

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

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 country, and ZIP + 4
GAINESVILLE FL 32607

D Employer identification number
59-0808855

E Telephone number
352-331-2800

G Gross receipts \$ 3,699,710

F Name and address of principal officer: _____

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

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

J Website: WWW.UNITEDWAYNCFL.ORG

H(c) Group exemption number

K Type of organization: Corporation Trust Association Other

L Year of formation: 1964 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE UNITED WAY OF NORTH CENTRAL FLORIDA IS TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of employees (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Prior Year	Current Year
	9	3,841,096	3,551,604
	10	78,488	108,615
	11	55,619	32,253
	12	55,963	7,238
Expenses	12	4,031,166	3,699,710
	13	3,116,917	2,137,672
	14		
	15	726,773	797,459
	16a		
	16b	363,577	
	17	451,799	402,600
18	4,295,489	3,337,731	
19	-264,323	361,979	
Net Assets or Fund Balances	20	Beginning of Year	End of Year
	21	3,975,304	3,135,351
	22	1,727,231	698,676
22	2,248,073	2,436,675	

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: KAREN G. BRICKLEMYER Date: _____

Type or print name and title: PRESIDENT

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2/10/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CARR RIGGS & INGRAM, LLC
4010 NW 25 PLACE
GAINESVILLE, FL 32606-6623

Preparer's identifying number (see instructions): P00316108

EIN: 72-1396621 Phone no.: 352-372-6300

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

Part II Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF THE UNITED WAY OF NORTH CENTRAL FLORIDA IS TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,905,707 including grants of \$ 1,559,819) (Revenue \$)

UNITED WAY OFFERS CONTRIBUTORS THE OPPORTUNITY TO DESIGNATE THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES. THESE FUNDS WERE DISTRIBUTED BY THE DONORS CHOICE.

4b (Code:) (Expenses \$ 642,493 including grants of \$ 577,852) (Revenue \$)

UNITED WAY OF NORTH CENTRAL FLORIDA ALLOCATED FUNDING TO A PROGRAM IT CALLS SUCCESS BY SIX. THIS PROGRAM RAISES AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT AND AIMS TO HAVE KIDS READY FOR SCHOOL AT AGE SIX.

4c (Code:) (Expenses \$ 167,299 including grants of \$) (Revenue \$)

UNITED WAY OF NORTH CENTRAL FLORIDA PROVIDES AN INFORMATION AND REFERRAL SERVICE TO THE PUBLIC AND MAINTAINS A HUMAN SERVICES DIRECTORY

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

(Expenses \$ 46,030 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,761,529 (Must equal Part IX, Line 25, column (B).)

