

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
UNITED WAY OF NORTH CENTRAL FLORIDA, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6031 NW 1ST PLACE

City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32607

F Name and address of principal officer:**DEBORAH V. BOWIE**
SAME AS C ABOVE

D Employer identification number

59-0808855

E Telephone number

352-331-2800

G Gross receipts \$

3,657,844.

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.UNITEDWAYNCFL.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1957**

M State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY IMPROVES PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.		
	2 Check this box <input type="checkbox"/> 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)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	24
	6	Total number of volunteers (estimate if necessary)	885
	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.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,500,121. Current Year: 3,541,930.
	9	Program service revenue (Part VIII, line 2g)	105,743. 76,510.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,553. 29,809.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,179. -3,565.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,635,596. 3,644,684.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,218,467. 1,859,903.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	924,557. 855,909.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	447,250.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	690,880. 681,022.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,833,904. 3,396,834.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-198,308. 247,850.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,865,420. End of Year: 3,167,531.
	21	Total liabilities (Part X, line 26)	1,641,135. 1,725,230.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,224,285. 1,442,301.

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: *Deborah V. Bowie* Date: **3/23/2016**

DEBORAH V. BOWIE, PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **KEN KURDZIEL** Preparer's signature: **KEN KURDZIEL** Date: **03/22/16** Check if self-employed: PTIN: **P00060407**

Firm's name: **JAMES MOORE & CO., P.L.** Firm's EIN: **59-3204548**

Firm's address: **5931 NW 1ST PLACE GAINESVILLE, FL 32607-2063** Phone no.: **352-378-1331**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF UNITED WAY OF NORTH CENTRAL FLORIDA IS TO FIND AND FUND DATA-DRIVEN SOLUTIONS AND CREATE COMMUNITY CONNECTIONS THAT CHANGE LIVES. AS THE SINGLE LARGEST PRIVATE FUNDER OF HUMAN SERVICES AND NON-GOVERNMENTAL FUNDER OF EDUCATION INITIATIVES IN OUR COMMUNITY, WE

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

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

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

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

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

4a (Code:) (Expenses \$ 1,269,884. including grants of \$ 900,000.) (Revenue \$)

EXPENSES INCURRED BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS; PROVIDE PROGRAM ASSESSMENT, REVIEW AND SELECTION; ADMINISTER GRANTS; PROVIDE FINANCIAL AND STEWARDSHIP OVERSIGHT OF GRANT RECIPIENTS; AND PARTICIPATE IN COMMUNITY PARTNERSHIPS TO ADVANCE COMMON GOALS IN THE FOUR FOCUS AREAS.

IMPART PARTNERS - \$900,000 THE COMMUNITY INVESTMENT ALLOCATIONS TO UNITED WAY IMPACT PARTNERS ARE DETERMINED BY JUNE EACH YEAR. THE PROGRAM ALLOCATIONS ARE PAID MONTHLY FROM JULY TO JUNE. AS AN EXTENSION TO OUR MISSION, UNITED WAY ALLOWS ITS DONORS TO DIRECT PART OR ALL OF THEIR CONTRIBUTIONS TO OTHER 501C(3) NON-PROFIT ORGANIZATIONS. THE

4b (Code:) (Expenses \$ 278,365. including grants of \$ 15,958.) (Revenue \$)

COMMUNITY IMPACT GRANTS - \$278,365 UNITED WAY OF NORTH CENTRAL FLORIDA'S GRANT-FUNDED INITIATIVES HELP IMPROVE OUR COMMUNITY'S EDUCATION, INCOME AND HEALTH. HERE ARE SOME RESULTS FROM 2014-2015: FUNDING SOURCES FOR THESE EXPENSES INCLUDE BARNETT, CHECK & CONNECT, ORAL HEALTH, VITA, VISTA AND WELLS FARGO.

-THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM IS AN IRS-FUNDED PROGRAM. IT PROVIDES FREE TAX PREPARATION TO LOW-MODERATE COMMUNITY MEMBERS IN UNITED WAY'S SIX COUNTY AREA AND IS UWNCFL'S SOLE INTERNAL COMMUNITY IMPACT INCOME PROGRAM. VITA HAS BEEN PRESENT AT UWNCFL FOR FIVE YEARS THROUGH IRS GRANT SPONSORSHIP AND AROUND NINE YEARS IN THE GAINESVILLE COMMUNITY. PRIOR TO THIS TIME, VITA BELONGED TO EAST

4c (Code:) (Expenses \$ 943,945. including grants of \$ 943,945.) (Revenue \$ 76,510.)

SUPPORT TO 501(C)(3) ORGANIZATIONS AS DIRECTED BY OUR CONTRIBUTORS.

