

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 07-01-2018, and ending 06-30-2019

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

C Name of organization
United Way of Central Florida Inc
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
P O Box 1357
City or town, state or province, country, and ZIP or foreign postal code
Highland City, FL 338461357

D Employer identification number
59-2116280
E Telephone number
(863) 648-1500
G Gross receipts \$ 11,413,112

F Name and address of principal officer
CHRISTINA CRISER JACKSON
P O Box 1357
Highland City, FL 338461357

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

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

J Website: ▶ www.uwcf.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1980

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve lives and strengthen our community (CONTINUED ON SCHEDULE O)

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)	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	29
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	52
6 Total number of volunteers (estimate if necessary)	1,555
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,536,400	10,092,354
9 Program service revenue (Part VIII, line 2g)	781,748	808,544
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	270,652	247,240
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,180	11,198
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,593,980	11,159,336
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,786,302	7,301,330
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,399,326	2,374,811
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,004,405		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,175,818	1,313,317
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,361,446	10,989,458
19 Revenue less expenses Subtract line 18 from line 12	232,534	169,878
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	30,375,093	29,793,006
21 Total liabilities (Part X, line 26)	16,447,959	16,085,904
22 Net assets or fund balances Subtract line 21 from line 20	13,927,134	13,707,102

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: 2019-12-20
CHRISTINA CRISER JACKSON 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 P01320603
Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
Firm's address ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 333014230 Phone no (954) 202-8600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Mission To improve lives and strengthen our community Vision To create positive lasting change in our community by helping children succeed in school, promoting family financial stability and independence, and improving people's health

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 7,728,072 including grants of \$ 7,273,241) (Revenue \$ 801,807)
See Additional Data

4b (Code) (Expenses \$ 347,716 including grants of \$) (Revenue \$ 17,345)
See Additional Data

4c (Code) (Expenses \$ 262,816 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 645,316 including grants of \$ 28,089) (Revenue \$ 590)

OTHER PROGRAM SERVICES SUCCESS BY 6 (SB6) MOBILIZES VOLUNTEERS FROM LOCAL ORGANIZATIONS, BUSINESSES, GOVERNMENT, CHURCHES, CIVIC GROUPS, EDUCATORS AND HUMAN SERVICES TO ENSURE THAT ALL CHILDREN, BY THE AGE OF SIX, HAVE THE PHYSICAL, EMOTIONAL, SOCIAL AND MENTAL FOUNDATION TO SUCCEED IN SCHOOL AND IN LIFE SINCE 1995, UWCF'S SB6 HAS FOCUSED ON EARLY LITERACY TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED MORE THAN 100 PARENT LENDING LIBRARIES WERE IN CHILDCARE CENTERS SERVING LOW-INCOME FAMILIES, WITH AN AVERAGE OF 35,000 BOOKS CHECKED OUT ANNUALLY THE BORN LEARNING CAMPAIGN INCREASES AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION AND PROVIDED MORE THAN 300,000 MESSAGES TO CITIZENS 210,000 PARENT RESOURCE GUIDES, WHICH INCLUDE CONTACT INFORMATION FOR CHILDREN AND PARENT SERVICES, WERE DISTRIBUTED DURING THE FISCAL YEAR 45,000 COPIES WERE HAND DELIVERED TO HEALTH AND HUMAN SERVICES PROFESSIONALS WHO WORK WITH AT-RISK CHILDREN MASTER TEACHER AN OUTREACH OF SUCCESS BY 6 SCHOOL READINESS - THE EXPANDED MASTER TEACHER INITIATIVE TARGETS NEIGHBORHOODS WHERE CHILDREN CONSIDERED AT-RISK FOR SCHOOL FAILURE RESIDE IT PROVIDES AN INTERNSHIP FOR CHILDCARE INSTRUCTORS USING FOUR MASTER TEACHERS, ALONG WITH PARENT EDUCATION CLASSES, TO HELP INSTRUCTORS AND PARENTS PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO SUCCEED READINESS SKILLS FOR CHILDREN IN CLASSES WITH TEACHERS TRAINED BY A MASTER TEACHER IMPROVED AN AVERAGE OF 3 MONTHS FOR EVERY 1 MONTH WITH THE NEWLY TRAINED CAREGIVER LET'S GROW FOCUSES ON IMPROVING LANGUAGE SKILLS OF CHILDREN AT-RISK OF SCHOOL FAILURE LANGUAGE SKILLS PREDICT THE ABILITY OF CHILDREN TO LEARN TO READ OF MIDDLE/HIGH INCOME CHILDREN, 8 OF 10 ENTER SCHOOL WITH THE SKILLS THEY NEED HOWEVER, ONLY 2 OF 10 LOW INCOME CHILDREN HAVE SUFFICIENT SKILLS CHILDREN WHO ENTER SCHOOL READY TO SUCCEED, LEARN TO READ AND GRADUATE ON TIME DOLLY PARTON IMAGINATION LIBRARY MAELS BOOKS TO THE HOMES OF PRESCHOOL CHILDREN LET'S GROW PARTNERS PROVIDE EARLY LITERACY INTERVENTIONS IMPROVING VOCABULARY SCORES BY AN AVERAGE OF 5 MONTHS FOR EVERY 1 MONTH OF EXPOSURE TO THE INTERVENTIONS WOMEN UNITED - READINGPALS READINGPALS FOCUSES ON ENGAGING, TRAINING AND DEPLOYING VOLUNTEER TUTORS TO INCREASE THE NUMBER OF STUDENTS READING AT GRADE LEVEL BY THE END OF 3RD GRADE IT IS IMPORTANT TO OUR COMMUNITY, TO THE BARNETTS, TO ALL BUSINESSES AND FAMILIES IN FLORIDA THAT WE MAKE A UNITED EFFORT TO REDUCE THE CLOSE TO 50% OF CHILDREN WHO ARE NOT READING AT GRADE LEVEL MORE THAN 200 READINGPALS OFFERED TUTORING SESSIONS IN 58 CLASSROOMS IN THE 2018/19 SCHOOL YEAR DISASTER RELIEF PROVIDES IMMEDIATE ASSISTANCE AND LONG TERM RECOVERY SUPPORT IN THE EVENT OUR COMMUNITY NEEDS URGENT DISASTER RELIEF UWCF DEVELOPS PARTNERSHIPS TO ADDRESS THE MANY CHALLENGES AND/OR EMERGENCIES THAT OUR COMMUNITY FACES UWCF MEETS WITH PARTNERS TO COORDINATE THE EFFORTS OF GOVERNMENT, NON-PROFIT, AND FAITH-BASED ORGANIZATIONS INVOLVED IN DISASTER RESPONSE IN SEPTEMBER OF 2017 HURRICANE IRMA DEVASTATED MANY AREAS IN FLORIDA UWCF PROVIDED IMMEDIATE DISASTER RELIEF FOLLOWING HURRICANE IRMA BY OFFERING DIRECT ASSISTANCE AND PARTNERING WITH VARIOUS AGENCIES FOR HELP ASSISTING FAMILIES IMPACTED BY THE HURRICANE

