

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
14013 NORTH 22ND STREET
City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33613
F Name and address of principal officer
SARAH COMBS
14013 NORTH 22ND STREET
TAMPA, FL 33613

D Employer identification number
31-1624121
E Telephone number
(813) 558-5212
G Gross receipts \$ 6,056,840

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW UACDC ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1998

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOR OVER 22 YEARS, UNIVERSITY AREA CDC HAS CHAMPIONED POSITIVE CHANGE IN THE ECONOMIC, EDUCATIONAL AND SOCIAL LEVELS OF THE UPTOWN/UNIVERSITY AREA THROUGH YOUTH PROGRAMS, ADULT EDUCATION, ATTAINABLE HOUSING, WORKFORCE AND RESOURCE ASSISTANCE AND COMMUNITY ENGAGEMENT WE SERVE AS A BEACON OF HOPE FOR THE COMMUNITY AND A SAFE-HAVEN FOR THOSE WHO NEED A VOICE AS FEARLESS CHAMPIONS OF OUR RESIDENTS, WE STRIVE TO EMPOWER THEM WITH THE ESSENTIAL TOOLS NEEDED TO ATTAIN BETTER JOBS, BETTER HEALTH AND BETTER FUTURES FOR THEIR CHILDREN WE'RE DOING MORE THAN MAKING POSITIVE CHANGE IN OUR COMMUNITY WE'RE TRANSFORMING THE LIVES OF GENERATIONS TO COME

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	79
6 Total number of volunteers (estimate if necessary)	6	10,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-859
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-859

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,120,774	4,483,316
9 Program service revenue (Part VIII, line 2g)	968,481	1,116,310
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,468	63,933
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,455	99,573
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,186,178	5,763,132
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	385,634	786,145
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,800,429	2,932,952
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶218,978		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,412,841	1,789,708
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,598,904	5,508,805
19 Revenue less expenses Subtract line 18 from line 12	-412,726	254,327
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,987,703	11,520,805
21 Total liabilities (Part X, line 26)	2,962,833	3,216,608
22 Net assets or fund balances Subtract line 21 from line 20	8,024,870	8,304,197

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-08-14
SARAH COMBS CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN P00744293
Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325
Firm's address ▶ 100 2ND AVENUE S 600 ST PETERSBURG, FL 33701 Phone no (727) 821-6161

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC (UACDC) IS A 501(C)(3) PUBLIC/PRIVATE PARTNERSHIP WHOSE MISSION IS CHILDREN AND FAMILY DEVELOPMENT, CRIME PREVENTION AND COMMERCE GROWTH (CONTINUED ON SCHEDULE O)(CONTINUED FROM PAGE 2, PART III, LINE 1) ITS PRIMARY FOCUS IS THE REDEVELOPMENT AND SUSTAINABILITY OF THE AT-RISK AREAS SURROUNDING THE TAMPA CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA

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 [X] 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 [X] 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 \$ 2,096,820 including grants of \$ 786,145) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 381,419 including grants of \$) (Revenue \$ 284,944)
See Additional Data

4c (Code) (Expenses \$ 522,729 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 1,907,244 including grants of \$) (Revenue \$ 944,567)

