF AVENUE, SEBRING, FL 33870</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BONNET SPRINGS PARK</p> <p>1025 GEORGE JENKINS BOULEVARD, LAKE LAND, FL 33815</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>10120 AMERICAN RED CROSS-HIGHLANDS CO.:</p> <p>PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>ACHIEVEMENT ACADEMY, INC.:</p> <p>PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>AGRICULTURAL AND LABOR PROGRAM, INC.:</p> <p>DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF; DONOR DESIGNATED FOR GENERAL SUPPORT</p>

Return Reference - Identifier	Explanation
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLIANCE FOR INDEPENDENCE, INC.: PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN RED CROSS - MID-FLORIDA CHAPTER: PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BIG BROTHERS BIG SISTERS OF TAMPA BAY POLK COUNTY DIVISION: PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BIG BROTHERS BIG SISTERS OF THE SUNCOAST HIGHLANDS COUNTY: PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BONNET SPRINGS PARK: DONOR DESIGNATED FOR GENERAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOYS AND GIRLS CLUB OF HIGHLANDS COUNTY: PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOYS AND GIRLS CLUB OF POLK COUNTY: PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP FIRE USA SUNSHINE COUNCIL: PROGRAM OPERATING COST, DONOR DESIGNATED FOR GENERAL SUPPORT AND PROGRAM COSTS; DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	COVID-19 DISASTER RELIEF - FOOD, SHELTER, UTILITIES ETC
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	FAMILY EMERGENCY RELIEF - FOOD, SHELTER, UTILITIES, ETC

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number  
59-2116280

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	1	252,805	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( FOOD FOR DISASTER RELIEF )	✓	5	234,049	COST
26 Other ▶ ( FOOD GIFT CARDS )	✓	4	453	COST
27 Other ▶ ( PROGRAM & CAMPAIGN SUPPLIES )	✓	3	620	COST
28 Other ▶ ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	0		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	30a		✓	
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	✓		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a		✓	
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 - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - FOOD FOR DISASTER RELIEF NUMBER OF CONTRIBUTIONS OTHER - FOOD GIFT CARDS NUMBER OF ITEMS OTHER - PROGRAM & CAMPAIGN SUPPLIES NUMBER OF DONATIONS

**SCHEDULE O  
(Form 990 or 990-EZ)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the Organization  
UNITED WAY OF CENTRAL FLORIDA, INCEmployer Identification Number  
59-2116280