4d Other program services (Describe in Schedule O)
(Expenses \$ 645,316 including grants of \$ 28,089) (Revenue \$ 590)

4e Total program service expenses ▶ 8,983,920

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, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	52		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	Yes		
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

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 (29); 1b Enter the number of voting members included in line 1a, above, who are independent (29); 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 (No); 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: [X] Own website, [] Another's website, [X] 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: Jill Martin, P O Box 1357, Highland City, FL 338461357, (863) 648-1500.

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	26,794				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	56,810				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,008,750				
	g Noncash contributions included in lines 1a - 1f \$ _____		317,571				
h Total. Add lines 1a-1f			10,092,354				
Program Service Revenue	2a Service & Admin fees	Business Code					
		900099	808,544	808,544			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0	0	0	0
g Total. Add lines 2a-2f			808,544				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		157,488			157,488	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	92,468	-2,716			
		d Net gain or (loss)			89,752		89,752
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	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	900099	11,198	11,198				
b _____							
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d			11,198				
12 Total revenue. See Instructions			11,159,336	819,742	0	247,240	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,010,920	7,010,920		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	290,410	290,410		
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.	599,469	131,104	302,612	165,753
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	4,950		4,950	
7 Other salaries and wages.	1,364,908	609,416	422,240	333,252
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	71,178	35,902	20,087	15,189
9 Other employee benefits.	193,430	99,292	47,654	46,484
10 Payroll taxes.	140,876	54,455	50,083	36,338
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	31,700		31,700	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	43,930		43,930	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	330,189	218,080	55,794	56,315
12 Advertising and promotion.	196,949	30,813	52,013	114,123
13 Office expenses.	174,494	105,475	64,958	4,061
14 Information technology.	66,535	8,186	54,563	3,786
15 Royalties.				
16 Occupancy.	155,802	75,730	80,072	
17 Travel.	54,160	15,694	11,116	27,350
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	51,171	10,331	20,622	20,218
20 Interest.				
21 Payments to affiliates.	100,814		100,814	
22 Depreciation, depletion, and amortization.	57,434	31,726	13,548	12,160
23 Insurance.	5,564		5,564	
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 Membership dues.	28,447	269	25,693	2,485
b Allocation of indirect costs.	0	251,740	-415,925	164,185
c				
d				
e All other expenses.	16,128	4,377	9,045	2,706
25 Total functional expenses. Add lines 1 through 24e.	10,989,458	8,983,920	1,001,133	1,004,405
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	4,165,043	1	4,077,043
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	18,816,234	3	18,252,200
	4 Accounts receivable, net	50,926	4	56,112
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,363	9	44,415
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,968,941		
	b Less accumulated depreciation	10b 1,406,997	487,165	10c 561,944
	11 Investments—publicly traded securities	5,152,125	11	5,386,100
	12 Investments—other securities See Part IV, line 11	0	12	
	13 Investments—program-related See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,670,237	15	1,415,192
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,375,093	16	29,793,006	
Liabilities	17 Accounts payable and accrued expenses	154,480	17	164,660
	18 Grants payable	16,008,592	18	15,702,026
	19 Deferred revenue		19	
	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	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	284,887	25	219,218
	26 Total liabilities. Add lines 17 through 25	16,447,959	26	16,085,904
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	8,704,430	27	8,753,535
	28 Temporarily restricted net assets	3,978,192	28	3,698,106
	29 Permanently restricted net assets	1,244,512	29	1,255,461
	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	13,927,134	33	13,707,102	
34 Total liabilities and net assets/fund balances	30,375,093	34	29,793,006	