WORKFORCE DEVELOPMENT THE GOAL OF THE UNIVERSITY AREA INVEST WORKFORCE PROGRAM IS TO ASSIST INDIVIDUALS/FAMILIES BY CONNECTING AND BUILDING KNOWLEDGE OF, AND HOW TO ACCESS, RESOURCES THAT WILL POSITIVELY CONTRIBUTE TO THEIR PERSONAL PLAN OF LONG TERM SELF-SUFFICIENCY THE COMMUNITY-BASED WORKFORCE PROGRAM PROVIDES RESIDENTS (INCLUDING NON-FLUENT ENGLISH SPEAKERS) INTERNET ACCESS, TOOLS, INDUSTRY-SPECIFIC TRAININGS AND PROGRAMS THEY NEED TO BEGIN AND COMPLETE A SUCCESSFUL JOB SEARCH EVEN THOSE WHO ARE EMPLOYED ARE ABLE TO ENHANCE THEIR SKILLS, WHICH WILL CONTRIBUTE TO OBTAINING "BETTER JOBS AND/OR CAREER ADVANCEMENT " THE COMPUTER LAB IS OPEN TO THE PUBLIC EVERY WEEKDAY IT SERVES AS A TREMENDOUS AID TO THE COMMUNITY BY PROVIDING PEOPLE THE OPPORTUNITY TO DO RESEARCH, LOOK FOR JOBS, TRAIN AND OBTAIN CERTIFICATION, CREATE RESUMES AND PARTICIPATE IN JOB TRAINING WORKSHOP, ALL FREE OF CHARGE! PROGRAM STATS & FACTS UNIVERSITY AREA 'INVEST' WORKFORCE PROVIDES COMPUTER LAB AND GUIDANCE, MICROSOFT OFFICE CERTIFICATIONS, JOB READINESS WORKSHOPS, JOB SEARCH ASSISTANCE, JOB PLACEMENT, SOFT SKILLS TRAINING, INDUSTRY SPECIFIC TRAININGS & CERTIFICATIONS IN FY 2018-2019, 641 UNIQUE INDIVIDUALS UTILIZED THE COMPUTER LAB FOR COMPUTER ACCESS AND JOB SEARCH 28 PEOPLE WERE AWARDED A SCHOLARSHIP TO OBTAIN TRAINING AS A CERTIFIED NURSING ASSISTANT AND 3 OBTAINED CERTIFICATION THE COMPUTER LAB SERVES APPROXIMATELY 300 INDIVIDUALS PER MONTH AT ANY GIVEN TIME, YOU WILL FIND INDIVIDUALS IN THE COMPUTER LAB LOOKING FOR A JOB MAJORITY OF JOB LISTINGS AND APPLICATIONS ARE POSTED ONLINE OUR LAB BRIDGES THE GAP FOR PEOPLE WHO NEED A JOB (OR WANT A BETTER ONE) AND DO NOT HAVE A COMPUTER WE OFFER HELP WITH CREATING EMAILS, USING MICROSOFT OFFICE PROGRAMS, PRINTING AND MUCH MORE DREAMCATCHERS SUMMER CAMP THE DREAMCATCHERS SUMMER CAMP PROVIDES OVER 250 CHILDREN, LIVING IN AT- RISK COMMUNITIES, A SAFE, FUN AND EDUCATIONAL PROGRAM AT THREE CONVENIENT LOCATIONS, UNDER THE SUPERVISION OF ADULTS WHO GENUINELY CARE ABOUT THEM CAMP IS AN ANNUAL 9-WEEK PROGRAM THAT PROVIDES LOW-INCOME FAMILIES AN OPPORTUNITY TO KEEP CHILDREN SAFE AND ACTIVE THROUGHOUT THE SUMMER, WHILE INFUSING 'STEAM' PROGRAMMING CAMPERS ENGAGE IN A WIDE VARIETY OF ACTIVITIES, WHILE MAINTAINING SKILLS ACQUIRED DURING THE RECENT SCHOOL YEAR THE ALL- INCLUSIVE CAMP FEATURES SWIMMING, GARDENING, FINANCIAL LITERACY, LANGUAGE, GUN SAFETY, PERFORMING ARTS & MORE HARVEST HOPE PARK HARVEST HOPE PARK IS A COMMUNITY DEVELOPMENT PROJECT IN THE HEART OF THE UNIVERSITY AREA CDC AS THE CATALYST FOR OUR REVITALIZATION OF THIS UNDERSERVED, DIVERSE COMMUNITY, IT SERVES AS A BEACON OF HOPE FOR RESIDENTS, AS WELL AS A PROGRAM DELIVERY SITE, PROVIDING ACCESS TO A RANGE OF ACTIVITIES AND SERVICES ALONG WITH OUTDOOR RECREATION AND SPORTS THIS SEVEN-ACRE GREEN SPACE LOCATED IN THE HEART OF THE NEIGHBORHOOD IS MORE THAN A BEAUTIFICATION PROJECT HARVEST HOPE PARK ADDRESSES THREE OF THE GOALS OUTLINED IN THE UNIVERSITY AREA MASTER PLAN THESE OBJECTIVES INCLUDE 1) CREATING SAFE, ATTRACTIVE COMMUNITIES THAT RESIDENTS ARE PROUD TO CALL HOME 2) CREATE HEALTHY AND ENJOYABLE PLACES TO LIVE, WORK AND PLAY 3) PROVIDE RELIABLE, COST-EFFECTIVE, SECURE INFRASTRUCTURE THAT MINIMIZES ENVIRONMENTAL IMPACTS THE HARVEST HOPE PARK FEATURES INCLUDE A MULTI-PURPOSE SPORTS FIELD, PLAYGROUND, ADULT FITNESS EQUIPMENT, FISHING DOCK, AND ORGANIC COMMUNITY GARDEN THE HARVEST HOPE CENTER OFFERS A COMMUNITY KITCHEN AND EDUCATION CLASSROOM WHERE RESIDENTS CAN LEARN HOW TO PREPARE AND COOK DELICIOUS AND NUTRITIOUS MEALS FOR THEIR FAMILIES NUTRITION CLASSES AND WORKSHOPS ARE ALSO HELD AT THE CENTER, WHERE RESIDENTS CAN LEARN MORE ABOUT HOLISTIC HEALTH THE GARDEN, KITCHEN, AND CLASSROOM IS A PLACE WHERE COMMUNITY MEMBERS COME TOGETHER TO LEARN ABOUT HOW TO GROW, BUY, PREPARE, COOK, AND EAT TOGETHER GOOD NUTRITION AND ACCESS TO HEALTHY FOOD IS THE KEY TO HEALTH AND HAPPINESS SO COMMUNITY MEMBERS CAN LIVE UP TO THEIR FULL POTENTIAL HARVEST HOPE COMMUNITY GARDEN THE MISSION OF THE HARVEST HOPE COMMUNITY GARDEN IS TO ENGAGE COMMUNITY RESIDENTS IN ORGANIC GARDENING AND NUTRITION TO PROMOTE HEALTHY LIFESTYLES AND COMMUNITY CONNECTIONS, WHILE INCREASING ACCESSIBILITY TO FRESH PRODUCE THE HARVEST HOPE GARDEN WAS CREATED TO PROVIDE RESIDENTS WITH THE OPPORTUNITY TO GROW THEIR OWN FRUITS AND VEGETABLES TO INCREASE ACCESS AND AFFORDABILITY OF ORGANIC PRODUCE LIMITED ACCESS TO HEALTHY