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

(Expenses \$ 145,581. including grants of \$) (Revenue \$)

4e Total program service expenses 2,637,775.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, and deductible contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
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

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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: **DEBORAH V. BOWIE - 352-331-2800**
6031 NW 1ST PLACE, GAINESVILLE, FL 32607

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAY AYERS CHAIR	1.00	X		X				0.	0.	0.
(2) ED BONAHEUE EXEC. COMMITTEE -MEMBER AT LARGE	1.00	X		X				0.	0.	0.
(3) ROB CHAPMAN - RESIGNED JAN. 201 BOARD MEMBER	1.00	X						0.	0.	0.
(4) BILL GAIR BOARD MEMBER	1.00	X						0.	0.	0.
(5) DENNIS GIES EXEC. COMMITTEE -MEMBER AT LARGE	1.00	X		X				0.	0.	0.
(6) SAM GOFORTH BOARD MEMBER	1.00	X						0.	0.	0.
(7) KEN KURDZIEL FINANCE CHAIR	1.00	X		X				0.	0.	0.
(8) CAROLYN LUKERT PAST CHAIR	1.00	X						0.	0.	0.
(9) HERSHEL LYONS- RESIGNED MARCH 2 BOARD MEMBER	1.00	X						0.	0.	0.
(10) MELANIE ROSS COMMUNICATIONS CHAIR	1.00	X		X				0.	0.	0.
(11) ANDY SHERRARD BOARD MEMBER	1.00	X						0.	0.	0.
(12) PATRICIA SNYDER BOARD MEMBER	1.00	X						0.	0.	0.
(13) ADRIAN TAYLOR PUBLIC POLICY CHAIR	1.00	X		X				0.	0.	0.
(14) JENNA WHITE COMMUNITY IMPACT CHAIR	1.00	X		X				0.	0.	0.
(15) NICK BANKS VICE CHAIR & DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
(16) JAY LARSEN-RESIGNED JAN. 2015 BOARD MEMBER	1.00	X						0.	0.	0.
(17) SHANEY LIVINGSTON BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNDA TEALER-RESIGNED MARCH 2011 BOARD MEMBER	1.00	X						0.	0.	0.
(19) JENNIFER HUNT BOARD MEMBER	1.00	X						0.	0.	0.
(20) BRAD POLLITT CAMPAIGN CHAIR	1.00	X		X				0.	0.	0.
(21) DOUG RAY BOARD MEMBER	1.00	X						0.	0.	0.
(22) JEN DAY SHAW BOARD MEMBER	1.00	X						0.	0.	0.
(23) SCOTT THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(24) DEBBIE MASON- UNTIL AUGUST 2014 PRESIDENT & CEO	50.00			X				84,840.	0.	16,241.
(25) DEBORAH V. BOWIE- AS OF JAN. 20 PRESIDENT & CEO	45.00			X				0.	0.	0.
1b Sub-total								84,840.	0.	16,241.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								84,840.	0.	16,241.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part 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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,541,930.				
	g Noncash contributions included in lines 1a-1f: \$	16,404.				
	h Total. Add lines 1a-1f	▶ 3,541,930.				
	Program Service Revenue	2 a TRANSFER FEES	Business Code 900099	76,510.	76,510.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶	76,510.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶	29,809.		29,809.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a 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)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 9,595.				
		b Less: direct expenses	b 13,160.			
c Net income or (loss) from fundraising events		▶	-3,565.		-3,565.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a 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				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	3,644,684.	76,510.	0.	26,244.	

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	1,859,903.	1,859,903.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	79,495.	34,517.	16,677.	28,301.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	593,081.	290,666.	129,982.	172,433.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,005.	11,427.	4,939.	6,639.
9 Other employee benefits	106,290.	53,314.	22,518.	30,458.
10 Payroll taxes	54,038.	25,641.	12,002.	16,395.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,053.	5,859.	3,886.	5,308.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,594.	833.	744.	1,017.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	137,402.	110,964.	11,174.	15,264.
12 Advertising and promotion	85,593.	34,427.	21,626.	29,540.
13 Office expenses	72,829.	23,402.	20,891.	28,536.
14 Information technology				
15 Royalties				
16 Occupancy	102,503.	32,938.	29,403.	40,162.
17 Travel	15,227.	7,635.	3,209.	4,383.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,735.	12,769.	11,398.	15,568.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,538.	6,921.	6,178.	8,439.
23 Insurance	7,554.	2,427.	2,167.	2,960.
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 <u>COMMUNITY IMPACT SPECIA</u>	65,767.	65,767.		
b <u>COMMUNITY IMPACT GRANTS</u>	40,500.	40,500.		
c <u>FEDERATED CAMPAIGN EXPE</u>	21,337.			21,337.
d <u>UNITED WAY OF FLA/WORLD</u>	15,836.			15,836.
e All other expenses	37,554.	17,865.	15,015.	4,674.
25 Total functional expenses. Add lines 1 through 24e	3,396,834.	2,637,775.	311,809.	447,250.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	526,414.	2	839,916.
	3 Pledges and grants receivable, net	1,553,088.	3	1,504,359.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,805.	9	15,435.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 678,320.		
	b Less: accumulated depreciation	10b 240,948.		
	11 Investments - publicly traded securities	443,596.	10c	437,372.
	12 Investments - other securities. See Part IV, line 11	315,352.	11	344,015.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	11,165.	14	26,434.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,865,420.	15	3,167,531.	
17 Accounts payable and accrued expenses	65,992.	16	3,167,531.	
18 Grants payable	728,838.	17	62,167.	
19 Deferred revenue		18	744,136.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	846,305.	24		
26 Total liabilities. Add lines 17 through 25	1,641,135.	25	918,927.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	1,725,230.	
28 Unrestricted net assets	1,037,593.	27	1,167,529.	
29 Temporarily restricted net assets	133,909.	28	221,989.	
30 Permanently restricted net assets	52,783.	29	52,783.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	1,224,285.	33	1,442,301.	
36 Total liabilities and net assets/fund balances	2,865,420.	34	3,167,531.	