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	11,159,336
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,989,458
3	Revenue less expenses Subtract line 2 from line 1	3	169,878
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,927,134
5	Net unrealized gains (losses) on investments	5	71,531
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-461,441
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,707,102

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		No
3b		

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 59-2116280

Name: United Way of Central Florida Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT UWCF'S PREMIERE COMMUNITY INVESTMENT PROCESS MOBILIZES MORE THAN 100 VOLUNTEERS ON 14 TEAMS AROUND FOCUS AREAS OF EDUCATION, INCOME, HEALTH, AND SAFETY NET THESE VOLUNTEERS VISIT PROGRAM SITES, REVIEW PREVIOUS INVESTMENTS, PROGRAM GOALS AND OUTCOMES, AND MAKE RECOMMENDATIONS ABOUT THE MOST EFFECTIVE WAY TO MEET CRITICAL COMMUNITY NEEDS EDUCATION HELPS AT-RISK CHILDREN DEVELOP THE LANGUAGE SKILLS THEY NEED TO SUCCEED IN SCHOOL GIVEN THE RIGHT START, CHILDREN LEARN TO READ, SUCCEED ACADEMICALLY AND ARE MORE LIKELY TO GRADUATE FROM HIGH SCHOOL ADDITIONAL PROGRAMS HELP CHILDREN IN GRADES K - 12 TO PASS ACHIEVEMENT TESTS AT GRADE LEVEL AND TO GRADUATE ON TIME INCOME FAMILIES IMPROVE FINANCIAL STABILITY WITH GED AND JOB TRAINING, CREDIT AND BUDGETING CLASSES, MONEY COACHES, FINANCIAL EDUCATION FOR KIDS AND SAVINGS MATCH PROGRAMS HEALTH UWCF FUNDS PROGRAMS THAT HELP PEOPLE OF ALL AGES TO IMPROVE OR MAINTAIN GOOD HEALTH UWCF IMPROVES ACCESS AND UTILIZATION OF HEALTH SERVICES AND INCREASES KNOWLEDGE AND PERSONAL RESPONSIBILITY ABOUT HEALTH ISSUES THAT LEAD TO IMPROVED BLOOD PRESSURE, WEIGHT CONTROL AND OTHER SPECIFIC HEALTH INDICATORS UWCF ALSO WORKS TO REDUCE AVOIDABLE HOSPITALIZATIONS AND INCARCERATIONS WITH PREVENTION SERVICES AND TREATMENT FOR THOSE WITH ADDICTION SAFETY NET PROVIDES RELATIVELY SHORT-TERM, CRISIS INTERVENTION SERVICES THAT VARY WIDELY, BUT MEET ONE OR MORE OF THE FOLLOWING 1) MUST VERIFY THAT THE SERVICE HELPED TO STABILIZE A CRISIS, 2) MUST REFER CLIENTS TO SOURCES OF ON-GOING SUPPORT (COUNSELING, HEALTH CLINIC ETC) AS NEEDED, 3) MUST VERIFY QUALITY OF SERVICES USING APPROVED INDICATORS SELECTED BY EXPERTS ON A SAFETY NET STEERING TEAM, 4) CRISIS INCLUDES BUT IS NOT LIMITED TO HEALTH EMERGENCY, DOMESTIC VIOLENCE, RAPE, CHILD ABUSE, FIRE, TEENAGED RUNAWAYS, HOSPICE CARE, HUNGER & HOMELESSNESS END HUNGER INITIATIVE END HUNGER INITIATIVE HELPS TO ELIMINATE HUNGER AND FOOD INSECURITY BY INCREASING THE ACCESS TO FOOD AND HELPS FAMILIES TO FIND FINANCIAL STABILITY COMMUNITY PARTNERSHIP SCHOOL INITIATIVE THE COMMUNITY PARTNERSHIP SCHOOL INITIATIVE HELPS TO PROVIDE A FULL SERVICE HEALTH CLINIC, FINANCIAL EDUCATION, AND ACADEMIC SUPPORT FOR POLK COUNTY'S FIRST COMMUNITY PARTNERSHIP SCHOOL

Form 990, Part III, Line 4b:

FAMILY FUNDAMENTALS AN OUTREACH OF SUCCESS BY 6 - IS A "ONE-STOP" PARENT RESOURCE CENTER WHICH MOBILIZES PARTNERSHIPS WITH MORE THAN 42 HUMAN SERVICE ORGANIZATIONS PROVIDING PARENTS AND FAMILY MEMBERS WITH ACTIVITIES, CLASSES, READING, TUTORING AND OTHER PROGRAMS DESIGNED TO STRENGTHEN THE DEVELOPMENT OF OUR CHILDREN AND FAMILY RELATIONSHIPS APPROXIMATELY 15,620 PARENTS AND CHILDREN SIGNED IN AT CLASSES AND EVENTS SPONSORED BY FAMILY FUNDAMENTALS

Form 990, Part III, Line 4c:

2-1-1 PROVIDES INFORMATION AND REFERRALS TO FAMILIES/INDIVIDUALS AND COMMUNITY GROUPS CONCERNING LOCAL SERVICES AND RESOURCES 2-1-1 ALSO IDENTIFIES GAPS IN SERVICES, ASSISTS IN CREATING REMEDIES TO MEET LOCAL NEEDS, CONNECTS INDIVIDUALS/FAMILIES TO RESOURCES, AND ADVOCATES FOR ACCESS TO RESOURCES IT ALSO WORKS TO PROVIDE BETTER SERVICE, ACCESSIBILITY AND INFORMATION TO THE HISPANIC COMMUNITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Don R Selvage Chair	20	X		X				0	0	0
Greta Dupuy Chair Elect	20	X		X				0	0	0
Tim Campbell Vice Chair	20	X		X				0	0	0
Merissa S Green Secretary	20	X		X				0	0	0
Dana Bull Hurley Treasurer	20	X		X				0	0	0
Jennifer Kincart Jonsson Immediate Past Chair	20	X						0	0	0
Ashley Robin Bell Barnett Community Impact Chair	20	X						0	0	0
Michael W Tamney Community Investment Chair	20	X						0	0	0
Roxann Bonta Agency Director Chair	20	X						0	0	0
Stephanie A Colon Resource Development Chair	20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dusty D Johnson Highlands County Liaison	2 0	X						0	0	0
Greg Littleton Governance Chair	2 0	X						0	0	0
Bill Mutz Facility Committee Chair	2 0	X						0	0	0
Lyle L Bowlin Director	1 0	X						0	0	0
Ann M Claussen Director	1 0	X						0	0	0
Kimberly Yang Elmhorst Director	1 0	X						0	0	0
Gow B Fields Director	1 0	X						0	0	0
Ian Floyd Director	1 0	X						0	0	0
Robert C Fredere Director	1 0	X						0	0	0
Brian Haas Director	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Madden Director	10	X						0	0	0
Mark A Miller Director	10	X						0	0	0
Robert Pericht Director	10	X						0	0	0
Emily Rogers Director	10	X						0	0	0
Troy C Smith Director	10	X						0	0	0
Joe G Tedder Director	10	X						0	0	0
George W Tinsley Director	10	X						0	0	0
Becky Ann Troutman Director	10	X						0	0	0
Joe Wolf Director	10	X						0	0	0
Ansley Woods VP Resource Development	37.5			X				50,460	0	11,423

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eric Decker VP Resource Development (beginning April 2019)	37.5			X				0	0	0
Alan Turner II CEO (Partial Year)	37.5			X				152,205	0	17,923
Shirley Balogh Interim CEO	37.5			X				23,402	0	0
Christina Criser Jackson CEO (Partial Year)/VP Resource Development	37.5			X				86,220	0	14,156
Penny Borgia COO	37.5			X				109,597	0	8,505
Jill Martin CFO	37.5			X				102,286	0	8,106
Candace Stanton VP of Marketing and Communications	37.5			X				54,336	0	10,450
Amy Yeager VP of Marketing and Communications (beginning Feb 2019)	37.5			X				0	0	0
Katherine Fitzwater VP of Marketing and Communications (beginning June 2019)	37.5			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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
United Way of Central Florida Inc

Employer identification number

59-2116280

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **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.")	10,242,117	10,186,058	10,390,554	10,536,400	10,092,354	51,447,483
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	10,242,117	10,186,058	10,390,554	10,536,400	10,092,354	51,447,483
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)						12,761,784
6	Public support. Subtract line 5 from line 4						38,685,699

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	10,242,117	10,186,058	10,390,554	10,536,400	10,092,354	51,447,483
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,140	118,618	134,311	153,656	157,488	705,213
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,367	12,875	13,414	5,180	11,198	57,034
11	Total support. Add lines 7 through 10						52,209,730

12 Gross receipts from related activities, etc (see instructions) **12** 3,732,567

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	74 10 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	73 75 %

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 14367 0, COLUMN B - 12875 0, COLUMN C - 13414 0, COLUMN D - 5180 0, COLUMN E - 11198 0, COLUMN F - 57034 0,

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
United Way of Central Florida Inc

Employer identification number
59-2116280

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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	3,308,318	3,158,957	2,813,542	2,925,005	2,898,079
b Contributions	12,071	13,161	145,017	15,597	15,186
c Net investment earnings, gains, and losses	128,091	223,670	263,830	-89,259	60,135
d Grants or scholarships					
e Other expenditures for facilities and programs	55,555	87,470	63,432	37,801	48,395
f Administrative expenses					
g End of year balance	3,392,925	3,308,318	3,158,957	2,813,542	2,925,005

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 17 37 %
 - b** Permanent endowment ▶ 37 %
 - c** Temporarily restricted endowment ▶ 45 63 %
- 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 |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000		100,000
b Buildings		1,041,283	721,232	320,051
c Leasehold improvements		113,651	7,093	106,558
d Equipment		714,007	678,672	35,335
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				561,944

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Designations Payable - Split Interest Trust	219,218
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	219,218