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - MISSION STATEMENT	(CONTINUED FROM PAGE 1) UWCF FOCUSES ON ROOT CAUSES OF COMMUNITY PROBLEMS IN EDUCATION, INCOME & HEALTH & BRINGS COMMUNITY LEADERS TOGETHER TO IDENTIFY NEEDS, FUND SERVICES AND ACHIEVE RESULTS.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>STABILITY WITH GED AND JOB TRAINING, CREDIT AND BUDGETING CLASSES, MONEY COACHES, FINANCIAL EDUCATION AND SAVINGS MATCH PROGRAMS. IMPROVED CREDIT SCORES, INCREASES IN EMERGENCY SAVINGS ACCOUNTS, INCREASES IN JOB RELATED CREDENTIALS AND/OR INCREASES IN FAMILY INCOME MEASURE SUCCESS.</p> <p>HEALTH: THE HEALTH INITIATIVE HELPS PEOPLE OF ALL AGES TO IMPROVE OR MAINTAIN GOOD HEALTH. UNITED WAY IMPROVES ACCESS AND UTILIZATION OF HEALTH SERVICES AND INCREASES KNOWLEDGE AND PERSONAL RESPONSIBILITY ABOUT HEALTH ISSUES THAT LEAD TO IMPROVED BLOOD PRESSURE, WEIGHT CONTROL AND OTHER SPECIFIC HEALTH INDICATORS. UNITED WAY ALSO WORKS TO REDUCE AVOIDABLE HOSPITALIZATIONS AND INCARCERATIONS WITH PREVENTION SERVICES AND TREATMENT FOR THOSE WITH ADDICTION.</p> <p>SAFETY NET: THE SAFETY NET INITIATIVE PROVIDES RELATIVELY SHORT-TERM, CRISIS INTERVENTION SERVICES THAT VARY WIDELY, BUT MEET ONE OR MORE OF THE FOLLOWING: 1) MUST VERIFY THAT THE SERVICE HELPED TO STABILIZE A CRISIS, 2) MUST REFER CLIENTS TO SOURCES OF ON-GOING SUPPORT (COUNSELING, HEALTH CLINIC ETC.) AS NEEDED, 3) MUST VERIFY QUALITY OF SERVICES USING APPROVED INDICATORS SELECTED BY EXPERTS ON A SAFETY NET STEERING TEAM, 4) CRISIS INCLUDES BUT IS NOT LIMITED TO: HEALTH EMERGENCY, DOMESTIC VIOLENCE, RAPE, CHILD ABUSE, FIRE, TEENAGED RUNAWAYS, HOSPICE CARE, HUNGER &amp; HOMELESSNESS.</p> <p>END HUNGER INITIATIVE: THE END HUNGER INITIATIVE HELPS TO ELIMINATE HUNGER AND FOOD INSECURITY BY INCREASING THE ACCESS TO FOOD AND HELPS FAMILIES TO FIND FINANCIAL STABILITY. IN 2019, 17 FOOD DISTRIBUTIONS BEGAN IN POLK COUNTY. THESE DISTRIBUTIONS NOW SERVE UP TO 30,000 PEOPLE PER MONTH.</p> <p>COMMUNITY PARTNERSHIP SCHOOL INITIATIVE: THE COMMUNITY PARTNERSHIP SCHOOL INITIATIVE HELPS TO PROVIDE A FULL-SERVICE HEALTH CLINIC, FINANCIAL EDUCATION AND ACADEMIC SUPPORT FOR POLK'S FIRST COMMUNITY PARTNERSHIP SCHOOL. IN 2019, CRYSTAL LAKE ELEMENTARY, A COMMUNITY PARTNERSHIP SCHOOL BEGAN OPERATION UNDER GUIDANCE FROM THE UNIVERSITY OF CENTRAL FLORIDA. FIVE CORE PARTNERS OF THIS PROJECT ARE SOUTHEASTERN UNIVERSITY, HEARTLAND FOR CHILDREN, CENTRAL FLORIDA HEALTH CARE, POLK COUNTY PUBLIC SCHOOLS, AND UNITED WAY OF CENTRAL FLORIDA.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>FOR FRONTLINE AND ESSENTIAL WORKERS AND PROVIDE SUPPORT FOR HOMELESS POLK COUNTY STUDENTS.</p> <p>-THE UNITED COMMUNITY RELIEF FUND WAS FORMED IN PARTNERSHIP WITH GIVEWELL COMMUNITY FOUNDATION TO SUPPORT LOCAL NONPROFITS. THIS FUND PROVIDED \$310,056 IN AID TO NONPROFITS TO FUND FOOD, CHILD CARE, ADULT CARE, PERSONAL PROTECTIVE EQUIPMENT, SHELTER, UTILITIES AND OTHER EMERGENCY NEEDS.</p> <p>-TAMPA BAY FISHERIES PROVIDED 77,964 POUNDS OF FROZEN SEAFOOD RESOURCES AND IN-KIND FOOD TO SUPPLEMENT 58 MOBILE FOOD PANTRIES.