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	3,644,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,396,834.
3	Revenue less expenses. Subtract line 2 from line 1	3	247,850.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,224,285.
5	Net unrealized gains (losses) on investments	5	-29,834.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,442,301.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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?		X
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		

Form 990 (2014)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED WAY OF NORTH CENTRAL FLORIDA, INC

Employer identification number

59-0808855

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3330027.	3591114.	3871939.	3500121.	3541930.	17835131.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3330027.	3591114.	3871939.	3500121.	3541930.	17835131.
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)						1336304.
6 Public support. Subtract line 5 from line 4.						16498827.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3330027.	3591114.	3871939.	3500121.	3541930.	17835131.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,182.	25,337.	16,405.	22,553.	29,809.	103,286.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17938417.
12 Gross receipts from related activities, etc. (see instructions)					12	501,932.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	91.97 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	93.33 %
16a 33 1/3% support test - 2014. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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):		
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).		

Schedule A (Form 990 or 990-EZ) 2014

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 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
	\$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

UNITED WAY OF NORTH CENTRAL FLORIDA, INC

Employer identification number

59-0808855

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization UNITED WAY OF NORTH CENTRAL FLORIDA, INC	Employer identification number 59-0808855
-------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 125,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF NORTH CENTRAL FLORIDA, INC	Employer identification number 59-0808855
-----------------------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF NORTH CENTRAL FLORIDA, INC	Employer identification number 59-0808855
-------------------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED WAY OF NORTH CENTRAL FLORIDA, INC Employer identification number 59-0808855

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes); 2. Complete lines 2a-2d if qualified; 3-9. Monitoring and reporting questions.

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

Form with sections 1a-1b and 2 for reporting on art and historical treasures, including revenue and asset amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	52,783.	52,783.	52,783.	52,783.	52,783.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	52,783.	52,783.	52,783.	52,783.	52,783.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 100.00 %
 - c** Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		136,000.		136,000.
b Buildings		452,795.	157,422.	295,373.
c Leasehold improvements				
d Equipment		89,525.	83,526.	5,999.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				437,372.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	18,927.
(3) PARTNER PROGRAM INVESTMENTS	
(4) PAYABLE	900,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	918,927.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,697,265.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-29,834.
b	Donated services and use of facilities	2b	13,200.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-16,634.
3	Subtract line 2e from line 1	3	2,713,899.
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	
b	Other (Describe in Part XIII.)	4b	930,785.
c	Add lines 4a and 4b	4c	930,785.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,644,684.

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

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

1	Total expenses and losses per audited financial statements	1	2,479,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,200.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	13,160.
e	Add lines 2a through 2d	2e	26,360.
3	Subtract line 2e from line 1	3	2,452,889.
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	
b	Other (Describe in Part XIII.)	4b	943,945.
c	Add lines 4a and 4b	4c	943,945.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,396,834.

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.

PART V, LINE 4:

UNITED WAY OF NORTH CENTRAL FLORIDA INC. CREATED AN ENDOWMENT TO ENSURE RESOURCES FOR LONG-TERM GROWTH AND INCREASE THE ABILITY TO MEET CHANGING COMMUNITY NEEDS.