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, sub-questions (1a-12b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	25
b	Enter the number of voting members that are independent	1b	25
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?	2	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?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	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:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	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?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KAREN BRICKLEMYER 6031 NW 1 PLACE GAINESVILLE FL 32607 352-331-2800**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRENT CHRISTENSEN BOARD MEMBER	1	X						0	0	0
FREDDIE WEHBE CAMPAIGN	1	X		X				0	0	0
ROLAND DANIELS BOARD MEMBER	1	X						0	0	0
CAROLYN BARRETT BOARD MEMBER	1	X						0	0	0
ERIC GODET BOARD MEMBER	1	X						0	0	0
JAMES SURRENCY BOARD MEMBER	1	X						0	0	0
JANE ADAMS BOARD MEMBER	1	X						0	0	0
JIM STRINGFELLOW BOARD MEMBER	1	X						0	0	0
LUCY GODDARD TEEL BOARD MEMBER	1	X						0	0	0
MICHAEL GALLAGHER CHAIR	1	X		X				0	0	0
RUSSELL BLACKBURN BOARD MEMBER	1	X						0	0	0
TIM GOLDFARB BOARD MEMBER	1	X						0	0	0
SANDY HOLLINGER PAST CHAIR	1	X		X				0	0	0
JOE S HICE JR COMM CHAIR	1	X		X				0	0	0
BEN I DOERR, JR FIN CHAIR	1	X		X				0	0	0
JEFF ROMMEL VICE CHAIR	1	X		X				0	0	0
DENNY GIES PAST CHAIR	1	X		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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW FAJACK BOARD MEMBER	1	X						0	0	0
SOL HIRSCH BOARD MEMBER	1	X						0	0	0
NORA JONES BOARD MEMBER	1	X						0	0	0
TONY JONES BOARD MEMBER	1	X						0	0	0
ED POPPELL BOARD MEMBER	1	X						0	0	0
CAROLYN SHAFER BOARD MEMBER	1	X						0	0	0
ANDY SHERRARD CAMPAIGN	1	X		X				0	0	0
ESTER TIBBS BOARD MEMBER	1	X						0	0	0
DR. KAREN COLE-SMITH BOARD MEMBER	1	X						0	0	0
KAREN BRICKLEMYER PRESIDENT	40			X				102,175	0	0
1b Total								102,175		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a 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	3,551,604				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,551,604				
Program Service Revenue	Busn. Code						
	2a TRANSFER FEE REVENUE		108,615	108,615			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		108,615				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		32,253			32,253	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a OTHER REVENUE - 2-1-1			6,288			6,288	
b OTHER REVENUE			950			950	
c							
d All other revenue							
e Total. Add lines 11a-11d			7,238				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			3,699,710	108,615	0	39,491	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	2,137,672	2,137,672		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,150	56,408	21,686	30,056
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	553,114	288,486	110,915	153,713
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,695	17,835	6,648	9,212
9 Other employee benefits	52,900	28,000	10,437	14,463
10 Payroll taxes	49,600	25,857	9,952	13,791
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	19,460			19,460
12 Advertising and promotion	70,165	12,279	5,855	52,031
13 Office expenses	76,460	42,711	12,669	21,080
14 Information technology				
15 Royalties				
16 Occupancy	30,885	20,279	4,443	6,163
17 Travel	12,373	5,811	2,751	3,811
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,077	6,864	2,604	3,609
20 Interest				
21 Payments to affiliates	46,030	46,030		
22 Depreciation, depletion, and amortization	32,084	16,734	6,434	8,916
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INSURANCE & PROFESSIONAL	67,908	36,340	13,231	18,337
b BOOKS TO LIBRARY	13,700	13,700		
c SPECIAL EVENTS	5,788			5,788
d EXECUTIVE SEARCH	5,000		5,000	
e PUBLIX EMPLOYEE EMER FUND	4,355	4,355		
f All other expenses	5,315	2,168		3,147
25 Total functional expenses. Add lines 1 through 24f	3,337,731	2,761,529	212,625	363,577
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	3,610	1	12,985
	2 Savings and temporary cash investments	1,709,604	2	1,181,487
	3 Pledges and grants receivable, net	1,620,255	3	1,491,422
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,705	8	
	9 Prepaid expenses and deferred charges	167,352	9	15,292
	10a Land, buildings, and equipment: cost basis	10a 740,331		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 311,043	450,778	10c 429,288
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,000	15	4,877
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,975,304	16	3,135,351	
Liabilities	17 Accounts payable and accrued expenses	17,800	17	12,966
	18 Grants payable	664,216	18	637,516
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,045,215	25	48,194
	26 Total liabilities. Add lines 17 through 25	1,727,231	26	698,676
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,129,415	27	2,337,618
	28 Temporarily restricted net assets	65,875	28	46,274
	29 Permanently restricted net assets	52,783	29	52,783
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,248,073	33	2,436,675	
34 Total liabilities and net assets/fund balances	3,975,304	34	3,135,351	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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	
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?		

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2008
 Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **UNITED WAY OF NORTH CENTRAL FLORIDA, INC** Identifying number **59-0808855**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,857

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	29,857
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2008 tax year (see instructions): 43 Amortization of costs that began before your 2008 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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: (Please check only one organization.)

- 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). (Attach Schedule H.)
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 X 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...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III-Functionally Integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,762,271	2,455,535	3,860,006	3,841,096	3,551,604	16,470,512
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 1-3	2,762,271	2,455,535	3,860,006	3,841,096	3,551,604	16,470,512
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)						3,391,045
6 Public support. Subtract line 5 from line 4						13,079,467

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,762,271	2,455,535	3,860,006	3,841,096	3,551,604	16,470,512
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,677	36,600	82,897	58,905	32,253	238,332
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 IV.)		3,665	14,449	55,963	7,238	81,315
11 Total support. Add lines 7 through 10						16,790,159
12 Gross receipts from related activities, etc. (see instructions)					12	412,112
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 2008 (line 6, column (f) divided by line 11, column (f))	14	77.8996 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.7031 %
16a 33 1/3 % support test—2008. 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—2007. 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—2008. 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 IV 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—2007. 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 IV 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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) - 15 - %. Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g - 16 - %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) - 17 - %. Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h - 18 - %.