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	9,619,305
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	71,531
b	Donated services and use of facilities	2b	31,748
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	14,123
e	Add lines 2a through 2d	2e	117,402
3	Subtract line 2e from line 1	3	9,501,903
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	43,930
b	Other (Describe in Part XIII)	4b	1,613,503
c	Add lines 4a and 4b	4c	1,657,433
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,159,336

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	9,839,337
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	31,748
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	31,748
3	Subtract line 2e from line 1	3	9,807,589
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	43,930
b	Other (Describe in Part XIII)	4b	1,137,939
c	Add lines 4a and 4b	4c	1,181,869
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,989,458

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: 18007697

Software Version: 2018v3.1

EIN: 59-2116280

Name: United Way of Central Florida Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Spending was made in funds owned and controlled by a 3rd party Trustee, in accordance with donor stipulations

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>UWCF has received determination of tax exempt status from the Internal Revenue Service under Code Section 501(c)(3) and, consequently, the earnings of UWCF are not taxed. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. UWCF does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. UWCF recognizes interest and/or penalties related to income tax matters in income tax expense. UWCF did not have any amount accrued for interest and penalties at June 30, 2019 or 2018.</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Changes in Beneficial Interest in Assets Held by Others - 14123

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Estimated Uncollectible Pledges - 475564 Donor Designations - 1137939

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Donor Designations - 1137939

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

United Way of Central Florida Inc

Employer identification number

59-2116280

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55
3 Enter total number of other organizations listed in the line 1 table 0

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) EMERGENCY/HURRICANE RELIEF - FOOD, SHELTER, UTILITIES ETC	183	282,360	0	N/A	N/A
(2) EMERGENCY/HURRICANE RELIEF - FOOD GIFT CARDS	24	0	8,050	FMV	gift cards
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II Definitions of codes used	General operating cost An unrestricted grant made to an agency in support of its general operating costs Program operating cost A restricted grant made to an agency in support of the costs associated with a specific program that it operates Donor designated for general support An unrestricted grant made to an agency at the direction of the donor (s) in support of its general operating costs Donor designated for program costs An unrestricted grant made to an agency at the direction of the donor (s) in support of the costs associated with a specific program that it operates Donor designated for disaster/emergency relief An unrestricted grant made to an agency at the direction of the donor (s) in support of the costs associated with providing disaster/emergency relief efforts to victims Donor designated, 3rd party processed, for general support An unrestricted grant made to an agency, at the direction of the donor(s), collected and paid directly to the agency by a 3rd party, in support of its general operating costs
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Member agencies of the United Way of Central FL submit an annual application to the Community impact department for review This application proves ongoing eligibility of the agency and its programs For non-member agencies of the United Way of Central FL, an application packet is mailed and eligibility for that agency to receive designated funds is determined Non-member applications are good for three years Each year more than 100 volunteers on 14 teams visit program sites, review previous investments, program goals and outcomes, and make recommendations about the most effective way to meet critical needs The process includes 1 An on-line application process that includes explanation of the proposed use, historic and anticipated results from use of the funding Applications include agency and program budgets, program profile, demographics, specific outcomes and related indicators that measure results Social conditions identify the need for the service in the community A success story provides an example of a client whose life was impacted by the service 2 Financial review of the organization to gain a level of assurance that the organization follows sound policies Partner programs submit budgets 3 A copy of the organization's 990 and audit are also required 4 Verification of compliance with the provisions of the Patriot act are included in the application 5 Verification of current status as an IRS code section 501 (c) (3) nonprofit organization 6 Community Investment Teams, composed of trained volunteers and staff, conduct site visits to meet the applicant's CEO, Board member(s), program staff and clients served Teams monitor staff credentials and impact data collection to verify reliability Partner programs are required to provide UWCF with 6 month progress reports that show how the funding has been utilized as well as a final report