PART X, LINE 2:

UNITED WAY IS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DOES NOT EARN ANY UNRELATED BUSINESS INCOME. THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE UNITED WAY HOLDS NO UNCERTAIN TAX POSITIONS AND, THEREFORE, HAS NO POLICY FOR EVALUATING THEM.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DONATIONS	943,945.
DIRECT FUNDRAISING EXPENSE	-13,160.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	930,785.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISER EXPENSE	13,160.
---------------------------	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DONATIONS	943,945.
------------------------	----------

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **UNITED WAY OF NORTH CENTRAL FLORIDA, INC** Employer identification number **59-0808855**

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALACHUA CONSERVATION TRUST, INC. 7204 SE COUNTY ROAD 234 GAINESVILLE, FL 32641	59-2919630	501(C)(3)	22,565.	0.			DONOR DIRECTED DESIGNATIONS
ALACHUA COUNTY HUMANE SOCIETY 4205 NW 5TH STREET GAINESVILLE, FL 32809-1747	59-1908492	501(C)(3)	36,174.	0.			DONOR DIRECTED DESIGNATIONS
ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION - 401 EAST UNIVERSITY AVE - GAINESVILLE, FL 32601-5453	59-3014156	501(C)(3)	7,376.	0.			DONOR DIRECTED DESIGNATIONS
ALACHUA CO. ORG. FOR RURAL NEEDS (ACORN) - 23320 NORTH STATE ROAD 235 - BROOKER, FL 32622	59-1627845	501(C)(3)	71,037.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
ALACHUA HABITAT FOR HUMANITY 2317 SW 13TH STREET GAINESVILLE, FL 32608	59-2750078	501(C)(3)	36,684.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD. NORTH ST. PETERSBURG, FL 33716	13-5613797	501(C)(3)	10,406.	0.			DONOR DIRECTED DESIGNATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **49.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 1425 NW 6TH STREET GAINESVILLE, FL 32601	53-0196605	501(C)(3)	13,723.	0.			DONOR DIRECTED DESIGNATIONS
ARC OF ALACHUA COUNTY 3303 N.W. 83 STREET GAINESVILLE, FL 32606	59-1140179	501(C)(3)	26,031.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
BIG BROTHERS - BIG SISTERS 1155 NW 13TH STREET GAINESVILLE, FL 32601	59-1643115	501(C)(3)	6,713.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB OF ALACHUA CO. P.O. BOX 358452 GAINESVILLE, FL 32635	59-6002181	501(C)(3)	60,935.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
BOY SCOUTS OF AMERICA, NFC 521 EDGEWOOD AVE. SOUTH JACKSONVILLE, FL 32205	59-0637816	501(C)(3)	15,777.	0.			DONOR DIRECTED DESIGNATIONS
BREAD OF THE MIGHTY FOOD BANK P.O. BOX 5086 GAINESVILLE, FL 32627	59-2805577	501(C)(3)	28,236.	0.			DONOR DIRECTED DESIGNATIONS
CHILD ADVOCACY CENTER PO BOX 1128 GAINESVILLE, FL 32602	31-1705396	501(C)(3)	40,010.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
CHILDREN'S HOME SOCIETY 1485 SOUTH SEMORAN BLVDSUITE 1448 WINTER PARK, FL 32792	59-0192430	501(C)(3)	36,158.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
COMMUNITY HEALTH CHARITIES OF FLORIDA - 3333 W. PENSACOLA STREET SUITE 240, BLDG 200 - TALLAHASSEE, FL 32304	59-3218006	501(C)(3)	85,041.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DANCE ALIVE, INC. 1325 NW 2ND STREET GAINESVILLE, FL 32601	23-7348157	501(C)(3)	8,129.	0.			DONOR DIRECTED DESIGNATIONS
EARLY LEARNING COALITION 4424 NW 13TH STREET-5 GAINESVILLE, FL 32609	59-3665622	501(C)(3)	106,745.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
ELDERCARE OF ALACHUA COUNTY 3515 NW 98TH STREET GAINESVILLE, FL 32606	59-3051104	501(C)(3)	124,035.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
FIRST UNITED METHODIST CHURCH ALACHUA - P. O. BOX 668 - ALACHUA, FL 32616	59-1579665	501(C)(3)	14,000.	0.			DONOR DIRECTED DESIGNATIONS
FLORIDA INSTITUTE FOR WORKFORCE INNOVATION - P.O. BOX 474 - MELROSE, FL 32666	59-2596359	501(C)(3)	15,429.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
GAINESVILLE AGENCY CATHOLIC CHARITIES - 1701 NE 9TH ST. - GAINESVILLE, FL 32609	59-1785681	501(C)(3)	173,095.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
GAINESVILLE COMMUNITY MINISTRY, INC. - 238 SW 4TH AVENUE - GAINESVILLE, FL 32601	59-1724202	501(C)(3)	12,774.	0.			DONOR DIRECTED DESIGNATIONS