FOODS IS A MAJOR BARRIER TO HEALTHY EATING FOR MOST OF OUR RESIDENTS IN THE UNIVERSITY AREA COMMUNITY TO HELP COMBAT THE SOCIAL DETERMINANTS OF HEALTH, THE GARDEN PROVIDES WEEKLY GARDENING CLASSES FOR RESIDENTS TO LEARN HOW TO GROW, HARVEST, AND COOK THEIR OWN FOOD THE GARDEN HOSTS OVER 50 NUTRITION AND GARDENING WORKSHOPS EACH YEAR WITH UP TO 2,000 VOLUNTEERS ENGAGED, 1,700LBS OF FOOD DISTRIBUTED, AND OVER 300 FAMILIES BENEFITING EACH YEAR FROM THE HEALTHY ORGANIC PRODUCE IN THEIR VERY OWN COMMUNITY OUR GOAL IS TO ENGAGE 10 NEW PARTNERS EACH YEAR, SO WE CAN CONTINUE TO SHARE THE ORGANIZATION'S MISSION AND ENGAGE STAKEHOLDERS IN MAKING A POSITIVE IMPACT ON THE COMMUNITY SOME OF THE PRODUCE GROWN IN THE GARDEN INCLUDES BROCCOLI, CARROTS, SPINACH, GREEN BEANS, TOMATOES, OKRA, BEETS, CILANTRO, BASIL, TURNIPS, RED CABBAGE, GREEN CABBAGE, KALE, LETTUCE, MUSTARD GREENS, COLLARD GREENS, SWISS CHARD, CILANTRO, BASIL GREEN ONIONS, STAR FRUIT, MANGOS, RASPBERRIES, BLUEBERRIES, AND MORE SEASONAL SELECTIONS GET MOVING! UNIVERSITY AREA CDC'S GET MOVING! MIND, BODY AND SOUL PROGRAM IS A HEALTH AND WELLNESS PROGRAM THAT HOLISTICALLY FOCUSES ON IMPROVING THE PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL HEALTH OF PARTICIPANTS IT'S A COMPREHENSIVE WELLNESS PROGRAM CREATED TO IMPROVE THE HEALTH AND NUTRITION OF UNIVERSITY AREA RESIDENTS, WHILE MEETING THE INDIVIDUAL WHERE THEY ARE IN LIFE THE PROGRAM STRIVES TO CREATE A SUITABLE LIVING ENVIRONMENT THAT PROMOTES NEIGHBORHOOD SUSTAINABILITY, BY OFFERING HEALTHY ACTIVITIES THROUGH ORGANIZED SPORTS AND EDUCATIONAL CLASSES FROM BASKETBALL AND SOCCER TO FLAG FOOTBALL AND CHEERLEADING LEAGUES AT THE COMMUNITY PARK, ALL ORGANIZED SPORTS ARE AVAILABLE TO RESIDENTS, WHETHER THEY ARE LEARNING FOR THE FIRST TIME OR HAVE "BEEN DOING IT FOR YEARS" GET MOVING! OFFERS OVER 20 DIFFERENT CLASSES MONTHLY AND CONTINUES TO EXPAND PROGRAMMING TO INCLUDE MENTAL HEALTH, NUTRITION, YOGA, ZUMBA, TAI CHI, LINE DANCING, BOOT CAMP, BICYCLING, PICKLEBALL, KARATE, EDUCATIONAL WORKSHOPS, AND MORE THE GET MOVING! PROGRAM HAS SUCCESSFULLY SERVED OVER 4,271 PARTICIPANTS IN HILLSBOROUGH COUNTY, INCLUDING SENIORS, ADULTS, YOUTH, VETERANS, AND PEOPLE WITH DISABILITIES THROUGH COLLABORATIVE PARTNERSHIPS AND MUTUAL HEALTH GOALS, GET MOVING! WORKS WITH SEVERAL ENTITIES INCLUDING HOSPITALS, UNIVERSITIES, SPORTS TEAMS, NUTRITIONISTS, CERTIFIED TRAINERS, AND LOCAL BUSINESSES TO MAKE A POSITIVE DIFFERENCE IN COMMUNITY HEALTH OF THE UNIVERSITY AREA BLOCK-BY-BLOCK BLOCK-BY-BLOCK IS AN INITIATIVE DESIGNED TO FURTHER THE UNIVERSITY AREA CDC'S REACH INTO THE COMMUNITY BY BUILDING MEANINGFUL RELATIONSHIPS WITH RESIDENTS AND ASSISTING RESIDENTS TO IMPROVE THEIR LIVES IN FISCAL YEAR 2018-2019, 26 FAMILIES WERE SERVED BY 41 INDIVIDUAL VOLUNTEERS THIS COMMUNITY DEVELOPMENT PROGRAM IS DESIGNED TO IDENTIFY NEIGHBORHOOD SEGMENTS IN NEED OF SUPPORT, CONDUCT NEEDS ASSESSMENTS WITHIN THAT PARTICULAR BLOCK, AND IMPLEMENT PROJECTS AND RESOURCE CONNECTIONS TO ADDRESS THE PARTICULAR NEED AT BOTH THE INDIVIDUAL AND COMMUNITY LEVEL OFTEN, NEIGHBORS MAY HAVE SIMILAR CHALLENGES REGARDING COMMUNITY INFRASTRUCTURE, HIGH CRIME, LACK OF TRANSPORTATION, LACK OF CLEAN WATER, AND OTHER ISSUES ONCE IDENTIFIED, THESE CHALLENGES CAN BE RESPONDED TO IN A REAL AND HOLISTIC WAY THAT SUPPORTS THE PROSPERITY OF AN ENTIRE BLOCK OF RESIDENTS RATHER THAN JUST A FEW THE PROGRAM RUNS FOR 10 WEEKS, DURING WHICH PARTICIPATING RESIDENTS ARE PAIRED WITH VOLUNTEER "CONNECTORS" WHO HELP TO IDENTIFY AREAS OF NEED, AND CONNECT THE RESIDENT TO COMMUNITY RESOURCES AND ITEMS OF ASSISTANCE UNIVERSITY AREA LEADERS COLLECTIVE THE UNIVERSITY AREA LEADERS COLLECTIVE IS A GROUP OF RESIDENTS AND DEVELOPING LEADERS FROM THE UNIVERSITY AREA COMMUNITY THE GOALS OF THE LEADERS COLLECTIVE ARE TO BRING TOGETHER COMMUNITY RESIDENTS WITH A DESIRE TO EFFECT POSITIVE CHANGE, DEVELOP THEIR GROWTH THROUGH A SERIES OF PERSONAL AND PROFESSIONAL DEVELOPMENT TRAININGS, AND PROVIDE THEM WITH STAFF SUPPORT AND RESOURCES TO PUT THEIR COMMUNITY CHANGE IDEAS INTO ACTION MEMBERS OF THE LEADERS COLLECTIVE ALSO HAVE THE OPPORTUNITY TO SERVE AS PARTNER LEADERS IN MANY OF THE UACDC INITIATIVES INCLUDING PROGRAMMING, INTERNAL COMMITTEES, COMMUNITY ENGAGEMENT, SURVEYING, PUBLIC PRESENTATIONS, AND CO-FACILITATING COMMUNITY FORUMS AND FOCUS GROUPS IN YEAR 2018-2019, 14 MEETINGS WERE HELD, WITH A TOTAL OF 79 RESIDENTS IN ATTENDANCE