</p> <p>-PUBLIX SUPER MARKETS EMERGENCY RELIEF PROVIDED \$19,538 TO SUPPORT INDIVIDUALS WHO HAVE EXPERIENCED HARDSHIPS DUE TO COVID-19.</p> <p>-THE MOSAIC COMPANY COVID-19 RELIEF GRANT PROVIDED \$15,000 TO HELP INDIVIDUALS LAID OFF DUE TO COVID-19.</p> <p>-2-1-1 REFERRALS INCREASED DRAMATICALLY DUE TO INCREASING NEEDS FACED BY CITIZENS OF POLK, HIGHLANDS AND HARDEE COUNTIES. IN MARCH 2019 1,590 INQUIRIES WERE RECEIVED IN MARCH 2020 5,425 INQUIRIES WERE RECEIVED.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$714,416 INCLUDING GRANTS OF )(REVENUE \$25)</p> <p>OTHER PROGRAM SERVICES:</p> <p>2-1-1: PROVIDES INFORMATION AND REFERRALS TO FAMILIES/INDIVIDUALS AND COMMUNITY GROUPS CONCERNING LOCAL SERVICES AND RESOURCES. 2-1-1 ALSO IDENTIFIES GAPS IN SERVICES; ASSISTS IN CREATING REMEDIES TO MEET LOCAL NEEDS; CONNECTS INDIVIDUALS/FAMILIES TO RESOURCES; AND ADVOCATES FOR ACCESS TO RESOURCES. IT ALSO WORKS TO PROVIDE BETTER SERVICE, ACCESSIBILITY AND INFORMATION TO THE HISPANIC COMMUNITY.</p> <p>SUCCESS BY 6 (SB6): MOBILIZES VOLUNTEERS FROM LOCAL ORGANIZATIONS, BUSINESSES, GOVERNMENT, CHURCHES, CIVIC GROUPS, EDUCATORS AND HUMAN SERVICES TO ENSURE THAT ALL CHILDREN, BY THE AGE OF SIX, HAVE THE PHYSICAL, EMOTIONAL, SOCIAL AND MENTAL FOUNDATION TO SUCCEED IN SCHOOL AND IN LIFE. SINCE 1995, UWCF'S SB6 HAS FOCUSED ON EARLY LITERACY TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED. MORE THAN 100 PARENT LENDING LIBRARIES WERE IN CHILDCARE CENTERS SERVING LOW-INCOME FAMILIES; WITH AN AVERAGE OF 45,000 BOOKS CHECKED OUT ANNUALLY. THE BORN LEARNING CAMPAIGN INCREASES AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION AND PROVIDED MORE THAN 300,000 MESSAGES TO CITIZENS. 220,000 PARENT RESOURCE GUIDES, WHICH INCLUDE CONTACT INFORMATION FOR CHILDREN AND PARENT SERVICES, WERE DISTRIBUTED DURING THE FISCAL YEAR. 45,000 COPIES WERE HAND DELIVERED TO HEALTH AND HUMAN SERVICES PROFESSIONALS WHO WORK WITH AT-RISK CHILDREN. DOLLY PARTON IMAGINATION LIBRARY MAELS A BOOK EACH MONTH TO THE HOMES OF PRESCHOOL CHILDREN.</p> <p>LET'S GROW: AN SB6 INITIATIVE THAT FOCUSES ON IMPROVING LANGUAGE SKILLS OF CHILDREN AT-RISK OF SCHOOL FAILURE. LANGUAGE SKILLS PREDICT THE ABILITY OF CHILDREN TO LEARN TO READ. OF MIDDLE/HIGH INCOME CHILDREN, 8 OF 10 ENTER SCHOOL WITH THE SKILLS THEY NEED. HOWEVER, ONLY 2 OF 10 LOW INCOME CHILDREN HAVE SUFFICIENT SKILLS. CHILDREN WHO ENTER SCHOOL READY TO SUCCEED, LEARN TO READ AND GRADUATE ON TIME. LET'S GROW PARTNERS PROVIDE EARLY LITERACY INTERVENTIONS IMPROVING VOCABULARY SCORES BY AN AVERAGE OF 5 MONTHS FOR EVERY 1 MONTH OF EXPOSURE TO THE INTERVENTIONS.</p> <p>MASTER TEACHER: AN OUTREACH OF SUCCESS BY 6 SCHOOL READINESS - THE EXPANDED MASTER TEACHER INITIATIVE TARGETS NEIGHBORHOODS WHERE CHILDREN CONSIDERED AT-RISK FOR SCHOOL FAILURE RESIDE. IT PROVIDES AN INTERNSHIP FOR CHILDCARE INSTRUCTORS USING FOUR MASTER TEACHERS, ALONG WITH PARENT EDUCATION CLASSES, TO HELP INSTRUCTORS AND PARENTS PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO SUCCEED. READINESS SKILLS FOR CHILDREN IN CLASSES WITH TEACHERS TRAINED BY A MASTER TEACHER IMPROVED AN AVERAGE OF 3 MONTHS FOR EVERY 1 MONTH WITH THE NEWLY TRAINED CAREGIVER.