GAINESVILLE FISHER HOUSE 5106 NW 8TH AVENUE GAINESVILLE, FL 32607	26-3806088	501(C)(3)	7,038.	0.			DONOR DIRECTED DESIGNATIONS
GAINESVILLE HARVEST 7257 NW 4TH BLVD. PMB #114 GAINESVILLE, FL 32607	59-3067756	501(C)(3)	14,433.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GAINESVILLE HIPPIY, WILLIAMS TEMPLE PO BOX 5866 GAINESVILLE, FL 32627	41-2266098	501(C)(3)	50,777.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
GAINESVILLE PET RESCUE 5403 SW ARCHER ROAD GAINESVILLE, FL 32608	59-3183931	501(C)(3)	33,109.	0.			DONOR DIRECTED DESIGNATIONS
GILCHRIST COUNTY SCHOOL BOARD 310 NW 17TH AVENUE TRENTON, FL 32693	59-3128327	501(C)(3)	45,551.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
GIRLS PLACE, INC. 2101 N.W. 39TH AVENUE GAINESVILLE, FL 32605-2323	59-2274755	501(C)(3)	74,232.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
GIRL SCOUTS OF GATEWAY COUNCIL, INC. - 1000 SHEARER STREET - JACKSONVILLE, FL 32205	59-0637857	501(C)(3)	11,351.	0.			DONOR DIRECTED DESIGNATIONS
HAVEN HOSPICE OF NCF 4200 N.W. 90 BLVD GAINESVILLE, FL 32606	59-2490893	501(C)(3)	52,251.	0.			DONOR DIRECTED DESIGNATIONS
HEALTH SERVICES 3615 SW 13TH STREET SUITE 4 GAINESVILLE, FL 32608	59-1435252	501(C)(3)	28,775.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
HEALTHY FAMILIES ALACHUA 5009 NW 34TH STREET GAINESVILLE, FL 32605	59-6002052	501(C)(3)	51,893.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
MERIDIAN BEHAVIORAL HEALTHCARE 4300 S.W. 13TH STREET GAINESVILLE, FL 32608	59-1906214	501(C)(3)	6,524.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NO MORE HOMELESS PETS, INC, 4205 NW 6TH STREET, SUITE A-2 GAINESVILLE, FL 32609	02-0536968	501(C)(3)	7,529.	0.			DONOR DIRECTED DESIGNATIONS
OPERATION CATNIP OF GAINESVILLE PO BOX 141023 GAINESVILLE, FL 32614	59-3522372	501(C)(3)	10,990.	0.			DONOR DIRECTED DESIGNATIONS
PACE CENTER FOR GIRLS 1010 SE 4TH AVE. GAINESVILLE, FL 32601	59-2414492	501(C)(3)	11,068.	0.			DONOR DIRECTED DESIGNATIONS
PEACEFUL PATHS 2100 NW 53RD AVE, SUITE A GAINESVILLE, FL 32653	59-1809014	501(C)(3)	67,437.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
PLANNED PARENTHOOD OF SOUTH, EAST, AND NORTH FLORIDA - 2300 N FLORIDA MANGO ROAD - WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	32,131.	0.			DONOR DIRECTED DESIGNATIONS
PUPPY HILL FARM ANIMAL RESCUE P.O. BOX 1743 MELROSE, FL 32666	59-3621194	501(C)(3)	10,133.	0.			DONOR DIRECTED DESIGNATIONS
REICHART HOUSE 1704 SE 2ND AVENUE GAINESVILLE, FL 32601	20-5621656	501(C)(3)	9,751.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
RONALD MCDONALD HOUSE CHARITIES OF NORTH CENTRAL FLORIDA, INC. - 1600 SW 14TH STREET - GAINESVILLE, FL 32608	59-1887896	501(C)(3)	32,007.	0.			DONOR DIRECTED DESIGNATIONS
SAINT FRANCIS HOUSE P.O. BOX 12491 GAINESVILLE, FL 32604	59-1978981	501(C)(3)	116,949.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SECOND CHANCE FARMS, INC. 4410 NW 129TH STREET GAINESVILLE, FL 32606	30-0484915	501(C)(3)	6,038.	0.			DONOR DIRECTED DESIGNATIONS
SHANDS CANCER HOSPITAL 1938 W. UNIVERSITY AVENUE GAINESVILLE, FL 32603	59-1943502	501(C)(3)	6,419.	0.			DONOR DIRECTED DESIGNATIONS
ST FRANCIS HOUSE PET CARE CLINIC PO BOX 358462 GAINESVILLE, FL 32635	27-1590456	501(C)(3)	28,885.	0.			DONOR DIRECTED DESIGNATIONS
STOP! CHILDREN'S CANCER 2622 NW 43RD STREET, SUITE B3 GAINESVILLE, FL 32606	59-2624901	501(C)(3)	7,138.	0.			DONOR DIRECTED DESIGNATIONS
THE EDUCATION FOUNDATION OF ALACHUA COUNTY, INC. - 1725 SE 1ST AVENUE - GAINESVILLE, FL 32641	59-2751952	501(C)(3)	8,828.	0.			DONOR DIRECTED DESIGNATIONS
THE SALVATION ARMY OF GAINESVILLE, INC. - P.O. BOX 23767 - GAINESVILLE, FL 32602-3767	58-0660607	501(C)(3)	16,643.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
THREE RIVERS LEGAL SERVICES, INC. 901 NW 8TH AVE., STE. D-5 GAINESVILLE, FL 32601	59-1797499	501(C)(3)	8,002.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS
TYLER'S HOPE FOR A DYSTONIA CURE, INC. - 13351 PROGRESS BLVD. - ALACHUA, FL 32615	20-3733312	501(C)(3)	14,209.	0.			DONOR DIRECTED DESIGNATIONS
VETSPACE, INC. PO BOX 452 GAINESVILLE, FL 32602	59-3251229	501(C)(3)	5,331.	0.			PARTNER AGENCY PARTICIPANT & DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