4d Other program services (Describe in Schedule O) (Expenses \$ 1,907,244 including grants of \$) (Revenue \$ 944,567)

4e Total program service expenses 4,908,212

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bond issues, excess benefit transactions, and other IRS requirements.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	79		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	Yes
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>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)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Another's website, Upon request, Other (explain in Schedule O)); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (ROB ZIMPRICH CPA 14013 NORTH 22ND STREET TAMPA, FL 33613 (813) 558-5212).

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TONY COLEMAN CHAIRMAN	10 00	X						0	0	0
(2) DR ERIC M EISENBERG VICE CHAIRMAN	5 00	X						0	0	0
(3) TJ COUCH SECRETARY	5 00	X						0	0	0
(4) LEON PAIGE TREASURER	5 00	X						0	0	0
(5) GENE MARSHALL DIRECTOR	5 00	X						0	0	0
(6) DAVID CANTILLO DIRECTOR	2 00	X						0	0	0
(7) JASON COE DIRECTOR	2 00	X						0	0	0
(8) JON DENGLER DIRECTOR	2 00	X						0	0	0
(9) MARK DOWNING DIRECTOR	2 00	X						0	0	0
(10) ROSS FABIAN DIRECTOR	2 00	X						0	0	0
(11) DONALD GRANTHAM DIRECTOR	2 00	X						0	0	0
(12) STEVIE HODGKINS DIRECTOR	2 00	X						0	0	0
(13) KENNETH JONES DIRECTOR	2 00	X						0	0	0
(14) FRANCIS JOSEPH DIRECTOR	2 00	X						0	0	0
(15) KC POULIN DIRECTOR	2 00	X						0	0	0
(16) RICHARD ROEBUCK DIRECTOR	2 00	X						0	0	0
(17) PHILIP RUSSO DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK SHARPE DIRECTOR	2 00	X						0	0	0
(19) DARLENE STAUNKO DIRECTOR	2 00	X						0	0	0
(20) SARAH COMBS CEO	50 00			X				194,727	0	5,842
(21) ROB ZIMPRICH CPA CFO	50 00			X				99,329	0	0
(22) JOSEPHINE ROCCO COO	50 00			X				84,077	0	1,907
(23) JAREE ERVIN CDO	50 00			X				79,471	0	2,384
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								457,604	0	10,133

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CRITICAL INTERVENTION SERVICES 13777 S BELCHER ROAD LARGO, FL 33771	SECURITY	229,038

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 ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	71,906		
	d Related organizations	1d			
	e Government grants (contributions)	1e	3,814,745		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	596,665		
	g Noncash contributions included in lines 1a - 1f \$		253,875		
	h Total. Add lines 1a-1f		4,483,316		

Program Service Revenue			Business Code				
	2a FACILITY REVENUE		900099	831,366	831,366		
b LOW INCOME HOUSING		900099	284,944	284,944			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1,116,310				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			31,209			31,209
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		157,055					
	b Less rental expenses	157,914					
	c Rental income or (loss)	-859					
	d Net rental income or (loss)			-859			-859
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			144,499				
	b Less cost or other basis and sales expenses		111,775				
	c Gain or (loss)		32,724				
	d Net gain or (loss)			32,724			32,724
	8a Gross income from fundraising events (not including \$ 71,906 of contributions reported on line 1c) See Part IV, line 18	a	11,250				
	b Less direct expenses	b	24,019				
c Net income or (loss) from fundraising events			-12,769			-12,769	
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	900099	100,766	100,766				
b VENDING MACHINE INCOME	900099	12,435	12,435				
c _____							
d All other revenue							
e Total. Add lines 11a-11d			113,201				
12 Total revenue. See Instructions			5,763,132	1,229,511	-859	51,164	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	786,145	786,145		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	467,737	353,886	26,991	86,860
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,920,110	1,690,932	193,141	36,037
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	17,899	15,750	1,672	477
9 Other employee benefits.	348,948	307,382	23,509	18,057
10 Payroll taxes.	178,258	152,250	16,195	9,813
11 Fees for services (non-employees):				
a Management.				
b Legal.	13,594	3,000	10,755	-161
c Accounting.	35,793	33,791	594	1,408
d Lobbying.	51,000			51,000
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	7,598		7,598	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	21,540	21,483	46	11
12 Advertising and promotion.	40,042	1,125	38,482	435
13 Office expenses.	20,113	13,306	6,068	739
14 Information technology.	68,386	62,319	1,340	4,727
15 Royalties.				
16 Occupancy.	364,306	360,471	3,080	755
17 Travel.	25,091	17,805	6,481	805
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	18,375	7,328	10,826	221
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	268,733	267,973	520	240
23 Insurance.	88,176	85,719	911	1,546
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a OTHER PROGRAM SERVICES	407,235	393,576	9,995	3,664
b SECURITY	217,269	217,031	238	
c EQUIPMENT EXPENSE	74,884	73,256	1,628	
d ALL OTHER EXPENSES	57,635	33,746	21,545	2,344
e All other expenses	9,938	9,938		
25 Total functional expenses. Add lines 1 through 24e.	5,508,805	4,908,212	381,615	218,978
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	522	1	572
	2 Savings and temporary cash investments	3,948,406	2	3,183,030
	3 Pledges and grants receivable, net	490,261	3	1,201,126
	4 Accounts receivable, net	131,098	4	62,297
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	134,424	9	111,373
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,275,299		
	b Less accumulated depreciation	10b 4,314,072	6,281,812	10c 6,961,227
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,180	15	1,180
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,987,703	16	11,520,805	
Liabilities	17 Accounts payable and accrued expenses	323,789	17	537,606
	18 Grants payable		18	
	19 Deferred revenue	164,356	19	204,314
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,474,688	23	2,474,688
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,962,833	26	3,216,608
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,795,738	27	8,299,517
	28 Temporarily restricted net assets	229,132	28	4,680
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,024,870	33	8,304,197	
34 Total liabilities and net assets/fund balances	10,987,703	34	11,520,805	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,763,132
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,508,805
3	Revenue less expenses Subtract line 2 from line 1	3	254,327
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,024,870
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	25,000
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,304,197

