

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Header section containing organization details: UNITED WAY OF CENTRAL FLORIDA, INC, EIN 59-2116280, and tax year 2024.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances, comparing Prior Year and Current Year data.

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.

Signature block and preparer information section, including signature of Christina Criser Jackson, CEO, and preparer Gina Ardillo.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
MISSION STATEMENT: TO INSPIRE OUR COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER BY IDENTIFYING NEEDS AND MOBILIZING VETTED RESOURCES TO CREATE POSITIVE LOCAL CHANGE.  
VISION STATEMENT: TO UNITE OUR COMMUNITY AND EMPOWER EVERYONE TO ACHIEVE THEIR FULL POTENTIAL.

**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 \$ 6,815,484 including grants of \$ 6,326,191 ) (Revenue \$ 269,634 )  
(SEE ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 2,793,420 including grants of \$ 2,013,645 ) (Revenue \$ )  
COMMUNITY WELLNESS: THE UWCF COMMUNITY WELLNESS INITIATIVE IS A GRANT IN COLLABORATION WITH THE POLK COUNTY COMMUNITY HEALTH CARE DIVISION. POLK COUNTY IS ON AN OCTOBER 1-SEPTEMBER 30 FISCAL YEAR. DURING THE 2024-25 POLK COUNTY FISCAL YEAR THE GRANT PROVIDED A \$460,000 ADMINISTRATIVE FEE TO UWCF, UP TO \$500,000 TO FUND A TEAM OF UWCF COMMUNITY WELLNESS NAVIGATORS, AND \$3,277,170 WAS AWARDED TO FUND BEHAVIORAL/MENTAL HEALTH AND PREVENTION/EARLY INTERVENTION PROGRAMS THROUGH AN OPEN REQUEST FOR PROPOSALS (RFP) TO POLK COUNTY 501(C)3 ORGANIZATIONS. THE NAVIGATOR PROGRAM'S MAIN PURPOSE IS TO ASSIST IN CONNECTING ELIGIBLE POLK COUNTY RESIDENTS WITH THE POLK HEALTHCARE PLAN AND ADDITIONAL COMMUNITY RESOURCES.

**4c** (Code: ) (Expenses \$ 940,910 including grants of \$ 770,727 ) (Revenue \$ )  
(SEE ON SCHEDULE O)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 1,267,255 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses 11,817,069

**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)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 checked="" type="checkbox"/>	<input 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</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>d</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>b</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 the 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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 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 noncash 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 on 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 . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<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"/>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (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	<b>2a</b>	60		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<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	<b>3b</b>			
<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)?	<b>4a</b>			✓
<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?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<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?	<b>8</b>			
<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?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<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	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<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.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<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.	<b>13a</b>			
<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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<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 the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<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.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<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? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<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 . . . . .		<input checked="" type="checkbox"/>

**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? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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? . . . . .		
<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? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on 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 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<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>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on 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? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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? . . . . .		

**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.  
NATALIE DYAL, P O BOX 1357, HIGHLAND CITY, FL 33846-1357, (863) 648-1500

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

Check if Schedule O contains a response 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			✓			186,411	0	23,733	
(2) RODNEY CROWLEY COO	37.5			✓			155,884	0	21,025	
(3) JOHN ROUNDS CFO THROUGH FEB 2025	37.5			✓			144,614	0	12,160	
(4) ILEANA KNISS CHIEF DEVELOPMENT AND MARKETING OFFICER	37.5			✓			132,330	0	13,460	
(5) KATHERINE FITZWATER VP MARKETING & COMMUNICATIONS	37.5			✓			101,663	0	16,870	
(6) BRIAN HAAS CHAIR	2.0	✓		✓			0	0	0	
(7) FRED HEID VICE CHAIR	2.0	✓		✓			0	0	0	
(8) EMILY SPATH SECRETARY	2.0	✓		✓			0	0	0	
(9) CHRIS CHAFFIN TREASURER THROUGH DEC 2024	2.0	✓		✓			0	0	0	
(10) JOE TEDDER TREASURER BEGAN JAN 2025	2.0	✓		✓			0	0	0	
(11) JONATHAN CRAIN CHAIR ELECT	2.0	✓		✓			0	0	0	
(12) MICHAEL TAMNEY IMMEDIATE PAST CHAIR	1.0	✓					0	0	0	
(13) ALI WRIGHT DIRECTOR	1.0	✓					0	0	0	
(14) ANA WOOD-ROGERS DIRECTOR	1.0	✓					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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANDY OGUNTOLA DIRECTOR	1.0	✓					0	0	0	
(16) BILL BRASWELL DIRECTOR	1.0	✓					0	0	0	
(17) BRIAN DONNELLY DIRECTOR	1.0	✓					0	0	0	
(18) BRIAN NORRIS DIRECTOR	1.0	✓					0	0	0	
(19) BRITTANY SALE DIRECTOR	1.0	✓					0	0	0	
(20) CALLIE NESLUND DIRECTOR	1.0	✓					0	0	0	
(21) DANA HURLEY DIRECTOR	1.0	✓					0	0	0	
(22) DON ELWELL DIRECTOR	1.0	✓					0	0	0	
(23) DUSTY JOHNSON DIRECTOR THROUGH DEC 2024	1.0	✓					0	0	0	
(24) ERICA LUPERCIO DIRECTOR	1.0	✓					0	0	0	
(25) (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b>							720,902	0	87,248	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							720,902	0	87,248	