- 19a 33 1/3 % support tests—2008. 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—2007. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER REVENUE \$ 81,315

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NORTH FLORIDA REGIONAL HOSPITAL PO BOX 147006 GAINESVILLE FL 32614	\$ 91,744	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PUBLIX SUPER MARKETS 5200 NW 43RD ST SUITEA 40 GAINESVILLE FL 32606	\$ 388,170	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SHANDS HOSPITAL PO BOX 100327 GAINESVILLE FL 32610	\$ 353,355	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNIVERSITY OF FLORIDA PO BOX 112450 GAINESVILLE FL 32611	\$ 1,057,474	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NATIONWIDE INSURANCE 3300 WILLISTON ROAD GAINESVILLE FL 32608	\$ 224,084	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	RTI BIOLOGICS 13709 PROGRESS BLVD #19 ALACHUA FL 32615	\$ 102,823	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$ amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	52,783				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %

- 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? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		136,000		136,000
b Buildings		332,849	96,666	236,183
c Leasehold improvements				
d Equipment				
e Other		271,482	214,377	57,105
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				429,288

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,699,710
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,337,731
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	361,979
4	Net unrealized gains (losses) on investments	4	-173,377
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-173,377
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	188,602

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

1	Total revenue, gains, and other support per audited financial statements	1	2,085,157
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-173,377
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-173,377
3	Subtract line 2e from line 1	3	2,258,534
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,441,176
c	Add lines 4a and 4b	4c	1,441,176
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,699,710

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,896,555
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,896,555
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 XIV)	4b	1,441,176
c	Add lines 4a and 4b	4c	1,441,176
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,337,731

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
UNITED WAY CREATED AN ENDOWMENT FUND TO PROVIDE DONORS GIFT PLANNING
OPPORTUNITIES THAT WILL ADD STABILITY TO THE ANNUAL CAMPAIGN, ENSURE
RESOURCES FOR LONG-TERM GROWTH AND INCREASE THE ABILITY TO MEET CHANGING
COMMUNITY NEEDS.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

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

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
	ACORN							COMMUNITY INVESTMENT
	6031 NW 1ST PLACE GAINESVILLE FL 32607			51,111				COMMUNITY INVESTMENT
	ALACHUA CONSERVATION TRUST, INC. 6031 NW 1ST PLACE GAINESVILLE FL 32607			13,652				COMMUNITY INVESTMENT
	ALACHUA COUNTY HUMANE SOCIETY 6031 NW 1ST PLACE GAINESVILLE FL 32607			57,431				COMMUNITY INVESTMENT
	ALACHUA COUNTY LIBRARY DISTRICT FND 6031 NW 1ST PLACE GAINESVILLE FL 32607			28,850				COMMUNITY INVESTMENT
	ALACHUA COUNTY ORGANIZATION FOR RUR 6031 NW 1ST PLACE GAINESVILLE FL 32607			56,521				COMMUNITY INVESTMENT
	ALACHUA COUNTY PUBLIC SCHOOL FND 6031 NW 1ST PLACE GAINESVILLE FL 32607			10,917				COMMUNITY INVESTMENT
	ALACHUA HABITAT FOR HUMANITY 6031 NW 1ST PLACE GAINESVILLE FL 32607			44,545				COMMUNITY INVESTMENT
	AMERICAN RED CROSS, NCF CHAPTER 6031 NW 1ST PLACE GAINESVILLE FL 32607			25,728				COMMUNITY INVESTMENT
	ARBOR HOUSE, INC. 6031 NW 1ST PLACE GAINESVILLE FL 32607			20,740				COMMUNITY INVESTMENT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Part II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 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 I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Employer identification number
59-0808855

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BIG BROTHERS BIG SISTERS							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			10,448				COMMUNITY INVESTMENT
BOY SCOUTS OF AMERICA, NORTH FL COU							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			25,345				COMMUNITY INVESTMENT
BOYS & GIRLS CLUB							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			10,833				COMMUNITY INVESTMENT
BOYS & GIRLS CLUB OF ALACHUA CTY							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			24,593				COMMUNITY INVESTMENT
CATHOLIC CHARITIES							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			6,017				COMMUNITY INVESTMENT
CATHOLIC CHARITIES BUREAU, INC.							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			40,627				COMMUNITY INVESTMENT
CFC - ANIMAL CHARITIES OF AMER.							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			10,656				COMMUNITY INVESTMENT
CFC - CANCERCURE OF AMERICA							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			6,364				COMMUNITY INVESTMENT
CFC - CHILDREN'S CHARITIES OF AMERI							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			5,099				COMMUNITY INVESTMENT
CFC - COMMUNITY HEALTH CHARITIES							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			5,946				COMMUNITY INVESTMENT
CFC - COMMUNITY HEALTH CHARITIES OF							COMMUNITY INVESTMENT
- 6031 NW 1ST PLACE GAINESVILLE FL 32607			5,889				COMMUNITY INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization
**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Employer identification number
59-0808855