AGENCIES RECEIVING DESIGNATIONS ARE REQUIRED TO PROVIDE OFFICIAL DOCUMENTATION AS TO 501(C)(3) STATUS, PATRIOT ACT COMPLIANCE, AND VERIFICATION OF FEDERAL ID NUMBER. AGENCIES RECEIVING COMMUNITY IMPACT AWARDS HAVE PERIODIC REPORTING REQUIREMENTS AND ARE AWARDED BY COMMITTEE WHICH REVIEWS PROGRAM OUTCOMES AND FINANCIAL STABILITY AND RESPONSIBILITY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

UNITED WAY OF NORTH CENTRAL FLORIDA, INC

Employer identification number

59-0808855

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVE LIVES BY LEADING AND CONVENING EXPERTS AND RECRUITING PEOPLE
AND ORGANIZATIONS FROM ACROSS OUR COMMUNITY WHO BRING THE EXPERTISE AND
RESOURCES NEEDED TO CREATE LASTING IMPACT IN OUR COMMUNITY.

THE UNITED WAY OF NORTH CENTRAL FLORIDA COMMUNITY INVESTMENT FUND
SUPPORTS 26 LOCAL COMMUNITY IMPACT PARTNER PROGRAMS THAT IMPROVE THE
EDUCATION, FINANCIAL STABILITY AND HEALTH OF OUR RESIDENTS. IN
ADDITION, THE UNITED WAY FUNDED PROGRAMS PROCURED AN ADDITIONAL \$16
MILLION IN STATE AND FEDERAL MATCHING GRANTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DONOR CHOICE FUNDING IS PAID QUARTERLY FOLLOWING THE ANNUAL CAMPAIGN.

THE COMMUNITY INVESTMENT ALLOCATIONS TO UNITED WAY IMPACT PARTNERS ARE
DETERMINE BY JUNE EACH YEAR. THE PROGRAM ALLOCATIONS ARE PAID MONTHLY
FROM JULY TO JUNE. AS AN EXTENSION TO OUR MISSION, UNITED WAY ALLOWS
ITS DONORS TO DIRECT PART OR ALL OF THEIR CONTRIBUTIONS TO OTHER
501C(3) NON-PROFIT ORGANIZATIONS. THE DONOR CHOICE FUNDING IS PAID
QUARTERLY FOLLOWING THE ANNUAL CAMPAIGN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GAINESVILLE DEVELOPMENT. VITA HAS SUCCESSFULLY LEVERAGED MANY COMMUNITY
RESOURCES TO PROVIDE TAX PREPARATION, INCLUDING A LARGE PARTNERSHIP
WITH UF LEVIN COLLEGE OF LAW, SANTA FE COLLEGE, BUCHHOLZ ACADEMY OF
FINANCE, AND ALACHUA COUNTY LIBRARY DISTRICT. WITH THE HELP OF MORE

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization UNITED WAY OF NORTH CENTRAL FLORIDA, INC	Employer identification number 59-0808855
-----------------------------------------------------------------------------	-----------------------------------------------------

THAN 200 VITA VOLUNTEERS, UNITED WAY OF NORTH CENTRAL FLORIDA WAS ABLE TO REFUND \$2,574,869 TO THE COMMUNITY AND SAVE TAXPAYERS \$565,735 IN PAID FEES FOR A TOTAL IMPACT OF \$3,140,604. THE AVERAGE REFUND WAS \$1,719 AND THE AVERAGE EITC WAS \$1,507 (SAVING AN AVERAGE TAX PREPARATION FEE OF \$260).