**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 5

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

**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		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part 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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	8,179,513	8,179,513		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	931,050	931,050		
<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 . . . . .	764,197	243,913	356,826	163,458
<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) . . . . .	18,640		18,640	
<b>7</b>	Other salaries and wages . . . . .	2,477,652	1,190,588	680,553	606,511
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	184,034	99,033	56,308	28,693
<b>9</b>	Other employee benefits . . . . .	150,636	119,443	(16,438)	47,631
<b>10</b>	Payroll taxes . . . . .	243,024	105,084	82,630	55,310
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	38,301		38,301	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	56,808		56,808	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	431,439	269,991	102,063	59,385
<b>12</b>	Advertising and promotion . . . . .	256,356	32,565	89,369	134,422
<b>13</b>	Office expenses . . . . .	190,513	107,138	77,265	6,110
<b>14</b>	Information technology . . . . .	174,531	17,700	148,423	8,408
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	155,426	70,385	85,041	
<b>17</b>	Travel . . . . .	117,467	34,674	24,689	58,104
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	43,655	9,804	18,461	15,390
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	121,123		121,123	
<b>22</b>	Depreciation, depletion, and amortization . . . . .	57,633	28,850	14,678	14,105
<b>23</b>	Insurance . . . . .	6,024		6,024	
<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>	<u>MEMBERSHIP DUES</u> . . . . .	49,115	627	38,477	10,011
<b>b</b>	<u>MISCELLANEOUS</u> . . . . .	9,482	1,307	7,636	539
<b>c</b>	<u>ALLOCATION OF INDIRECT COSTS</u> . . . . .	0	375,404	(577,887)	202,483
<b>d</b>	-----				
<b>e</b>	All other expenses . . . . .	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	14,656,619	11,817,069	1,428,990	1,410,560
<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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	22,145,528	<b>1</b>	19,436,351
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	13,383,841	<b>3</b>	11,774,381
	<b>4</b> Accounts receivable, net . . . . .	650,231	<b>4</b>	791,222
	<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 . . . . .	44,634	<b>9</b>	57,491
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,620,064		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,244,564	425,518	<b>10c</b> 375,500
	<b>11</b> Investments—publicly traded securities . . . . .	6,778,615	<b>11</b>	7,304,065
	<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 . . . . .	918,003	<b>15</b>	888,231
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	44,346,370	<b>16</b>	40,627,241	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	14,900,841	<b>17</b>	12,563,752
	<b>18</b> Grants payable . . . . .	10,758,672	<b>18</b>	9,682,732
	<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 . . . . .	7,414	<b>25</b>	3,649
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	25,666,927	<b>26</b>	22,250,133
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	12,772,370	<b>27</b>	12,062,669
	<b>28</b> Net assets with donor restrictions . . . . .	5,907,073	<b>28</b>	6,314,439
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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> Total net assets or fund balances . . . . .	18,679,443	<b>32</b>	18,377,108	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	44,346,370	<b>33</b>	40,627,241	

**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>	14,443,018
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,656,619
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(213,601)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	18,679,443
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	264,250
<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>	(352,984)
<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>	18,377,108

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<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.		

**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) IAN FLOYD ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) JENNY BAKER ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) KIM LONG ----- DIRECTOR	1.0 -----	✓						0	0	0
(28) LARRY MITCHELL ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) LAUREN FEASTER ----- DIRECTOR	1.0 -----	✓						0	0	0
(30) LAUREN GIORDANO ----- DIRECTOR	1.0 -----	✓						0	0	0
(31) NAOMI BOYER ----- DIRECTOR	1.0 -----	✓						0	0	0
(32) NICK PLOTT ----- DIRECTOR	1.0 -----	✓						0	0	0
(33) OMAR ARROYO ----- DIRECTOR	1.0 -----	✓						0	0	0
(34) PAUL NORIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(35) RICK GARCIA ----- DIRECTOR	1.0 -----	✓						0	0	0
(36) SAM KILLEBREW ----- DIRECTOR	1.0 -----	✓						0	0	0
(37) TIP FOWLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(38) TOM GARTHWAITE ----- DIRECTOR	1.0 -----	✓						0	0	0
(39) VENT CRAWFORD ----- DIRECTOR	1.0 -----	✓						0	0	0
(40) NATALIE DYAL ----- CFO BEGAN JUNE 2025	37.5 -----			✓				0	0	0