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-1624121

Name: UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PRODIGY CULTURAL ARTSPRODIGY IS A RESEARCH-BASED PREVENTION PROGRAM FOR AT-RISK YOUTH AGES 5-18 PRODIGY USES VISUAL AND PERFORMING ARTS AS A WAY TO HELP YOUNG PEOPLE DEVELOP LIFE SKILLS SUCH AS COMMUNICATION, LEADERSHIP, PROBLEM SOLVING, ANGER MANAGEMENT, CAREER ASPIRATIONS AND GOAL SETTING EACH CULTURAL ARTS CLASS IS CONDUCTED BY A PROFESSIONAL ARTIST WHO SERVES AS A MENTOR AND TEACHER THROUGH ART, YOUTH BUILD SELF-CONFIDENCE, LEARN HOW TO SHOWCASE THEIR SKILLS AND DEVELOP POSITIVE, LIFE-LONG HABITS FOR FUTURE SUCCESS PRODIGY IS ALSO KNOWN FOR BEING SUCCESSFUL WITH ADULTS (CONTINUED ON SCHEDULE O)(CONTINUED FROM PAGE 2, PART III, LINE 4A) ACCORDING TO INDEPENDENT RESEARCH, AS WELL AS THE FLORIDA DEPARTMENT OF JUVENILE JUSTICE, PRODIGY IS AMONG ONE OF THE BEST PERFORMING PREVENTION PROGRAMS IN THE STATE OVER 95% OF ENROLLED PARTICIPANTS DO NOT HAVE CONTACT WITH LAW ENFORCEMENT AND FOR THOSE WHO HAVE COMMITTED A MINOR OFFENSE, OVER 89% DO NOT REOFFEND PROGRAM STATS & FACTSOVER 30,000 YOUTH SERVED IN 20 YEARS! - IN ADDITION TO AN IMPRESSIVE REACH ACROSS WEST CENTRAL FLORIDA, PRODIGY ALSO TOUTS A PROFOUND ANNUAL SAVINGS OF \$160 MILLION FOR THE FLORIDA DEPARTMENT OF JUVENILE JUSTICE COST SAVINGS - CURRENT COST ANALYSIS SHOWS PRODIGY TO BE AMONG THE LOWEST COST PREVENTION PROGRAMS AT AN AVERAGE OF \$1,500 PER STUDENT, EVEN WHEN ALL COSTS ARE INCLUDED PRODIGY RECEIVED FUNDING FROM THE FLORIDA DEPARTMENT OF JUVENILE JUSTICE AND FROM HILLSBOROUGH COUNTY BELOW ARE YOUTH PROGRAM HIGHLIGHTS RELATED TO EACH PRODIGY PROGRAM PRODIGY MOVES! - THE MOBILE COMPONENT OF PRODIGY CULTURAL ARTS PROGRAM, PRODIGY MOVES! TAKES MOBILE CULTURAL ARTS CLASSROOMS TO UNDERSERVED YOUTH IN HIGH RISK NEIGHBORHOODS ACROSS SEVEN COUNTIES IN WEST CENTRAL FLORIDA WE CREATE THE SPLASH AND START A CULTURAL SPARK THAT PEEKS THE INTEREST OF THE STUDENT PRODIGY MOVES! PROVIDED 225 VISUAL AND PERFORMING ARTS BASED WORKSHOPS TO OVER 3500 PARTICIPANTS INCLUDING SENIOR CITIZENS, ADULTS IN RECOVERY AND OUTREACH PROGRAMS, YOUTH AT PARKS AND RECREATION SITES, YOUTH IN FOSTER CARE AS WELL AS YOUTH AND ADULTS AT PUBLIC COMMUNITY EVENTS 94% OF RESPONDENTS FROM PRODIGY MOVES! WOULD RECOMMEND PRODIGY TO OTHERS PRODIGY HILLSBOROUGH COUNTY- SERVED 474 YOUTH THROUGH A VARIETY OF VISUAL AND PERFORMING ART CLASSES AND PARTNERED WITH FIVE ORGANIZATIONS TO IMPLEMENT PRODIGY IN DIFFERENT HILLSBOROUGH COUNTY COMMUNITIES 100% OF YOUTH ACCOMPLISHED ONE OR MORE PERSONAL GOALS AND 100% OF YOUTH WOULD RECOMMEND PRODIGY TO OTHERS PRODIGY FOR ADULTS! USING THE CORE PRODIGY MODEL, 225 ARTS BASED WORKSHOPS ARE PROVIDED TO OVER 3500 ADULTS EACH YEAR IN HILLSBOROUGH COUNTY UNDER A SPECIAL PARTNERSHIP WITH THE BOARD OF COUNTY COMMISSIONERS FROM SENIOR CITIZENS TO ADULTS IN RECOVERY AND OUTREACH PROGRAMS, 94% OF PARTICIPANTS WOULD RECOMMEND PRODIGY TO THEIR FRIENDS AND FAMILY

Form 990, Part III, Line 4b:

ATTAINABLE HOUSINGWORKING TO DEVELOP, FINANCE AND OPERATE ATTAINABLE, PROGRAM-ENRICHED HOUSING FOR FAMILIES, VETERANS AND SENIORS WHO LACK THE ECONOMIC RESOURCES TO ACCESS QUALITY, SAFE HOUSING OPPORTUNITIES OUR CURRENT ATTAINABLE HOUSING EFFORTS CONSIST OF SOUND & SECURE HOUSING - A LEASE TO OWN PROGRAM DESIGNED TO INCREASE HOME OWNERSHIP IN THE UNIVERSITY AREA COMMUNITY THROUGH AN INNOVATIVE DESIGN IN UTILIZING MODULAR HOMES TWO HOMES HAVE BEEN COMPLETED TO DATE (CONTINUED ON SCHEDULE O)(CONTINUED FROM PAGE 2, PART III, LINE 4B) UPTOWN SKY A 60 UNIT MULTIFAMILY DEVELOPMENT FOR LOW-INCOME RESIDENTS IN THE UNIVERSITY AREA IS UNDERWAY AND WILL BE COMPLETED BY 2022 THIS DEVELOPMENT WILL ALSO HOST UACDC PROGRAMS AT THE GROUND LEVEL GOLDEN GLADE APARTMENTS - A 24-UNIT COMPLEX THAT WAS COMPLETELY RENOVATED INSIDE AND OUT IN 2010, USING QUALITY MATERIALS THAT REFLECT UNIVERSITY AREA CDC'S COMMITMENT TO LONG TERM OWNERSHIP AND ENERGY EFFICIENCY GOLDEN PALMS APARTMENTS - A 16-UNIT COMPLEX THAT WAS COMPLETELY RENOVATED INSIDE AND OUT IN 2013 RENOVATIONS INCLUDED NEW ROOFS, EXTERIOR PAINTING, NEW ELECTRICAL PANELS, NEW GUTTERS, AND UPGRADED WATER HEATER VALVES FOR ENERGY SAVINGS AND COST REDUCTIONS ADDITIONALLY, IN 2016, WE CREATED HARVEST HOPE PROPERTIES, LLC AS A REAL ESTATE ARM OF THE ORGANIZATION, TO AGGRESSIVELY PURSUE ACQUIRING PROPERTIES THROUGH LAND BANKING OUR CONCEPT IS TO CONVERT THESE VACANT PROPERTIES INTO PRODUCTIVE USE, THEREBY TRANSFORMING NEIGHBORHOOD LIABILITIES INTO ASSETS THUS FAR 21 PROPERTIES HAVE BEEN ACQUIRED AND EARMARKED FOR ATTAINABLE HOUSING AND COMMUNITY BENEFIT USES