-THE MYFREETAXES PROGRAM IS A FREE SUPPLEMENTAL ONLINE TAX PROGRAM PROVIDED TO THE LOCAL COMMUNITY BY UNITED WAY OF NORTH CENTRAL FLORIDA. DURING THE 2014-2015 TAX SEASON, THE WEBSITE PROVIDED FREE TAX SOFTWARE TO 181 RESIDENTS EARNING \$58,000 OR LESS.

-READINGPALS IS AN EARLY LITERACY INITIATIVE IN PARTNERSHIP WITH UNITED WAY OF NORTH CENTRAL FLORIDA, CAROL AND BARNEY BARNETT AND THE CHILDREN'S MOVEMENT OF FLORIDA. READINGPALS' VOLUNTEERS COMMIT TO READING WITH A SECOND- OR THIRD GRADE STUDENT FOR AN HOUR A WEEK FOR THE ENTIRE SCHOOL YEAR. THE GOAL OF THE INITIATIVE IS TO INCREASE THIRD GRADE READING PROFICIENCY. DURING THE 2014-15 SCHOOL YEAR, UWNCFL'S READINGPALS PROGRAM WAS RATED IN THE TOP 3 IN THE STATE FOR NUMBER OF READING HOURS STUDENTS RECEIVED. READINGPALS WAS OFFERED IN NINE ALACHUA COUNTY PUBLIC SCHOOLS WHERE 181 READINGPALS' VOLUNTEERS WERE PAIRED WITH MORE THAN 170 STUDENTS WITH 3,000 HOURS OF LITERACY TUTORING AND MENTORING GENERATED. MORE THAN 2,000 BOOKS WERE TAKEN HOME AND IN THE END, 85% OF STUDENTS MAINTAINED OR IMPROVED THEIR READING GRADE. STUDENTS ENROLLED IN A READINGPALS PERFORMED 17% BETTER THAN PEERS NOT ENROLLED IN RP ON THE DISCOVERY EDUCATION ASSESSMENT EXAM.

-THE CHECK & CONNECT PROGRAM IS A RESULT OF A \$150,000 CONTRIBUTION FROM A PRIVATE DONOR. CHECK & CONNECT PROVIDES DROP-OUT PREVENTION

Name of the organization

UNITED WAY OF NORTH CENTRAL FLORIDA, INC

Employer identification number

59-0808855

SPECIALISTS IN THREE ALACHUA COUNTY HIGH SCHOOLS WITH THE GREATEST
POPULATION OF YOUTH CONSIDERED AT RISK OF DROPPING OUT:

GAINESVILLE, EASTSIDE, AND HAWTHORNE HIGH SCHOOLS. EACH CHECK AND
CONNECT SPECIALIST CONNECTS AS A MENTOR AND COUNSELOR WITH UP TO 35-40
STUDENTS AND THEIR FAMILIES TO PROVIDE SOCIAL SERVICES REFERRALS AND
FAMILY STRENGTHENING ASSISTANCE. APPROXIMATELY 80 STUDENTS ARE PART OF
THE CHECK & CONNECT PROGRAM. THE CHECK & CONNECT TECHNOLOGY PROGRAM WAS
CREATED IN 2013-2014 THROUGH A GENEROUS \$20,000 DONATION FROM A PRIVATE
LOCAL DONOR THAT PROVIDES A FREE LAPTOP TO CHILDREN IN THE PROGRAM.

-THE BOOK NOOK PROJECT IS AN INITIATIVE LED BY UNITED WAY OF NORTH
CENTRAL FLORIDA THAT ENCOURAGES READING BY PROVIDING FREE BOOKS TO
CHILDREN AND ADULTS THROUGH BOOKSHELVES PLACED ACROSS THE COMMUNITY.
LAST YEAR, OVER 50 BOOK NOOKS WERE STOCKED IN ALACHUA COUNTY WITH
THOUSANDS OF DONATED BOOKS.

SEAL & SMILE IS AN ORAL HEALTH AMERICA-SPONSORED HEALTH PROGRAM THAT
PROVIDES CHILDREN WITH FREE DENTAL SEALANTS, FLUORIDE VARNISH, ORAL
HEALTH EXAMS, AND REFERRALS FOR DENTAL CARE TO ENSURE TOOTH DECAY DOES
NOT IMPEDE THEIR ABILITY TO LEARN. SEAL & SMILE IS UWNCFL'S SOLE
INTERNAL CI HEALTH INITIATIVE AND HAS BEEN PRESENT AT UWNCFL FOR FIVE
YEARS. THE SCHOOLBASED INITIATIVE IS A PARTNERSHIP BETWEEN UWNCFL, THE
UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY, SANTA FE SCHOOL OF DENTAL
HYGIENE AND ORAL HEALTH AMERICA. THE PROGRAM BEGAN THROUGH COMMUNITY
RESPONSE REGARDING THE GREAT NEED FOR DENTAL CARE FOR LOWER-INCOME
CHILDREN IN ALACHUA COUNTY AND WAS STARTED CONCURRENTLY WITH THE
WEEKEND HUNGER BACKPACK PROGRAM THROUGH CAPP START-UP FUNDING. IN THE
MOST RECENT SCHOOL YEAR WITH NUMBERS AVAILABLE, 2013-2014, THE