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-2116280
Name: United Way of Central Florida 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
American Red Cross-Highlands Co 6011 US 27 South Sebring, FL 33872	53-0196605	501(c)(3)	8,228	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Achievement Academy Inc 716 East Bella Vista Street Lakeland, FL 33805	59-0774205	501(c)(3)	255,731	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Alliance for Independence Inc 1038 East Sunshine Drive Lakeland, FL 33801	59-0812958	501(c)(3)	271,011	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
American Red Cross - Mid-Florida Chapter 147 Avenue A Northwest Winter Haven, FL 33881	53-0196605	501(c)(3)	112,988	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Big Brothers Big Sisters of Tampa Bay Polk County Division 1231 East Orange Street Lakeland, FL 33801	59-2173085	501(c)(3)	143,752	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Big Brothers Big Sisters of the Suncoast Highlands County 366 North Fernleaf Avenue Sebring, FL 33870	65-0330147	501(c)(3)	17,264	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Boys and Girls Club of Highlands County 248 Pomegranate Avenue Sebring, FL 33870	59-3468588	501(c)(3)	40,865	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Boys and Girls Club of Polk County 1525 Martin L King Jr Avenue Lakeland, FL 33805	59-0171815	501(c)(3)	534,202	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Camp Fire USA Sunshine Council 2600 Buckingham Avenue Lakeland, FL 33803	59-0637819	501(c)(3)	144,931	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Catholic Charities of Central FL 801 South Florida Avenue Lakeland, FL 33803	59-1084272	501(c)(3)	74,240	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Central Florida Speech & Hearing Center 3020 Lakeland Highlands Road Lakeland, FL 33803	59-0939466	501(c)(3)	310,792	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Champion for Children Foundation of Highlands County Inc 419 East Center Avenue Sebring, FL 33870	65-0444941	501(c)(3)	45,910	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Children's Home Society Greater Lakeland Division - Polk Hardee & Highlands 1010 E Rose Street Lakeland, FL 33801	59-0192430	501(c)(3)	91,640	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Church Service Center 495 E Summerlin Street Bartow, FL 33830	59-1162397	501(c)(3)	49,612	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Early Learning Coalition (Highlands Co) 6432 US Highway 27 South Sebring, FL 33876	65-1006254	501(c)(3)	49,878	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Early Learning Coalition of Florida's Heartland - Hardee County 901 West Main Street Office 121 Wauchula, FL 33873	53-3738819	501(c)(3)	40,087	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Early Learning Coalition of Polk County 115 South Missouri Avenue Suite 501 Lakeland, FL 33815	59-3648316	501(c)(3)	350,980	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Explorations V Children's Museum 109 North Kentucky Avenue Lakeland, FL 33801	59-2994883	501(c)(3)	91,007	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Florida Epilepsy Services 305 South Florida Avenue Lakeland, FL 33801	59-3151484	501(c)(3)	50,926	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Frostproof Care Center 17 South Scenic Highway Frostproof, FL 33843	59-2988744	501(c)(3)	74,481	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Girl Scouts of West Central Florida 4610 Eisenhower Boulevard Tampa, FL 33634	59-0895909	501(c)(3)	157,068	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Girls Inc of Lakeland 1220 West Highland Street Lakeland, FL 33815	23-7101551	501(c)(3)	221,442	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Girls Inc of Winter Haven 2400 Havendale Boulevard Winter Haven, FL 33881	59-1158810	501(c)(3)	166,745	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Good Shepherd Hospice 105 Arneson Avenue Auburndale, FL 33823	20-5276923	501(c)(3)	166,624	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Greater Tampa Bay Area Council Boy Scout 13228 North Central Avenue Tampa, FL 33612	59-0624406	501(c)(3)	96,673	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Habitat for Humanity Lakeland 1317 George Jenkins Boulevard Lakeland, FL 33815	59-3000422	501(c)(3)	25,115	0	N/A	N/A	Donor Designated for General Support and Program Costs

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

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Hardee Family YMCA 610 West Orange Street Wauchula, FL 33873	59-1618413	501(c)(3)	38,670	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Hardee Help Center 713 East Bay Street Wauchula, FL 33873	59-2993242	501(c)(3)	32,611	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Heart of Florida Legal Aid Society Inc 550 East Davidson Street Bartow, FL 33830	59-6215748	501(c)(3)	85,531	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Heartland Horses Equine Activities and Learning Inc 4305 Independence Drive Avon Park, FL 33825	59-3734965	501(c)(3)	22,590	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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
HELP of Fort Meade Inc 208 West Broadway Street Fort Meade, FL 33841	59-2993886	501(c)(3)	38,969	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Highlands County Family YMCA 100 YMCA Lane Sebring, FL 33875	59-2859656	501(c)(3)	21,704	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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InnerAct Alliance 621 South Florida Avenue Lakeland, FL 33801	59-2844663	501(c)(3)	40,927	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Lake Wales Family YMCA 1001 Burns Avenue Lake Wales, FL 33853	59-1741481	501(c)(3)	76,096	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Lakeland Volunteers in Medicine 1021 Lakeland Hills Boulevard Lakeland, FL 33805	52-2351630	501(c)(3)	200,368	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Lakeland Youth Alliance 6409 Charolais Drive Lakeland, FL 33810	59-3666953	501(c)(3)	7,906	0	N/A	N/A	Designated for General Support

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

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Learning Resource Center of Polk County Inc 1628 South Florida Avenue Lakeland, FL 33803	51-0182646	501(c)(3)	257,777	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Lighthouse for the Blind Polk Division 206 Avenue D Northwest Winter Haven, FL 33881	59-0637876	501(c)(3)	112,760	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Mulberry Community Service Center 304 NW 8th Street Mulberry, FL 33860	59-1896141	501(c)(3)	220,382	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
NU-HOPE Elder Care Services Inc 6414 US Highway 27 South Sebring, FL 33876	59-1649814	501(c)(3)	114,246	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Peace River Center for Personal Development Inc 1239 East Main Street Bartow, FL 33830	59-0818924	501(c)(3)	289,055	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Polk State College Foundation 999 Avenue H Northeast Winter Haven, FL 33881	59-1819213	501(c)(3)	34,593	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Polk Vision 1035 S Florida Avenue Suite 208 Lakeland, FL 33803	20-0141870	501(c)(3)	7,500	0	N/A	N/A	Program Operating Cost
Ridge Area Arc 4352 Independence Street Avon Park, FL 33825	59-0829984	501(c)(3)	28,370	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Sunrise Community of Central Florida 5115 Wallace Court Lakeland, FL 33813	65-0714062	501(c)(3)	55,334	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Talbot House Ministries of Lakeland Inc 814 North Kentucky Avenue Lakeland, FL 33801	59-2151802	501(c)(3)	352,620	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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The Salvation Army of East Polk 1898 Highway 17 North Winter Haven, FL 33881	59-0631403	501(c)(3)	108,855	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
The Salvation Army Serving West Polk 2620 Kathleen Road Lakeland, FL 33810	59-0631403	501(c)(3)	390,755	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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The Spring of Tampa Bay Inc PO Box 5147 Tampa, FL 33875	59-3485250	501(c)(3)	7,927	0	N/A	N/A	Donor Designated for General Support
Tri-County Human Services 1815 Crystal Lake Drive Lakeland, FL 33801	59-1708182	501(c)(3)	158,533	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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VISTE 1232 East Magnolia Street Lakeland, FL 33801	59-2625297	501(c)(3)	205,327	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
Women's Care Center of Bartow Inc 490 East Boulevard Street Bartow, FL 33830	65-0332777	501(c)(3)	29,567	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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