Form 990, Part III, Line 4c:

STEPS FOR SUCCESS (SUSTAINABILITY, TRAINING, EDUCATION, PLANNING AND SUPPORT) MISSION THE PROGRAM IS COMMITTED TO ASSIST LOW-INCOME INDIVIDUALS, AND FAMILIES, CAUGHT IN POVERTY, WITH THEIR GENUINE STRUGGLE TO ACHIEVE ECONOMIC INDEPENDENCE, BY PROVIDING THEM INDIVIDUALIZED, TARGETED SUPPORT AND SERVICES, WHILE NURTURING AND MAINTAINING A HEALTHY FAMILY LIFESTYLE (CONTINUED ON SCHEDULE O)(CONTINUED FROM PAGE 2, PART III, LINE 4C) PROGRAM DESCRIPTION THE UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION'S STEPS FOR SUCCESS PROGRAM IS A COUNTYWIDE INITIATIVE FOCUSED ON BREAKING THE CYCLE OF GENERATIONAL POVERTY BY EDUCATING AND SUPPORTING INDIVIDUALS AND FAMILIES WITH YOUNG CHILDREN TO DEVELOP THE CAPACITY TO SET REALISTIC GOALS AND IMPLEMENT STRATEGIES THAT RESULT IN LONG-TERM SELF-SUFFICIENCY SINCE 2015, WE HAVE SUCCESSFULLY OPERATED AND SUPPORTED THIS PROGRAM WITH THE ASSISTANCE OF LOCAL NON-PROFIT, FAITH-BASED, AND GOVERNMENTAL ORGANIZATIONS, ALLOWING US TO SERVE 400 FAMILY MEMBERS ANNUALLY COMBINING CASE MANAGEMENT, EDUCATION, JOB TRAINING, PARENTING EDUCATION, AND ONGOING SUPPORT, STEPS PROVIDES WRAP-AROUND SERVICES TO ASSIST FAMILIES IN IMPROVING THEIR LIVES THE PROGRAM IS BUILT UPON TWO CORE RESEARCH-BASED MODELS THE ANNIE E CASEY FOUNDATION'S CENTER FOR WORKING FAMILIES AND THE CENTER FOR THE STUDY OF SOCIAL POLICY'S STRENGTHENING FAMILIES THE WORKING FAMILIES MODEL HELPS LOW-INCOME INDIVIDUALS AND FAMILIES GET ON THE PATH TO FINANCIAL STABILITY THROUGH A COORDINATED SET OF KEY SERVICES PROVIDED IN A SINGLE, CONVENIENT LOCATION ACCESSIBLE TO THOSE NEEDING THE ASSISTANCE STRENGTHENING FAMILIES FOCUSES ON PARENT EDUCATION IN CORE AREAS DESIGNED TO ENHANCE CHILD DEVELOPMENT AND REDUCE CHILD ABUSE AND NEGLECT STEPS COMBINES THESE TWO STRATEGIES IN CUSTOMIZED PLANS FOR EACH FAMILY IN THE PROGRAM, ALLOWING PARTICIPANTS TO EXPRESS THEIR PREFERENCES AND BE IN CHARGE OF THEIR PERSONAL GOALS THIS APPROACH MEANS THAT PARTICIPANTS DETERMINE WHAT SUCCESS IS FOR THEM AND ACCEPT THE RESPONSIBILITY FOR THEIR CHOICES FAMILIES ARE ASSIGNED A NAVIGATOR TO ASSIST THEM IN NAVIGATING THE PROVIDER COMMUNITY AND ACCESSING THE SERVICES AND SUPPORT THAT THEY STATE THEY NEED AN INDIVIDUALIZED GOAL PLAN (IGP) IS DEVELOPED WITH THE CLIENT TO ENSURE THAT THEIR STATED NEEDS ARE MAPPED, TRACKED AND ACCOMPLISHED IN A TIMELY MANNER RESOURCES NECESSARY TO OBTAIN THE GOALS ARE PROVIDED BY THE STEPS PROGRAM OUTCOMES THIS PREVIOUS YEAR, THE PROGRAM SUCCESSFULLY HELPED OVER 300 INDIVIDUALS (PRIMARY PARTICIPANTS AND THEIR HOUSEHOLD), REACH HOUSING AND INCOME STABILITY 99% OF INDIVIDUALS/FAMILIES HAD THEIR PRESENTING CRISIS MITIGATED IN 30 DAYS 98% OF INDIVIDUALS/FAMILIES' PRESENTING CRISIS WERE STABILIZED WITHIN 90 DAYS 100% OF INDIVIDUALS/FAMILIES SAY THEY WERE BETTER OFF SINCE THEIR PARTICIPATION IN THE PROGRAM AND 99% OF INDIVIDUALS/FAMILIES COMPLETED AT LEAST 2 MAJOR GOALS IDENTIFIED ON THEIR IGP

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC

Employer identification number

31-1624121

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,952,022	5,878,641	5,814,190	3,120,774	4,483,316	25,248,943
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,190,918	1,260,585	1,802,136	1,066,996	1,229,511	6,550,146
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7,142,940	7,139,226	7,616,326	4,187,770	5,712,827	31,799,089
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6)						31,799,089

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	7,142,940	7,139,226	7,616,326	4,187,770	5,712,827	31,799,089
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,201	10,263	69,664	35,497	31,209	155,834
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	99,565	106,832	19,854	0	0	226,251
c	Add lines 10a and 10b	108,766	117,095	89,518	35,497	31,209	382,085
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	7,251,706	7,256,321	7,705,844	4,223,267	5,744,036	32,181,174
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	98.810 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	98.520 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	1.190 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.000 %

- 19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 31-1624121

Name: UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC	Employer identification number 31-1624121
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	51,000													
c Total lobbying expenditures (add lines 1a and 1b)	51,000													
d Other exempt purpose expenditures	5,543,027													
e Total exempt purpose expenditures (add lines 1c and 1d)	5,594,027													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	429,701													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	107,425													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	472,946	496,357	379,945	429,701	1,778,949
b Lobbying ceiling amount (150% of line 2a, column(e))					2,668,424
c Total lobbying expenditures	146,667	160,000	17,000	51,000	374,667
d Grassroots nontaxable amount	118,237	124,089	94,986	107,425	444,737
e Grassroots ceiling amount (150% of line 2d, column (e))					667,106
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART IV, ADDITIONAL INFORMATION	THE UACDC ADVOCATES THE SUCCESS AND IMPACT OF ALL PROGRAMS TO STATE OF FLORIDA ELECTED OFFICIALS AND EMPLOYEES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC

Employer identification number
31-1624121

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 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
1a Land		1,477,865		1,477,865
b Buildings		5,642,253	1,486,313	4,155,940
c Leasehold improvements		2,484,315	1,515,319	968,996
d Equipment		1,107,589	936,794	170,795
e Other		563,277	375,646	187,631
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,961,227

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	5,976,584
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	47,442	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	173,608	
e	Add lines 2a through 2d		2e	221,050
3	Subtract line 2e from line 1		3	5,755,534
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,598	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	7,598
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	5,763,132

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

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

1	Total expenses and losses per audited financial statements		1	5,697,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	22,442	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	173,608	
e	Add lines 2a through 2d		2e	196,050
3	Subtract line 2e from line 1		3	5,501,207
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,598	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	7,598
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	5,508,805

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1624121

Name: UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FACILITY RENTAL EXPENSE 157,914 BAD DEBT 15,694

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FACILITY RENTAL EXPENSE 157,914 BAD DEBT 15,694

Supplemental Information

Return Reference	Explanation
PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION	<p>CONTINGENCY REPAYMENT PLAN GOLDEN PALMS MORTGAGE PAYABLE OF \$320,370 TO HILLSBOROUGH COUNTY, NO PRINCIPAL PAYMENTS REQUIRED, NO INTEREST, FORGIVEN IF THE PROPERTY CONTINUES TO BE USED FOR ITS INTENDED PURPOSE THROUGH OCTOBER 2032 THE MORTGAGE IS COLLATERALIZED BY THE PINES ONE APARTMENTS (SUBSEQUENTLY RENAMED GOLDEN PALMS) RESTRICTIONS ON THE PROPERTY BY THE LENDER REQUIRE THE PROPERTY NOT BE SOLD, MORTGAGED, LIENED, REFINANCED, FORECLOSED UPON OR OTHERWISE TRANSFERRED WITHOUT WRITTEN CONSENT FROM THE COUNTY IN ADDITION, UACDC IS REQUIRED TO ADHERE TO THE GUIDELINES OUTLINED IN THE LAND USE RESTRICTIVE AGREEMENTS (LURA) MORTGAGE PAYABLE OF \$684,318 TO HILLSBOROUGH COUNTY, THE REQUIREMENT TO MAKE ANNUAL PRINCIPAL PAYMENTS OF 1/30 OF THE ORIGINAL LOAN BALANCE, UP TO AVAILABLE PROJECT CASH FLOWS, BEGAN IN 2017, NO INTEREST, UNPAID BALANCE AT THE END OF 30 YEARS FORGIVEN IF THE PROPERTY CONTINUES TO BE USED FOR ITS INTENDED PURPOSE THROUGH OCTOBER 2042 NO PRINCIPAL PAYMENTS HAVE BEEN MADE AS THE PROJECT HAS HAD NO AVAILABLE CASH FLOW THE MORTGAGE IS COLLATERALIZED BY THE PINES ONE APARTMENTS (SUBSEQUENTLY RENAMED GOLDEN PALMS) RESTRICTIONS ON THE PROPERTY BY THE LENDER REQUIRE THE PROPERTY NOT BE SOLD, MORTGAGED, LIENED, REFINANCED, FOR ECLOSED UPON OR OTHERWISE TRANSFERRED WITHOUT WRITTEN CONSENT FROM THE COUNTY IN ADDITION , UACDC IS REQUIRED TO ADHERE TO THE GUIDELINES OUTLINED IN THE LURA CONTINGENCY REPAYMENT PLAN GOLDEN GLADE MORTGAGE PAYABLE OF \$1,300,000 TO HILLSBOROUGH COUNTY, NO PRINCIPAL PAYMENTS REQUIRED, THROUGH 2018, INTEREST OF 1 5% PER ANNUM REQUIRED ON THE OUTSTANDING PRINCIPAL BALANCE, BEGINNING IN 2019, 1 5% OF THE PRINCIPAL BALANCE PER ANNUM REQUIRED TO BE REINVESTED IN THE MAINTENANCE OF THE PROPERTY, NOT REMITTED AS INTEREST STARTING AT THE END OF YEAR 10 OF THE AGREEMENT, THE ORIGINAL PRINCIPAL BALANCE WILL BE REDUCED BY THE LENDER BY 1/10 PER YEAR, PROVIDED UACDC IS NOT IN BREACH THE ENTIRE MORTGAGE BALANCE WILL BE FORGIVEN IF THE PROPERTY CONTINUES TO BE USED FOR ITS INTENDED PURPOSE THROUGH DECEMBER 2030 THE MORTGAGE IS COLLATERALIZED BY THE SHADOWOOD PROPERTY (SUBSEQUENTLY RENAMED GOLDEN GLADE) RESTRICTIONS ON THE PROPERTY BY THE LENDER REQUIRE THE PROPERTY NOT BE SOLD, MORTGAGED, LIENED, REFINANCED, FORECLOSED UPON OR OTHERWISE TRANSFERRED WITHOUT WRITTEN CONSENT FROM THE COUNTY IN ADDITION, UACDC IS REQUIRED TO ADHERE TO THE GUIDELINES OUTLINED IN THE LURA MORTGAGE PAYABLE OF \$170,000 TO HILLSBOROUGH COUNTY, NO PRINCIPAL PAYMENTS REQUIRED, THROUGH 2018, INTEREST OF 1 5% PER ANNUM REQUIRED ON THE OUTSTANDING PRINCIPAL BALANCE , BEGINNING IN 2019, 1 5% OF THE PRINCIPAL BALANCE PER ANNUM REQUIRED TO BE REINVESTED IN THE MAINTENANCE OF THE PROPERTY, NOT REMITTED AS INTEREST STARTING AT THE END OF YEAR 10 OF THE AGREEMENT, THE ORIGINAL PRINCIPAL BALANCE WILL BE REDUCED BY THE LENDER BY 1/10 PER YEAR, PROVIDED UACDC IS NOT IN BREACH THE ENTIRE MORTGAGE BALANCE WILL BE FORGIVEN IF THE PROPERTY CONTINUES TO BE USED</p>