**SCHEDULE A  
(Form 990)**

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

**2024**

**Open to Public  
Inspection**

Name of the organization <b>UNITED WAY OF CENTRAL FLORIDA, INC</b>	Employer identification number <b>59-2116280</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	24,438,620	9,178,137	15,948,295	14,635,294	13,652,819	77,853,165
<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 . . . . .	24,438,620	9,178,137	15,948,295	14,635,294	13,652,819	77,853,165
<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) . . . . .						13,385,755
<b>6 Public support.</b> Subtract line 5 from line 4						64,467,410

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	24,438,620	9,178,137	15,948,295	14,635,294	13,652,819	77,853,165
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	134,091	137,161	177,437	242,838	232,908	924,435
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	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.) . . . . .	111	20,397	9,734	62,049	56	92,347
<b>11 Total support.</b> Add lines 7 through 10						78,869,947
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,496,385
<b>13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	81.74 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	84.21 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% 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 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</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—2023.</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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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.) . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . .

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>1</b>		
<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.		
<b>2</b>		

**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).		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, 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.		
<b>3</b>		

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

<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 governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b 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.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, 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>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</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.		
<b>3b</b>		

**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</b>	<b>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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>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 0.85 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</b>	<b>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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	111	20,397	9,734	62,049	56	92,347
	Total	111	20,397	9,734	62,049	56	92,347

**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization <b>UNITED WAY OF CENTRAL FLORIDA, INC</b>	Employer identification number <b>59-2116280</b>
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**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 foundation

Check 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering “N/A” in column (b) instead of the contributor name and address), 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), 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).

Name of organization <b>UNITED WAY OF CENTRAL FLORIDA, INC</b>	Employer identification number <b>59-2116280</b>
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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	----- ----- -----	\$ 3,163,236	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,756,183	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 830,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 350,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 1,066,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 2,795,741	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF CENTRAL FLORIDA, INC</b>	Employer identification number <b>59-2116280</b>
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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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <b>UNITED WAY OF CENTRAL FLORIDA, INC</b>	Employer identification number <b>59-2116280</b>
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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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions about conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with rows for questions about art and historical treasures, including revenue and asset amounts.

**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
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	3,833,718	3,561,902	3,357,504	3,898,526	3,225,219
<b>b</b> Contributions	10,920	10,151	10,581	62,742	12,408
<b>c</b> Net investment earnings, gains, and losses	342,130	364,784	247,156	(495,837)	773,626
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	162,373	103,119	53,339	107,927	112,727
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	4,024,395	3,833,718	3,561,902	3,357,504	3,898,526

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

- a** Board designated or quasi-endowment 21.15 %
- b** Permanent endowment 33.31 %
- c** Term endowment 45.54 %

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>(ii)</b> Related organizations?		✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

**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		1,043,940	838,076	205,864
<b>c</b> Leasehold improvements		24,040	12,686	11,354
<b>d</b> Equipment		412,268	376,030	36,238
<b>e</b> Other		39,816	17,772	22,044
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				375,500

**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, line 12, col. (B)) . . .		

**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, line 13, col. (B)) . . .		

**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, line 15, col. (B)) . . . . .	

**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) LEASE LIABILITY	3,649
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	3,649

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



**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	<b>(a) Description</b>	<b>(b) Amount</b>
	CHANGES IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	30,243
	<b>TOTAL</b>	<b>30,243</b>
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	ESTIMATED UNCOLLECTIBLE PLEDGES	383,227
	DONOR DESIGNATIONS	346,409
	<b>TOTAL</b>	<b>729,636</b>
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	DONOR DESIGNATIONS	346,409
	<b>TOTAL</b>	<b>346,409</b>

**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, 2025 OR 2024.</p>

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> (SEE STATEMENT)	53-0196605	501C3	67,648				(SEE STATEMENT)
<b>(2)</b> ACADEMY PREP CENTER OF LAKELAND INC 1021 LAKELAND HILLS BLVD, LAKELAND, FL 33805	82-4257263	501C3	13,407				(SEE STATEMENT)
<b>(3)</b> ACHIEVEMENT ACADEMY INC 716 E. BELLA VISTA STREET, LAKELAND, FL 33805	59-0774205	501C3	230,184				(SEE STATEMENT)
<b>(4)</b> ALLIANCE FOR INDEPENDENCE INC 2710 W MEMORIAL BLVD., LAKELAND, FL 33815	59-0812958	501C3	169,890				(SEE STATEMENT)
<b>(5)</b> (SEE STATEMENT)	59-2173085	501C3	116,617				(SEE STATEMENT)
<b>(6)</b> (SEE STATEMENT)	59-1361826	501C3	28,347				(SEE STATEMENT)
<b>(7)</b> BONNET SPRINGS PARK INC 400 BONNET SPRINGS BLVD., LAKELAND, FL 33815	81-1106879	501C3	10,800				(SEE STATEMENT)
<b>(8)</b> (SEE STATEMENT)	59-0624406	501C3	24,577				(SEE STATEMENT)
<b>(9)</b> BOYS & GIRLS CLUB OF HIGHLANDS COUNTY PO BOX 1596, SEBRING, FL 33871	59-3468588	501C3	15,503				(SEE STATEMENT)
<b>(10)</b> BOYS & GIRLS CLUB OF POLK COUNTY PO BOX 763, LAKELAND, FL 33802	59-0171815	501C3	634,862				(SEE STATEMENT)
<b>(11)</b> CAMP FIRE USA SUNSHINE COUNCIL INC 2600 BUCKINGHAM AVE., LAKELAND, FL 33803	59-0637819	501C3	158,890				(SEE STATEMENT)
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 65