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Women's Resource Center 165 Avenue A Northwest Winter Haven, FL 33881	59-2344584	501(c)(3)	83,044	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs
YMCA of West Central Florida 3620 Cleveland Heights Boulevard Lakeland, FL 33803	59-1158144	501(c)(3)	88,891	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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
Youth & Family Alternatives Inc 7524 Plathe Road New Port Richey, FL 34653	59-1545990	501(c)(3)	65,854	0	N/A	N/A	Program Operating Cost, Donor Designated for General Support and Program Costs

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
United Way of Central Florida Inc

Employer identification number
59-2116280

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 checked="" 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 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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input 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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input 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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	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.

**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
United Way of Central Florida Inc

Employer identification number
59-2116280

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	315,963	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Office Supplies)	X	10	249	Cost
26 Other ▶ (Food gift cards)	X	6	609	Cost
27 Other ▶ (Program Supplies)	X	250	750	NONE
28 Other ▶ (_____)				

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

	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.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

United Way of Central Florida Inc

Employer identification number

59-2116280

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 MISSION STATEMENT	(CONTINUED FROM PAGE 1) UWCF FOCUSES ON ROOT CAUSES OF COMMUNITY PROBLEMS IN EDUCATION, INCOME & HEALTH & BRINGS COMMUNITY LEADERS TOGETHER TO IDENTIFY NEEDS, FUND SERVICES AND ACHIEVE RESULTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Description of other program services</p>	<p>(Expenses \$ 645,316 including grants of \$ 28,089)(Revenue \$ 590) OTHER PROGRAM SERVICES S UCCES BY 6 (SB6) MOBILIZES VOLUNTEERS FROM LOCAL ORGANIZATIONS, BUSINESSES, GOVERNMENT, CHURCHES, CIVIC GROUPS, EDUCATORS AND HUMAN SERVICES TO ENSURE THAT ALL CHILDREN, BY THE AGE OF SIX, HAVE THE PHYSICAL, EMOTIONAL, SOCIAL AND MENTAL FOUNDATION TO SUCCEED IN SCHOOL AND IN LIFE SINCE 1995, UWCF'S SB6 HAS FOCUSED ON EARLY LITERACY TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED MORE THAN 100 PARENT LENDING LIBRARIES WERE IN CHILDCARE CENTERS SERVING LOW-INCOME FAMILIES, WITH AN AVERAGE OF 35,000 BOOKS CHECKED OUT ANNUALLY THE BOR N LEARNING CAMPAIGN INCREASES AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION AND PROVIDED MORE THAN 300,000 MESSAGES TO CITIZENS 210,000 PARENT RESOURCE GUIDES, WHICH IN CLUDE CONTACT INFORMATION FOR CHILDREN AND PARENT SERVICES, WERE DISTRIBUTED DURING THE FI SCAL YEAR 45,000 COPIES WERE HAND DELIVERED TO HEALTH AND HUMAN SERVICES PROFESSIONALS WH O WORK WITH AT-RISK CHILDREN MASTER TEACHER AN OUTREACH OF SUCCESS BY 6 SCHOOL READINESS - THE EXPANDED MASTER TEACHER INITIATIVE TARGETS NEIGHBORHOODS WHERE CHILDREN CONSIDERED AT-RISK FOR SCHOOL FAILURE RESIDE IT PROVIDES AN INTERNSHIP FOR CHILDCARE INSTRUCTORS USI NG FOUR MASTER TEACHERS, ALONG WITH PARENT EDUCATION CLASSES, TO HELP INSTRUCTORS AND PARE NTS PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO SUCCEED READINESS SKILLS FOR CHILDREN IN CLASSES WITH TEACHERS TRAINED BY A MASTER TEACHER IMPROVED AN AVERAGE OF 3 MONTHS FOR EVERY 1 MONTH WITH THE NEWLY TRAINED CAREGIVER LET'S GROW FOCUSES ON IMPROVING LANGUAGE SKILLS OF CHILDREN AT-RISK OF SCHOOL FAILURE LANGUAGE SKILLS PREDICT THE ABILITY OF CHILD REN TO LEARN TO READ OF MIDDLE/HIGH INCOME CHILDREN, 8 OF 10 ENTER SCHOOL WITH THE SKILLS THEY NEED HOWEVER, ONLY 2 OF 10 LOW INCOME CHILDREN HAVE SUFFICIENT SKILLS CHILDREN WHO ENTER SCHOOL READY TO SUCCEED, LEARN TO READ AND GRADUATE ON TIME DOLLY PARTON IMAGINATI ON LIBRARY MAI LS BOOKS TO THE HOMES OF PRESCHOOL CHILDREN LET'S GROW PARTNERS PROVIDE EAR LY LITERACY INTERVENTIONS IMPROVING VOCABULARY SCORES BY AN AVERAGE OF 5 MONTHS FOR EVERY 1 MONTH OF EXPOSURE TO THE INTERVENTIONS WOMEN UNITED - READINGPALS READINGPALS FOCUSES ON ENGAGING, TRAINING AND DEPLOYING VOLUNTEER TUTORS TO INCREASE THE NUMBER OF STUDENTS R EADING AT GRADE LEVEL BY THE END OF 3RD GRADE IT IS IMPORTANT TO OUR COMMUNITY, TO THE BA RNETTS, TO ALL BUSINESSES AND FAMILIES IN FLORIDA THAT WE MAKE A UNITED EFFORT