Name of the organization

UNITED WAY OF NORTH CENTRAL FLORIDA, INC

Employer identification number

59-0808855

SCHOOL-BASED DENTAL SEALANT INITIATIVE WAS OFFERED IN 14 ALACHUA COUNTY PUBLIC SCHOOLS. IN TOTAL, 628 CHILDREN WERE TREATED FOR DENTAL ISSUES. OF THIS 628 CHILDREN, 103 OF THESE CHILDREN WERE TREATED BY THREE PRIVATE DENTAL VOLUNTEERS THROUGH THE SEAL AND SMILE ADOPT-A-SCHOOL PROGRAM, A PROGRAM WHERE LOCAL DENTISTS ARE INVITED TO PROVIDE FREE DENTAL SERVICES TO A HIGH-NEED SCHOOL IN THE COMMUNITY. IN TOTAL, 113 DENTAL AND DENTAL HYGIENE STUDENTS VOLUNTEERED IN 2013-2014 (59 SANTA FE STUDENTS AND 54 UF STUDENTS), GENERATING 452 VOLUNTEER HOURS.

-TOYS FOR TOTS IN ALACHUA COUNTY IS A LOCAL INITIATIVE IN PARTNERSHIP WITH UNITED WAY OF NORTH CENTRAL FLORIDA, SWAG RESOURCE CENTER, AND THE US MARINE CORPS. LAST YEAR, UNITED WAY PROVIDED OVER 3,000 BRAND NEW TOYS TO 456 NEEDY CHILDREN IN THE COMMUNITY.

-FAMILYWISE PRESCRIPTION DRUG PROGRAM PROVIDES AFFORDABLE ACCESS TO PRESCRIPTION DRUGS TO HELP KEEP FAMILIES HEALTHY. IN FISCAL YEAR 2014, THE PRESCRIPTION DRUG DISCOUNT WAS USED 22,451 TIMES WITH A TOTAL LOCAL SAVINGS ON PRESCRIPTION DRUGS OF \$363,519.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

2-1-1 IS A FREE SERVICE PROVIDED BY UNITED WAY OF NORTH CENTRAL FLORIDA CONNECTING THE COMMUNITY TO CRITICAL HEALTH AND SOCIAL SERVICE RESOURCES. FOR THE FISCAL YEAR 2015, 14,535 LOCAL RESIDENTS CALLED 2-1-1. THE TOP FIVE REASONS LOCAL RESIDENTS CALLED 2-1-1 WERE HOUSING ASSISTANCE (22%), UTILITY ASSISTANCE (18%), TAX-PREP ASSISTANCE (19%), HOLIDAY ASSISTANCE (10%), AND MEDICAL SERVICES (7%).

EXPENSES \$ 145,581. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

UNITED WAY OF NORTH CENTRAL FLORIDA, INC

Employer identification number

59-0808855

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE CHAIR AND PROVIDED TO THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENSURES THAT THE BOARD MEMBER DISCUSSES AND REFUSES PARTICIPATION IN ANY MATTERS THAT ARE CONSIDERED A CONFLICT OF INTEREST. THE CEO REVIEWS THIS POLICY ONCE A YEAR FOR ENFORCEMENT OF COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS BASED ON A PERFORMANCE EVALUATION MEASURED BY PREVIOUSLY DEFINED GOALS. OFFICERS ARE REQUIRED TO PROVIDE AN ASSESSMENT OF GOALS ACHIEVED TO THE EXECUTIVE COMMITTEE. COMPARABILITY DATA FROM OTHER UNITED WAY AGENCIES IS USED AS WELL AS REVIEWS OF OTHER OFFICER SALARIES AND BENEFITS EMPLOYED IN SIMILAR EMPLOYMENT SITUATIONS. THE EXECUTIVE COMMITTEE MEETS TO DETERMINE COMPENSATION AND IT IS THEN APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY OF NORTH CENTRAL FLORIDA, INC.'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

UNITED WAY OF NORTH CENTRAL FLORIDA, INC.'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **UNITED WAY OF NORTH CENTRAL FLORIDA, INC** Employer identification number **59-0808855**

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
UNITED DOWNTOWN, INC. - 36-4740208 6301 NW 1ST PLACE GAINESVILLE, FL 32608	MANAGE FUNDRAISING EVENT UNITED DOWNTOWN	FLORIDA	0.	0.	UNITED WAY OF NORTH CENTRAL FLORIDA, INC.

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

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

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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