</p> <p>WOMEN UNITED - READINGPALS : READINGPALS FOCUSES ON ENGAGING, TRAINING AND DEPLOYING VOLUNTEER TUTORS TO INCREASE THE NUMBER OF STUDENTS READING AT GRADE LEVEL BY THE END OF 3RD GRADE. IT IS IMPORTANT TO OUR COMMUNITY AND TO ALL BUSINESSES AND FAMILIES IN FLORIDA THAT WE MAKE A UNITED EFFORT TO REDUCE THE CLOSE TO 50% OF CHILDREN WHO ARE NOT READING AT GRADE LEVEL. MORE THAN 200 READINGPALS OFFERED TUTORING SESSIONS IN 58 CLASSROOMS IN THE 2019/20 SCHOOL YEAR.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE IS COMPOSED OF ALL OFFICERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MAY ACT BROADLY ON BEHALF OF THE FULL BOARD WHENEVER THE NEED ARISES OR THE FULL BOARD IS NOT SCHEDULED OR CANNOT MEET.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A FULL ELECTRONIC COPY OF THE FORM 990 WAS E-MAILED TO THE BOARD INCLUDING THE FINANCE COMMITTEE. THE FINANCE COMMITTEE REVIEWED THE FORM 990 IN MORE DEPTH AND REPORTED AT THE SUBSEQUENT BOARD MEETING, PRIOR TO THE 990'S FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	EACH YEAR BOARD MEMBERS AND STAFF ARE ASKED TO REVIEW AND BECOME FAMILIAR, OR REFAMILIARIZE THEMSELVES WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND TO STATE ANY EXISTING CONFLICTS AS DEFINED IN THE POLICY. DIRECTORS WITH CONFLICTS ABSTAIN FROM VOTING ON RELATED ISSUES AS NOTED IN THE MINUTES OF THE MEETING. EACH FISCAL YEAR, A COMPLETED QUESTIONNAIRE IS ALSO SENT TO DIRECTORS TO DISCLOSE FAMILY AND BUSINESS RELATIONSHIPS AND ESTABLISH WHETHER THERE MIGHT BE ANY RELATIONSHIPS OR BUSINESS TRANSACTIONS TO REPORT OR DISCLOSE IN THE FORM 990 OR THAT AFFECT INDEPENDENCE. THE RESPONSES ARE REVIEWED, MAINTAINED, AND SUMMARIZED BY THE ADMINISTRATIVE ASSISTANT TO THE PRESIDENT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	UWCF ADOPTED AN EXECUTIVE COMPENSATION PROGRAM POLICY GUIDE IN JUNE 2009 FOR PERFORMANCE AND COMPENSATION OF THE CEO, CFO AND OTHER MEMBERS OF THE LEADERSHIP TEAM. UWCF WILL STRIVE TO PROVIDE EXECUTIVE SALARIES AND TOTAL COMPENSATION LEVELS THAT ARE COMPETITIVE WITH THE MARKETPLACE AND THAT ARE INTERNALLY EQUITABLE. UWCF WILL REWARD EXECUTIVE PERFORMANCE BASED ON PREDETERMINED GOALS AND OBJECTIVES SUPPORTIVE OF THE MISSION AND BUSINESS OBJECTIVE. FINALLY, UWCF WILL STRIVE TO PROVIDE COMPETITIVE, AFFORDABLE, AND FAIR EXECUTIVE PERQUISITES AND EXECUTIVE BENEFITS. ENFORCEMENT AND ADMINISTRATIVE RESPONSIBILITIES FOR THE PROGRAM INVOLVING THE CEO AND CFO RESTS WITH THE EXECUTIVE COMMITTEE. THOSE SAME RESPONSIBILITIES REST WITH THE CEO FOR ALL OTHER MEMBERS OF THE LEADERSHIP TEAM. THE EXECUTIVE COMMITTEE ALSO SERVES AS THE COMPENSATION COMMITTEE THAT MEETS ANNUALLY TO REVIEW THE PRESIDENT'S PERFORMANCE AND COMPENSATION. THEY ANALYZE AND COMPARE SALARIES AND BENEFITS OF SIMILAR SIZE UNITED WAYS. DECISIONS MADE BY THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN THE EMPLOYEE'S FILE. IN THE DETERMINATION OF COMPENSATION, COMPARABILITY DATA PROVIDED BY UNITED WAY WORLDWIDE IS USED TO ENSURE REASONABLENESS. THIS PROCESS WAS LAST DONE FOR THE CEO POSITION PRIOR TO THE END OF FYE 6/30/2020.

Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 15B - COMPENSATION OF OTHER OFFICERS	THE ORGANIZATION'S CEO REVIEWS AND APPROVES COMPENSATION FOR THE OTHER OFFICERS. THE CEO USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE. THIS PROCESS IS DOCUMENTED DURING THE ANNUAL BUDGET PROCESS. THIS WAS DONE BY THE CEO PRIOR TO THE END OF FYE 6/30/2020.	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.UWCF.ORG. THESE DOCUMENTS AS WELL AS THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST BY PHONE, MAIL OR IN PERSON.	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	
	CHANGES IN BENEFICIAL INTEREST	
	UNCOLLECTIBLE PLEDGES	
	(b) Amount	
	- 12,582	
	- 581,180	



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL FLORIDA, INC

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number  
59-2116280

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

Cat. No. 50135Y

**Schedule R (Form 990) 2019**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

		Yes	No
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1a</b>	✓
<b>b</b>	Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	✓
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	✓
<b>d</b>	Loans or loan guarantees to or for related organization(s)	<b>1d</b>	✓
<b>e</b>	Loans or loan guarantees by related organization(s)	<b>1e</b>	✓
<b>f</b>	Dividends from related organization(s)	<b>1f</b>	✓
<b>g</b>	Sale of assets to related organization(s)	<b>1g</b>	✓
<b>h</b>	Purchase of assets from related organization(s)	<b>1h</b>	✓
<b>i</b>	Exchange of assets with related organization(s)	<b>1i</b>	✓
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	✓
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	✓
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	✓
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	✓
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	✓
<b>o</b>	Sharing of paid employees with related organization(s)	<b>1o</b>	✓
<b>p</b>	Reimbursement paid to related organization(s) for expenses	<b>1p</b>	✓
<b>q</b>	Reimbursement paid by related organization(s) for expenses	<b>1q</b>	✓
<b>r</b>	Other transfer of cash or property to related organization(s)	<b>1r</b>	✓
<b>s</b>	Other transfer of cash or property from related organization(s)	<b>1s</b>	✓

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

# Part IV

## Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PERPETUAL TRUST P O BOX 1357, HIGHLAND CITY, FL 33846-1357	TRUST	FL	N/A	TRUST			N/A		✓

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 20 20

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2019**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number

59-2116280

Name and title of officer

CHRISTINA CRISER JACKSON, CEO

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	13,827,854
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**☒ I authorize CROWE LLP

ERO firm name

to enter my PIN

1 6 2 8 0

as my signature

Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

2/19/2021

**Part III Certification and Authentication**

Christina Criser Jackson, President &amp; CEO

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3 5 5 6 2 4 2 1 6 8 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 2/19/2021

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF CENTRAL FLORIDA, INC	Taxpayer identification number (TIN) 59-2116280
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 1357	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HIGHLAND CITY, FL 33846-1357	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► JILL MARTIN

Telephone No. ► (863) 648-1500 Fax No. ► (863) 648-1535

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ☐ . If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 07/01, 20 19, and ending 06/30, 20 20.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Cat. No. 27916D

Form **8868** (Rev. 1-2020)