TO REDUCE T HE CLOSE TO 50% OF CHILDREN WHO ARE NOT READING AT GRADE LEVEL MORE THAN 200 READINGPALS OFFERED TUTORING SESSIONS IN 58 CLASSROOMS IN THE 2018/19 SCHOOL YEAR DISASTER RELIEF PR OVIDES IMMEDIATE ASSISTANCE AND LONG TERM RECOVERY SUPPORT IN THE EVENT OUR COMMUNITY NEED S URGENT DISASTER RELIEF UWCF DEVELOPS PARTNERSHIPS TO ADDRESS THE MANY CHALLENGES AND/OR EMERGENCIES THAT OUR COMMUNITY FACES UWCF MEETS WITH PARTNERS TO COORDINATE THE EFFORTS OF GOVERNMENT, NON-PROFIT, AND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	FAITH-BASED ORGANIZATIONS INVOLVED IN DISASTER RESPONSE IN SEPTEMBER OF 2017 HURRICANE IRMA DEVASTATED MANY AREAS IN FLORIDA UWCF PROVIDED IMMEDIATE DISASTER RELIEF FOLLOWING HURRICANE IRMA BY OFFERING DIRECT ASSISTANCE AND PARTNERING WITH VARIOUS AGENCIES FOR HELP ASSISTING FAMILIES IMPACTED BY THE HURRICANE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b COMPENSATION OF OTHER OFFICERS	THE ORGANIZATION'S CEO REVIEWS AND APPROVES COMPENSATION FOR THE OTHER OFFICERS THE CEO USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE THIS PROCESS IS DOCUMENTED DURING THE ANNUAL BUDGET PROCESS THIS WAS DONE BY THE CEO PRIOR TO THE END OF FYE 6/30/2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee is composed of all officers of the Board of Directors. The Executive Committee may act broadly on behalf of the full Board whenever the need arises or the full Board is not scheduled or cannot meet.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A full electronic copy of the form 990 was e-mailed to the Board including the Finance Committee. The Finance Committee reviewed the Form 990 in more depth and reported at the subsequent Board meeting, prior to the 990's filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Each year Board members and staff are asked to review and become familiar, or refamiliarize themselves with the organization's conflict of interest policy and to state any existing conflicts as defined in the policy. Directors with conflicts abstain from voting on related issues as noted in the minutes of the meeting. Each fiscal year, a completed questionnaire is also sent to Directors to disclose family and business relationships and establish whether there might be any relationships or business transactions to report or disclose in the form 990 or that affect independence. The responses are reviewed, maintained, and summarized by the administrative assistant to the President.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	UWCF adopted an executive compensation program policy guide in June 2009 for performance and compensation of the CEO, CFO and other members of the leadership team UWCF will strive to provide executive salaries and total compensation levels that are competitive with the marketplace and that are internally equitable UWCF will reward executive performance based on predetermined goals and objectives supportive of the mission and business objective Finally, UWCF will strive to provide competitive, affordable, and fair executive perquisites and executive benefits Enforcement and administrative responsibilities for the program involving the CEO and CFO rests with the executive committee Those same responsibilities rest with the CEO for all other members of the leadership team The Executive Committee also serves as the Compensation Committee that meets annually to review the President's performance and compensation They analyze and compare salaries and benefits of similar size United Ways Decisions made by the Executive Committee are documented in the employee's file In the determination of compensation, comparability data provided by United Way Worldwide is used to ensure reasonableness This process was last done for the CEO position prior to the end of FYE 6/30/2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The form 990 and audited financial statements are available on the organization's website at www.uwcf.org . These documents as well as the conflict of interest policy and governing documents are available upon request by phone, mail or in person.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Changes in Beneficial Interest - 14123, Uncollectible Pledges - -475564,

**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
United Way of Central Florida Inc

Employer identification number

59-2116280

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

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

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
(1) PERPETUAL TRUST P O BOX 1357 HIGHLAND CITY, FL 338461357	TRUST	FL	NA	Trust					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	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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