**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) (Rev. 12-2024)



**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) CATHOLIC CHARITIES OF CENTRAL FLORIDA INC 1819 N. SEMORAN BLVD., ORLANDO, FL 32807	59-1214353	501C3	42,148				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(13) CENTRAL FLORIDA HEALTH CARE INC 47 5TH STREET NW, WINTER HAVEN, FL 33881	59-1404594	501C3	318,937				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, DONOR DESIGNATED FOR PROGRAM COSTS
(14) CENTRAL FLORIDA SPEECH & HEARING CENTER INC 3020 LAKE LAND HIGHLANDS ROAD, LAKE LAND, FL 33803	59-0939466	501C3	299,897				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(15) CHAMPION FOR CHILDREN FOUNDATION OF HIGHLANDS COUNTY INC PO BOX 7125, SEBRING, FL 33872	65-0444941	501C3	38,112				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(16) THE CHILDREN'S HOME SOCIETY OF FLORIDA 5766 S SEMORAN BLVD, ORLANDO, FL 32822	59-0192430	501C3	80,639				PROGRAM OPERATING SUPPORT
(17) THE CHILDREN'S HOME SOCIETY OF FLORIDA - GREATER LAKE LAND 1010 EAST ROSE STREET, LAKE LAND, FL 33801	59-0192430	501C3	63,869				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
(18) CHURCH SERVICE CENTER INC 495 E. SUMMERLIN STREET, BARTOW, FL 33830	59-1162397	501C3	80,744				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(19) EARLY LEARNING COALITION OF FLORIDAS HEARTLAND INC - HARDEE 2886 TAMIAMI TRAIL, SUITE 1, PORT CHARLOTTE, FL 33952	65-1047991	501C3	40,281				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST

(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
(20) EARLY LEARNING COALITION OF FLORIDAS HEARTLAND INC - HIGHLANDS 2886 TAMIAMI TRAIL, SUITE 1, PORT CHARLOTTE, FL 33952	65-1047991	501C3	23,517				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
(21) POLK COUNTY SCHOOL READINESS COALITION INC 115 S MISSOURI AVENUE, STE 501, LAKELAND, FL 33815	59-3648316	501C3	824,345				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(22) EPILEPSY SERVICES OF WEST CENTRAL FLORIDA INC 1102 SOUTH FLORIDA AVENUE, LAKELAND, FL 33803	59-3151484	501C3	43,202				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(23) FAMILY LITERACY ACADEMY AT LAKE WALES INC 31 OAK STREET, BABSON PARK, FL 33827	47-4294685	501C3	36,561				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(24) FEEDING AMERICA TAMPA BAY INC 3624 CAUSEWAY BLVD., CAUSEWAY CENTER, TAMPA, FL 33619	59-2116576	501C3	186,000				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, DONOR DESIGNATED FOR GENERAL SUPPORT
(25) FLORIDA CHILDREN'S MUSEUM INC 600 BONNET SPRINGS BLVD, LAKELAND, FL 33815	59-2994883	501C3	360,874				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS
(26) FROSTPROOF CARE CENTER INC 17 SOUTH SCENIC HIGHWAY, FROSTPROOF, FL 33843	59-2988744	501C3	58,758				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(27) GIRL SCOUTS OF WEST CENTRAL FLORIDA INC 4610 EISENHOWER BOULEVARD, TAMPA, FL 33634	59-0624454	501C3	147,192				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST

(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
(28) GIRLS INCORPORATED OF LAKE LAND INC PO BOX 1975, LAKE LAND, FL 33802	23-7101551	501C3	184,956				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(29) GIRLS INCORPORATED OF WINTER HAVEN PO BOX 7285, WINTER HAVEN, FL 33883	59-1158810	501C3	113,057				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(30) GIVEWELL COMMUNITY FOUNDATION 1501 S FLORIDA AVENUE, LAKE LAND, FL 33803	59-3649871	501C3	25,000				DONOR DESIGNATED FOR UCRF DISASTER RELIEF
(31) GOOD SHEPHERD HOSPICE INC 3010 W. AZEELE STREET, SUITE 120, TAMPA, FL 33609	20-5276923	501C3	81,003				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(32) GOODWILL INDUSTRIES - SUNCOAST INC PO BOX 14456, ST. PETERSBURG, FL 33733	59-0718492	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
(33) HANDS OF HOPE AMERICA 9230 US HWY 192, STE C, CLERMONT, FL 34714	84-3782110	501C3	32,500				PROGRAM OPERATING SUPPORT
(34) HARDEE COUNTY MINISTERIAL ASSOCIATION INC P O BOX 422, WAUCHULA, FL 33873	59-2993242	501C3	52,025				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(35) HEART FOR WINTER HAVEN INC PO BOX 2383, WINTER HAVEN, FL 33883	47-1249404	501C3	13,272				PROGRAM OPERATING SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS
(36) HEART OF FLORIDA LEGAL AID SOCIETY INC 550 EAST DAVIDSON STREET, BARTOW, FL 33830	59-6215748	501C3	52,940				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(37) HEARTLAND FOR CHILDREN INC PO BOX 1017, BARTOW, FL 33831	02-0619609	501C3	100,024				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, DONOR DESIGNATED FOR GENERAL SUPPORT

(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
(38) HEARTLAND HORSES EQUINE ACTIVITIES PO BOX 6884, AVON PARK, FL 33826	59-3734956	501C3	8,654				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
(39) HELP OF FORT MEADE INC 121 WEST BROADWAY STREET, FORT MEADE, FL 33841	59-2993886	501C3	62,387				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(40) HIGHLANDS COUNTY FAMILY YMCA INC 100 YMCA LANE, SEBRING, FL 33872	59-2859656	501C3	9,581				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
(41) HOUSE OF HOPE OF POLK COUNTY INC 1801 HAVENDALE BLVD, WINTER HAVEN, FL 33881	82-4395460	501C3	11,000				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF
(42) INSPIRATION MINISTRIES INC. PO BOX 2735, LAKE LAND, FL 33806	06-1596874	501C3	13,000				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF
(43) LAKE WALES CARE CENTER INC 140 E PARK AVENUE, LAKE WALES, FL 33853	59-2015847	501C3	60,814				DONOR DESIGNATED FOR GENERAL SUPPORT
(44) LAKELAND VOLUNTEERS IN MEDICINE INC 600 WEST PEACHTREE STREET, LAKELAND, FL 33815	52-2351630	501C3	139,552				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(45) LEARNING RESOURCE CENTER OF POLK COUNTY INC 1628 S FLORIDA AVENUE, LAKELAND, FL 33803	51-0182646	501C3	223,358				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(46) LIGHTHOUSE MINISTRIES INC PO BOX 3112, LAKELAND, FL 33802	59-1722768	501C3	10,082				DONOR DESIGNATED FOR GENERAL SUPPORT
(47) MULBERRY COMMUNITY SERVICE CTR INC 211 NW 1ST AVE, MULBERRY, FL 33860	59-1896141	501C3	213,038				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST

(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
(48) NU-HOPE ELDER CARE SERVICES INC 3530 OFFICE PARK ROAD, SEBRING, FL 33870	59-1649814	501C3	87,587				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(49) ONE MORE CHILD INC PO BOX 8190, LAKELAND, FL 33802	59-0657326	501C3	140,673				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
(50) PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT INC P O BOX 1559, BARTOW, FL 33831	59-0818924	501C3	689,990				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(51) POLK VISION INC 600 N BROADWAY AVE, STE. 201, BARTOW, FL 33830	20-0141870	501C3	10,000				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF; GENERAL OPERATING COST
(52) RIDGE AREA ARC INC 120 WEST COLLEGE DRIVE, AVON PARK, FL 33825	59-0829984	501C3	27,570				PROGRAM OPERATING SUPPORT, DONOR DESIGNATED FOR GENERAL SUPPORT
(53) SALVATION ARMY OF EAST POLK (WINTER HAVEN) PO BOX 1069, WINTER HAVEN, FL 33882	58-0660607	501C3	59,897				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(54) SALVATION ARMY SERVING WESTERN POLK (LAKELAND) PO BOX 928, LAKELAND, FL 33802	58-0660607	501C3	366,187				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(55) TALBOT HOUSE MINISTRIES OF LAKELAND INC PO BOX 902, LAKELAND, FL 33802	59-2151802	501C3	293,287				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST

(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
(56) TAMPA LIGHTHOUSE FOR THE BLIND INC 1106 WEST PLATT STREET, TAMPA, FL 33606	59-0637876	501C3	99,224				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(57) THE FREEDOM TOUR INC 108 1ST ELOISE ST., WINTER HAVEN, FL 33880	81-4516415	501C3	114,121				DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF
(58) THE WILSON HOUSE INC PO BOX 2461, LAKE LAND, FL 33806	59-3230584	501C3	275,578				PROGRAM OPERATING SUPPORT
(59) TRI-COUNTY HUMAN SERVICES INC 1815 CRYSTAL LAKE DRIVE, LAKE LAND, FL 33801	59-1708182	501C3	73,254				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(60) UNITED WAY SUNCOAST INC 4925 INDEPENDENCE PKWY STE 120, TAMPA, FL 33634	59-3725701	501C3	7,159				DONOR DESIGNATED FOR GENERAL SUPPORT
(61) VOLUNTEERS IN SERVICE TO THE ELDERLY INC 1232 EAST MAGNOLIA STREET, LAKE LAND, FL 33801	59-2625297	501C3	129,244				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(62) WOMENS CARE CENTER OF BARTOW INC PO BOX 1040, BARTOW, FL 33831	65-0332777	501C3	56,825				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(63) WOMEN'S RESOURCE CENTER OF FLORIDA INC 165 AVENUE A NW, WINTER HAVEN, FL 33831	59-2344584	501C3	66,338				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
(64) YOUNG MEN'S CHRISTIAN ASSOCIATION OF WEST CENTRAL FLORIDA INC 3620 CLEVELAND HEIGHTS BOULEVARD, LAKE LAND, FL 33803	59-1158144	501C3	51,544				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST

(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
(65) YOUTH AND FAMILY ALTERNATIVES INC 7524 PLATHE ROAD, NEW PORT RICHEY, FL 34653	59-1545990	501C3	37,319				DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST

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 16 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> <p>GRANTS PROVIDED TO QUALIFYING INDIVIDUALS FOR TRANSPORTATION ARE AWARDED BASED ON NEED AND ARE PAID DIRECTLY TO LYFT, INC., THE TRANSPORTATION PROVIDER.</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>
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>10090 AMERICAN NATIONAL RED CROSS - W.H.</p> <p>147 AVENUE A NORTHWEST, WINTER HAVEN, FL 33881</p>
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BIG BROTHERS BIG SISTERS OF TAMPA BAY INC</p> <p>1231 EAST ORANGE STREET, LAKE LAND, FL 33801</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BIG BROTHERS BIG SISTERS OF THE SUN COAST INC</p> <p>1000 TAMAMI TRAIL SOUTH SUITE C, VENICE, FL 34285</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BOY SCOUTS OF AMERICA GULF RIDGE COUNCIL, INC</p> <p>13228 N CENTRAL AVENUE, TAMPA, FL 33612</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>10090 AMERICAN NATIONAL RED CROSS - W.H.:</p> <p>DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>ACADEMY PREP CENTER OF LAKE LAND INC:</p> <p>DONOR DESIGNATED FOR GENERAL SUPPORT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>ACHIEVEMENT ACADEMY INC:</p> <p>DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST</p>

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLIANCE FOR INDEPENDENCE INC: DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BIG BROTHERS BIG SISTERS OF TAMPA BAY INC: DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BIG BROTHERS BIG SISTERS OF THE SUN COAST INC: DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BONNET SPRINGS PARK INC: DONOR DESIGNATED FOR GENERAL SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOY SCOUTS OF AMERICA GULF RIDGE COUNCIL, INC: DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOYS & GIRLS CLUB OF HIGHLANDS COUNTY: DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COST
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOYS & GIRLS CLUB OF POLK COUNTY: DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAMP FIRE USA SUNSHINE COUNCIL INC: DONOR DESIGNATED FOR GENERAL SUPPORT, DONOR DESIGNATED FOR PROGRAM COSTS, DONOR DESIGNATED FOR DISASTER/ EMERGENCY RELIEF, PROGRAM OPERATING COST
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	FAMILY EMERGENCY RELIEF - FOOD, SHELTER, UTILITIES, TRANSPORTATION, ETC.

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number

59-2116280

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	CHRISTINA CRISER JACKSON CEO	(i)	185,871	0	540	13,357	10,376	210,144	0
		(ii)	0	0	0	0	0	0	0
2	RODNEY CROWLEY COO	(i)	151,916	800	3,168	10,890	10,135	176,909	0
		(ii)	0	0	0	0	0	0	0
3	JOHN ROUNDS CFO THROUGH FEB 2025	(i)	143,598	800	216	2,492	9,668	156,774	0
		(ii)	0	0	0	0	0	0	0
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**SCHEDULE L  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

**Open to Public Inspection**

Name of the organization

UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number

59-2116280

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990) (Rev.1-2025)



**Part IV****Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PEYTON WALLACE	FAMILY MEMBER OF OFFICER	\$18,640	EMPLOYMENT		✓

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

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 . . . . .	✓	4	386,684	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 ( (SEE STATEMENT) ) . . . . .				
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
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? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
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 I**

**Types of Property** (continued)

Property Type	(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
GIFT CARDS FOR DISASTER RELIEF	✓	7	750	COST