Supplemental Information

Return Reference	Explanation
PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION	D FOR ITS INTENDED PURPOSE THROUGH OCTOBER 2030 THE MORTGAGE IS COLLATERALIZED BY THE SHADOWWOOD PROPERTY (SUBSEQUENTLY RENAMED GOLDEN GLADE) RESTRICTIONS ON THE PROPERTY BY THE LENDER REQUIRE THE PROPERTY NOT BE SOLD, MORTGAGED, LIENED, REFINANCED, FORECLOSED UPON OR OTHERWISE TRANSFERRED WITHOUT WRITTEN CONSENT FROM THE COUNTY IN ADDITION, UACDC IS REQUIRED TO ADHERE TO THE GUIDELINES OUTLINED IN THE LURA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC

Employer identification number 31-1624121

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ANNUAL DINNER (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	83,156			83,156
	2 Less Contributions	71,906			71,906
	3 Gross income (line 1 minus line 2)	11,250			11,250
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	8,733			8,733
	8 Entertainment				
	9 Other direct expenses	15,286			15,286
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				24,019
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-12,769

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

Name of the organization
UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

Employer identification number
31-1624121

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 10

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	THE RECIPIENT ORGANIZATIONS ARE REQUIRED TO SUBMIT TO UACDC MONTHLY EXPENDITURE REPORTS ALONG WITH ALL BACK UP DOCUMENTS TO SUBSTANTIATE THE EXPENSES

Additional Data

Software ID:
Software Version:
EIN: 31-1624121
Name: UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO NEIGHBORHOOD IMPROVEMENT CORPORATION 101 S TERRY AVE ORLANDO, FL 32128	59-2669952	501C3	114,875				PRODIGY
FLORIDA INSTITUTE OF COMMUNITY STUDIES 6704 HANLEY ROAD TAMPA, FL 33634	59-3712006	501C3	50,000				PRODIGY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER ST PETE 201 34TH STREET N ST PETERSBURG, FL 33713	59-0624468	501C3	70,000				PRODIGY
BOYS & GIRLS CLUB- LACOOCHEE 1307 N MACDILL AVENUE TAMPA, FL 33607	59-0624368	501C3	138,250				PRODIGY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB- BRANDON 1307 N MACDILL AVENUE TAMPA, FL 33607	59-0624368	501C3	60,000				PRODIGY
TAMPA HOUSING AUTHORITY 5301 WEST CYPRESS STREET TAMPA, FL 33607	20-3350724	501C3	60,000				PRODIGY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INC OF LAKE LAND PO BOX 1975 LAKE LAND, FL 33802	23-7101551	501C3	50,000				PRODIGY
THE ARTS ENSEMBLE ED FOUNDATION 230 AVENUE C SW WINTER HAVEN, FL 33880	20-8151336	501C3	43,020				PRODIGY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ORCHESTRA 244 2ND AVE NORTH SUITE 240 ST PETERSBURG, FL 33701	59-1223691	501C3	100,000				PRODIGY
FLORIDA MUSEUM OF PHOTOGRAPHIC ARTS 400 N ASHLEY DRIVE TAMPA, FL 33602	59-3737687	501C3	100,000				PRODIGY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC

Employer identification number
31-1624121

Part I Questions Regarding Compensation

		Yes	No		
<p>1a 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 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>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART II, LINE 1	THE WAGES REPORTED IN PART II ARE PER THE 2018 FORM W-2. THE BONUS REPORTED IS FOR TWO FISCAL YEARS - FYE 09/30/2017 AND 09/30/2018.



Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC

Employer identification number

31-1624121

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

2 Enter the amount of tax incurred by 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
Total						▶ \$						

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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) KARL C POULIN	BOARD MEMBER	229,038	SECURITY		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V - ADDITIONAL INFORMATION	KARL C POULIN IS A BOARD MEMBER HE IS THE PRESIDENT AND CEO OF CRITICAL INTERVENTION SERVICES, INC WHICH PROVIDE SECURITY SERVICES TO THE ORGANIZATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

Employer identification number

31-1624121

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	X		5,550	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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	X	1	245,943	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GALA FOOD)	X	1	2,382	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

Employer identification number

31-1624121

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PREPARATION OF THE 990 IS OVERSEEN BY BOTH THE EXECUTIVE DIRECTOR/CEO AND CHIEF FINANCIAL OFFICER AFTER IT IS PREPARED THE BOARD OF DIRECTORS WILL REVIEW THE RETURN AS COMPARE D TO THE AUDITED FINANCIAL STATEMENTS BEFORE IT IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES TO ANNUALLY COMPLETE CONFLICT OF INTEREST AND CONFIDENTIALITY FORMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS REVIEW AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER (CEO) THE BOARD OF DIRECTORS AND THE FINANCE COMMITTEE ESTABLISH THE BUDGET FOR THE POSITION WITH THE CONCURRENCE OF THE BOARD THE EXECUTIVE COMMITTEE MAY ADJUST THE SALARY OF THE EXECUTIVE DIRECTOR/CEO BASED ON PERFORMANCE THE BOARD OF DIRECTORS REVIEW AND APPROVE THE COMPENSATION OF THE OFFICERS THE EXECUTIVE DIRECTOR/CEO AND FINANCE COMMITTEE ESTABLISH THE BUDGET FOR EACH POSITION WITH THE CONCURRENCE OF THE BOARD THE EXECUTIVE DIRECTOR/CEO MAY ADJUST THE SALARY OF THE OFFICERS OR KEY EMPLOYEES BASED ON PERFORMANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY AREA COMMUNITY DEVELOPMENT
CORPORATION INC

Employer identification number
31-1624121

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) UACDC TAMPA PINES 14013 NORTH 22ND ST SUITE A TAMPA, FL 33613 46-1077490	LOW INCOME	FL	177,902	1,123,756	N/A
(2) UACDC PINES ONE LLC 14013 NORTH 22ND ST SUITE A TAMPA, FL 33613 46-1067929	LOW INCOME	FL	107,672	823,591	N/A
(3) HARVEST HOPE PROPERTIES LLC 14013 NORTH 22ND ST SUITE A TAMPA, FL 33613 81-4008967	LOW INCOME	FL	60,926	380,785	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	

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

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

Part VII **Supplemental Information**

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

Return Reference	Explanation