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CFC - EARTH SHARE 6031 NW 1ST PLACE GAINESVILLE FL 32607			5,431				COMMUNITY INVESTMENT
CFC - HEALTH & MED. RES. CHAR. 6031 NW 1ST PLACE GAINESVILLE FL 32607			7,050				COMMUNITY INVESTMENT
CFC - UNITED WAY OF MARION COUNTY 6031 NW 1ST PLACE GAINESVILLE FL 32607			5,152				COMMUNITY INVESTMENT
CHILD ABUSE PREVENTION 6031 NW 1ST PLACE GAINESVILLE FL 32607			145,332				COMMUNITY INVESTMENT
CHILD ADVOCACY CENTER 6031 NW 1ST PLACE GAINESVILLE FL 32607			20,737				COMMUNITY INVESTMENT
CHILDREN'S HOME SOCIETY 6031 NW 1ST PLACE GAINESVILLE FL 32607			14,983				COMMUNITY INVESTMENT
EARLY LEARNING COALITION OF ALACHUA 6031 NW 1ST PLACE GAINESVILLE FL 32607			124,434				COMMUNITY INVESTMENT
ELDERCARE OF ALACHUA COUNTY 6031 NW 1ST PLACE GAINESVILLE FL 32607			47,423				COMMUNITY INVESTMENT
EPISCOPAL CHILDREN'S SERVICES 6031 NW 1ST PLACE GAINESVILLE FL 32607			23,702				COMMUNITY INVESTMENT
FLORIDA 4-H CLUB FOUNDATION, INC 6031 NW 1ST PLACE GAINESVILLE FL 32607			7,470				COMMUNITY INVESTMENT
FLORIDA CAMP FOR CHILDREN & YOUTH W 6031 NW 1ST PLACE GAINESVILLE FL 32607			12,746				COMMUNITY INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

2008

**Open to Public
Inspection**

Employer identification number
59-0808855

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA DEFENDERS OF THE ENVIRONMENT 6031 NW 1ST PLACE GAINESVILLE FL 32607			11,303				COMMUNITY INVESTMENT
FLORIDA WILDLIFE CARE, INC. 6031 NW 1ST PLACE GAINESVILLE FL 32607			9,920				COMMUNITY INVESTMENT
FLORIDA WILDLIFE FEDERATION 6031 NW 1ST PLACE GAINESVILLE FL 32607			15,439				COMMUNITY INVESTMENT
FSECC - AMERICA'S CHARITIES 6031 NW 1ST PLACE GAINESVILLE FL 32607			46,691				COMMUNITY INVESTMENT
FSECC - COMMUNITY HEALTH CHARITIES 6031 NW 1ST PLACE GAINESVILLE FL 32607			18,431				COMMUNITY INVESTMENT
FSECC - INDEPENDENT CHARITIES OF AM 6031 NW 1ST PLACE GAINESVILLE FL 32607			20,107				COMMUNITY INVESTMENT
FSECC - NEIGHBOR TO NATION 6031 NW 1ST PLACE GAINESVILLE FL 32607			5,896				COMMUNITY INVESTMENT
GAINESVILLE COMMUNITY MINISTRY 6031 NW 1ST PLACE GAINESVILLE FL 32607			18,376				COMMUNITY INVESTMENT
GAINESVILLE HARVEST, INC. 6031 NW 1ST PLACE GAINESVILLE FL 32607			37,878				COMMUNITY INVESTMENT
GAINESVILLE PET RESCUE 6031 NW 1ST PLACE GAINESVILLE FL 32607			64,761				COMMUNITY INVESTMENT
GILCHRIST COUNTY SCHOOL BOARD 6031 NW 1ST PLACE GAINESVILLE FL 32607			21,000				COMMUNITY INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number 59-0808855

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

Table with columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like GIRL SCOUTS OF GATEWAY COUNCIL, GIRLS PLACE, INC., HAVEN HOSPICE OF NORTH CENTRAL FLOR, HEALTHY FAMILIES, HOME INSTRUCTIONS FOR PARENTS, HOPE HORSES HELPING PEOPLE, INC., MERIDIAN BEHAVIORAL HEALTHCARE, NORTH CENTRAL FLORIDA YMCA, PEACEFUL PATHS, PLANNED PARENTHOOD, and PUBLIX DONOR DIRECTED FUNDS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
**UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number
59-0808855