**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	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

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

**Open to Public  
Inspection**

Name of the organization

United Way of Central Florida, Inc

Employer identification number

59-2116280

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>COMMUNITY IMPACT: UWCF'S PREMIERE COMMUNITY INVESTMENT PROCESS MOBILIZES MORE THAN 130 VOLUNTEERS ON 15 TEAMS AROUND THEIR 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.</p> <p>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.</p> <p>FINANCIAL STABILITY/INCOME: THE FINANCIAL STABILITY INITIATIVE HELPS FAMILIES IMPROVE FINANCIAL 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 2020-25 OUR FOOD DISTRIBUTIONS WERE ABLE TO PROVIDE FOOD TO OVER 1,581,442 VISITORS IN POLK, HIGHLANDS, AND HARDEE COUNTIES. IN THE FIRST FIVE YEARS OF THIS INITIATIVE 13,716,969 MEALS WERE PROVIDED TO COMMUNITIES IN NEED.</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 OPERATIONS 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. CRYSTAL LAKE ELEMENTARY, A COMMUNITY PARTNERSHIP SCHOOL RECEIVED STATEWIDE CERTIFICATION FROM THE UCF CENTER FOR COMMUNITY PARTNERSHIP SCHOOLS IN 2024.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

United Way of Central Florida, Inc

Employer identification number

59-2116280

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>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, BUSINESSES, NON-PROFIT AND FAITH-BASED ORGANIZATIONS INVOLVED IN DISASTER RESPONSE.</p> <p>UWCF CONTINUES TO RESPOND TO DISASTERS THROUGH FOOD SECURITY EFFORTS AND OTHER ASSISTANCE. WITH THE SUPPORT OF LOCAL PARTNERSHIPS, UWCF WAS ABLE TO PROVIDE THE FOLLOWING SUPPORT:</p> <p>*THE UNITED COMMUNITY RELIEF FUND WAS FORMED IN PARTNERSHIP WITH GIVEWELL COMMUNITY FOUNDATION IN 2020 TO PROVIDE COVID-19 PANDEMIC RESPONSE. IN THE WAKE OF HURRICANE IAN IN 2022, OVER \$259,600 WAS DISTRIBUTED TO NONPROFITS AND THEIR CLIENTS SUFFERING DIRECT LOSSES AS A RESULT OF THE STORM. THIS FUND WAS ACTIVATED DURING THE 2024-25 FISCAL YEAR AFTER HURRICANES HELENE AND MILTON AND PROVIDED \$80,000 TO 11 TRI-COUNTY NONPROFIT AGENCIES AND A \$100,000 MATCH TO REBUILDING TOGETHER GREATER FLORIDA FOR HOME REPAIRS.</p> <p>*PUBLIX SUPER MARKETS EMERGENCY RELIEF PROVIDED \$279,079 TO SUPPORT INDIVIDUALS WHO HAVE EXPERIENCED HARDSHIPS DUE TO VARIOUS EMERGENCIES WHERE OTHER ASSISTANCE IS UNAVAILABLE. IN 2024-25, THIS FUND ALSO PROVIDED HURRICANE HELENE AND HURRICANE MILTON RELIEF ACROSS MULTIPLE STATES. GENERAL HURRICANE RELIEF TOTALED \$281,165; HELENE SPECIFIC RELIEF WAS \$251,241; AND MILTON SPECIFIC RELIEF WAS \$73,855.</p> <p>*2-1-1 REFERRALS HAVE REMAINED HIGH DUE TO INCREASING NEEDS FACED BY CITIZENS OF POLK, HIGHLANDS AND HARDEE COUNTIES: INCLUDING THE HOUSING CRISIS, INFLATION OF ALL GOODS, SUPPLY CHAIN WOES, FUEL PRICES, CHILDCARE CRISIS, AND STAFFING SHORTAGES.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

United Way of Central Florida, Inc

Employer identification number

59-2116280

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,267,255 INCLUDING GRANTS OF )(REVENUE )</p> <p>OTHER PROGRAM SERVICES:</p> <p>SUCCESS BY 6: 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. IN TOTAL SUCCESS BY 6 PROGRAMS PLACED OVER 54,000 BOOKS IN THE HANDS OF CHILDREN IN FY 24/25. IN ADDITION:</p> <p>*103 PARENT LENDING LIBRARIES WERE IN CHILDCARE CENTERS SERVING LOW-INCOME FAMILIES; WITH 20,919 BOOKS CHECKED OUT.</p> <p>*TO INCREASE AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION, BORN LEARNING, A \$90 MILLION EARLY CHILDHOOD AWARENESS CAMPAIGN DEVELOPED BY THE AD COUNCIL, CIVILIAN PROVIDED MORE THAN 300,000 MESSAGES TO CITIZENS OF CENTRAL FLORIDA. THESE INCLUDED BUS SIGNS, BILLBOARDS, NEWSPAPER ADVERTISEMENTS AND PARENT EDUCATION MATERIALS PLACED IN KEY LOCATIONS THROUGHOUT THE AREA. SUCCESS BY 6 EVENTS AND STAFF PROVIDED 4,756 PIECES OF BORN LEARNING AND OTHER LITERATURE TO FAMILIES IN OUR COMMUNITY</p> <p>*DOLLY PARTON IMAGINATION LIBRARY MAELS A BOOK AND PARENT GUIDE EACH MONTH TO THE HOMES OF PRESCHOOL CHILDREN. 22,481 BOOKS WERE PLACED IN THE HOMES OF 2,500 CHILDREN AGES 0-5.</p> <p>THE CAROL JENKINS BARNETT UNITED WAY CHILDREN'S RESOURCE CENTER (CJBUWCRC), FORMERLY FAMILY FUNDAMENTALS, OPENED IN NOVEMBER 2022 IN OUR NEW LOCATION WITHIN THE FLORIDA CHILDREN'S MUSEUM AT BONNET SPRINGS PARK IN LAKELAND. AS A COMMUNITY AND FAMILY OUTREACH OF SUCCESS BY 6 THE CJBUWCRC IS A PARENT RESOURCE CENTER WHICH HAS FORMED PARTNERSHIPS WITH OVER 40 PARTNER ORGANIZATIONS PROVIDING PARENTS AND FAMILY MEMBERS WITH SUPPORT GROUPS, CLASSES, EDUCATION, TUTORING AND OTHER PROGRAMS DESIGNED TO STRENGTHEN THE DEVELOPMENT OF OUR CHILDREN AND FAMILY RELATIONSHIPS.</p> <p>MASTER TEACHER: THIS SCHOOL READINESS INITIATIVE TARGETS NEIGHBORHOODS WHERE CHILDREN CONSIDERED AT-RISK FOR SCHOOL FAILURE RESIDE. IT PROVIDES AN INTERNSHIP FOR CHILDCARE INSTRUCTORS USING TWO MASTER TEACHERS ALONG WITH PARENT EDUCATION CLASSES TO HELP THE INSTRUCTORS AND PARENTS TO 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>2-1-1: THE 2-1-1 PROGRAM 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 ON BEHALF OF INDIVIDUALS/FAMILIES FOR ACCESS TO RESOURCES. IT ALSO WORKS TO PROVIDE BETTER SERVICE, ACCESSIBILITY AND INFORMATION TO THE HISPANIC COMMUNITY.</p> <p>*FROM JULY 1, 2024-JUNE 30, 2025, 211 RECEIVED 59,297 CONTACTS FOR SERVICES THROUGH CALLS, CHATS, TEXTS, E-MAIL INQUIRIES, AND DATABASE SEARCHES. IN ADDITION, THERE WERE 103,236 WEBPAGE VIEWS FOR END HUNGER, 211, CJBUWCRC, FREE TAX PREP, AND OTHER NEEDED COMMUNITY RESOURCES</p> <p>WOMEN UNITED - READINGPALS: IN SPRING 2012, UWCF RECEIVED A FIRST-YEAR GRANT TO BEGIN READINGPALS. PLANNING AND IMPLEMENTATION INCLUDE COLLABORATIONS WITH POLK AND HIGHLANDS COUNTY SCHOOLS, THE EARLY LEARNING COALITION OF POLK AND LEARNING RESOURCE CENTER. FROM 2012-2020, CAROL AND BARNEY BARNETT INVESTED OVER \$8,500,000 IN 17 REGIONS THROUGHOUT THE STATE OF FLORIDA TO IMPROVE EARLY LITERACY. 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, TO THE BARNETTS, TO ALL BUSINESSES AND FAMILIES IN FLORIDA THAT WE MAKE A UNITED EFFORT TO REDUCE THE CLOSE TO 45% OF CHILDREN WHO ARE NOT READING AT GRADE LEVEL. IN 2024 THE PROGRAM SECURED 181 VOLUNTEERS AND SERVED 362 STUDENTS AT 14 SCHOOLS.</p>
<p>FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE</p>	<p>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.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>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.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

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

**Open to Public  
Inspection**

Name of the organization

United Way of Central Florida, Inc

Employer identification number

59-2116280

Return Reference - Identifier	Explanation								
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 6/30/2025.								
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 6/30/2025.								
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 <a href="http://WWW.UWCF.ORG">WWW.UWCF.ORG</a> . 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	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGES IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS</td> <td>30,243</td> </tr> <tr> <td>UNCOLLECTIBLE PLEDGES</td> <td>- 383,227</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>- 352,984</b></td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGES IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	30,243	UNCOLLECTIBLE PLEDGES	- 383,227	<b>TOTAL</b>	<b>- 352,984</b>
(a) Description	(b) Amount								
CHANGES IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	30,243								
UNCOLLECTIBLE PLEDGES	- 383,227								
<b>TOTAL</b>	<b>- 352,984</b>								

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF CENTRAL FLORIDA, INC

Employer identification number

59-2116280

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

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

**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.

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

**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		✓