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RONALD MCDONALD HOUSE OF GAINESVILLE 6031 NW 1ST PLACE GAINESVILLE FL 32607			43,154				COMMUNITY INVESTMENT
SHANDS CANCER HOSPITAL 6031 NW 1ST PLACE GAINESVILLE FL 32607			6,000				COMMUNITY INVESTMENT
SHANDS PATIENT EMERGENCY FUND 6031 NW 1ST PLACE GAINESVILLE FL 32607			5,858				COMMUNITY INVESTMENT
ST. FRANCIS HOUSE 6031 NW 1ST PLACE GAINESVILLE FL 32607			74,274				COMMUNITY INVESTMENT
STOP! CHILDREN'S CANCER, INC. 6031 NW 1ST PLACE GAINESVILLE FL 32607			17,741				COMMUNITY INVESTMENT
THE ARC OF ALACHUA COUNTY 6031 NW 1ST PLACE GAINESVILLE FL 32607			15,195				COMMUNITY INVESTMENT
THREE RIVERS LEGAL SERVICES, INC. 6031 NW 1ST PLACE GAINESVILLE FL 32607			8,761				COMMUNITY INVESTMENT
UFCC - COMM HEALTH CHAR. OF FLORIDA 6031 NW 1ST PLACE GAINESVILLE FL 32607			117,399				COMMUNITY INVESTMENT
VERSPACE, INC. 6031 NW 1ST PLACE GAINESVILLE FL 32607			9,238				COMMUNITY INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **UNITED WAY OF NORTH CENTRAL
FLORIDA, INC**

Employer identification number
59-0808855

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE SERVICES IN THE FOLLOWING AREAS, AS NEEDED:

- BOARD/POLICY MAKING

- CAMPAIGN WORKERS

- CAMPAIGN COORDINATORS

- COMMUNITY IMPACT

- DIRECT SERVICE

- DAY OF ACTION VOLUNTEERS

- OTHER AREAS AS NEEDED

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

OTHER

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

FORM 990 WAS PREPARED BY A QUALIFIED, REPUTABLE CPA FIRM AND ALSO REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE CHAIR WHO IS A PRACTICING CPA. FORM 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE IT WAS FILED

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION ENSURES THAT THE BOARD MEMBER DISCUSSES AND REFUSES PARTICIPATION IN ANY MATTERS THAT ARE CONSIDERED A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

UNITED WAY OF NORTH CENTRAL

Employer identification number

59-0808855

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, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SEE ABOVE

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE FINANCIAL STATEMENTS AND 990 ANNUAL REPORT ARE AVAILABLE FOR VIEWING ON
THE ORGANIZATION'S WEBSITE.

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990 PART IX, LINE 1

COMMUNITY INVESTMENT PROCESS: UNITED WAY IS FOCUSED ON ADDRESSING CRITICAL
ISSUES AND CREATING LASTING CHANGE. UNITED WAY IS INVESTING THESE FUNDS IN
STRATEGIES AND PROGRAMS THAT ARE MAKING AN IMPACT ON THE AREA OF GREATEST
NEED IN OUR COMMUNITY. MORE THAN 63 VOLUNTEERS FROM 29 DIFFERENT
ORGANIZATIONS SPENT MORE THAN 1575 HOURS REVIEWING EXTENSIVE GRANT
APPLICATIONS, ATTENDING SITE VISITS AND EVALUATING PRESENTATIONS BEFORE
MAKING FUNDING DECISIONS. THIS ENHANCED PROCESS IS DESIGNED TO ACHIEVE
UNITED WAY'S GOAL OF CREATING COMMUNITY IMPACT BY INVESTING IN FOCUSED
STRATEGIES AND HIGH PERFORMANCE PROGRAMS THAT ACHIEVE RESULTS WITH LARGE
POPULATIONS OF AT RISK PEOPLE.

DMUU033 UNITED WAY OF NORTH CENTRAL

59-0808855

Federal Statements

FYE: 6/30/2009

Form 990 - Federal General Footnote

Description

DESIGNATIONS

INDIVIDUALS CHOOSE TO DIRECT THEIR INVESTMENT TO A SINGLE AGENCY,
BYPASSING THE VOLUNTEER REVIEW PROCESS. UNITED WAY IS NOT RESPONSIBLE FOR
THE EFFICIENCY OR EFFECTIVENESS OF THESE AGENCIES OR PROGRAMS. THESE
AGENCIES MUST BE A TAX EXEMPT 501 (C) (3) NONPROFIT ORGANIZATION
REGISTERED IN FLORIDA