

MAY 15, 2024

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. UNITED ARTS OF CENTRAL FLORIDA, INC.	Taxpayer identification number (TIN) 59-1166446
	Number, street, and room or suite no. If a P.O. box, see instructions. 3025 EDGEWATER DR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32804	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DAVID WHITFIELD

• The books are in the care of ► **3025 EDGEWATER DR - ORLANDO, FL 32804**

Telephone No. ► **407-628-0333** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: X Address change
C Name of organization: UNITED ARTS OF CENTRAL FLORIDA, INC.
D Employer identification number: 59-1166446
E Telephone number: (407) 628-0333
G Gross receipts \$: 12,319,158.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: HTTPS://UNITEDARTSCFL.ORG/
K Form of organization: X Corporation
L Year of formation: 1965
M State of legal domicile: FL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: JENNIFER EVINS, PRESIDENT/CEO
Signature of preparer: AMY CHAPMAN
Date: 03/07/24
Firm name: CLIFTONLARSONALLEN LLP
Firm address: 420 SOUTH ORANGE AVENUE, SUITE 900, ORLANDO, FL 32801

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE VISION OF UNITED ARTS IS THAT ALL PEOPLE OF CENTRAL FLORIDA HAVE ACCESS TO QUALITY ARTS, SCIENCE, AND HISTORY. OUR CORE VALUES ARE: EXCELLENCE, IMPACT, FAIRNESS, CARE AND TRANSPARENCY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,623,745. including grants of \$ 5,987,683.) (Revenue \$ 0.) FUNDRAISING: AS THE CHAMPION FOR THE ARTS IN CENTRAL FLORIDA UNITED ARTS OPERATES IN A FISCALLY CONSERVATIVE MANNER AND PREPARES ITS BUDGET USING A FORWARD-FUNDING MODEL...

4b (Code:) (Expenses \$ 4,346,932. including grants of \$ 3,943,925.) (Revenue \$ 50,000.) INVESTING IN THE COMMUNITY: UNITED ARTS'S VISION IS THAT "ALL PEOPLE OF CENTRAL FLORIDA HAVE ACCESS TO ARTS, SCIENCE, AND HISTORY."

4c (Code:) (Expenses \$ 707,252. including grants of \$ 578,310.) (Revenue \$ 579,600.) ARTS EDUCATION PROGRAMMING: STATISTICS SHOW THAT CHILDREN WHO HAVE ARTS CREDITS IN THEIR CURRICULUM HAVE IMPROVED PERFORMANCE...

4d Other program services (Describe on Schedule O.) (Expenses \$ 158,837. including grants of \$) (Revenue \$ 178,224.)

4e Total program service expenses 11,836,766.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>		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>		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>	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>	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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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> See instructions		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	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>	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>		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), 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>		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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
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 on Schedule O.		
	1a 39		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 39		
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, 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
b	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:		
a	The governing body?	X	
b	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 on 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
DAVID WHITFIELD - 407-628-0333
3025 EDGEWATER DR, ORLANDO, FL 32804

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER EVINS PRESIDENT/CEO	60.00			X				200,142.	0.	15,810.
(2) DAVID WHITFIELD FINANCE DIRECTOR	50.00			X				91,970.	0.	11,105.
(3) DANIEL O'KEEFE CHAIR	1.00	X		X				0.	0.	0.
(4) LINDA FERRONE VICE CHAIR	1.00	X		X				0.	0.	0.
(5) LINDSAY ABT TREASURER	1.00	X		X				0.	0.	0.
(6) MARIA RUIZ-HAYS SECRETARY	1.00	X		X				0.	0.	0.
(7) CHARLES KING AUDIT & FINANCE COMMITTEE CHAIR	1.00	X						0.	0.	0.
(8) LINDA LANDMAN GONZALEZ DEVELOPMENT COMMITTEE CHAIR	1.00	X						0.	0.	0.
(9) STEPHANIE GHERTNER STANDARDS & ALLOC. COMM. CHAIR	1.00	X						0.	0.	0.
(10) MARCELLENE BAUGH DIRECTOR	1.00	X						0.	0.	0.
(11) MARC MCMURRIN DIRECTOR	1.00	X						0.	0.	0.
(12) SHARON ARROYO DIRECTOR	1.00	X						0.	0.	0.
(13) AMOGH BHONDE DIRECTOR	1.00	X						0.	0.	0.
(14) SHELDON DUTES DIRECTOR	1.00	X						0.	0.	0.
(15) DR. WENDY GIVOGLU DIRECTOR	1.00	X						0.	0.	0.
(16) NEAL GOLDNER DIRECTOR	1.00	X						0.	0.	0.
(17) ELISHA GONZALEZ DIRECTOR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCIA HOPE GOODWIN DIRECTOR	1.00		X					0.	0.	0.
(19) JODIE HARDMAN DIRECTOR	1.00	X						0.	0.	0.
(20) ROSEANN HARRINGTON DIRECTOR	1.00		X					0.	0.	0.
(21) NATHAN HILL DIRECTOR	1.00	X						0.	0.	0.
(22) DANIELLE HOLLANDER DIRECTOR, EX OFFICIO	1.00	X						0.	0.	0.
(23) BONNIE HUBBARD DIRECTOR	1.00		X					0.	0.	0.
(24) JENNIFER LOWNDES DIRECTOR	1.00	X						0.	0.	0.
(25) LAWRENCE LYMAN DIRECTOR	1.00	X						0.	0.	0.
(26) JEFFREY MOORE DIRECTOR	1.00		X					0.	0.	0.
1b Subtotal								292,112.	0.	26,915.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								292,112.	0.	26,915.

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

	Yes	No
3 Did the organization list any former officer, director, 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	

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HONORABLE CHRISTINE MOORE DIRECTOR	1.00		X					0.	0.	0.
(28) JESSICA MUND DIRECTOR	1.00	X						0.	0.	0.
(29) KARLA MUIZ DIRECTOR	1.00	X						0.	0.	0.
(30) TANISHA NUNN GARY DIRECTOR, EX OFFICIO	1.00	X						0.	0.	0.
(31) DIANE O'DELL DIRECTOR	1.00	X						0.	0.	0.
(32) TERRY OLSON DIRECTOR, EX OFFICIO	1.00		X					0.	0.	0.
(33) GABY ORTIGONI DIRECTOR, EX OFFICIO	1.00	X						0.	0.	0.
(34) GRETCHEN ORTIZ DIRECTOR	1.00	X						0.	0.	0.
(35) DR DEBRA PACE DIRECTOR, EX OFFICIO	1.00		X					0.	0.	0.
(36) DANIELLE PERMENTER DIRECTOR, EX OFFICIO	1.00	X						0.	0.	0.
(37) DR. GEORGE RALLS DIRECTOR	1.00	X						0.	0.	0.
(38) JOHN RUFFIER DIRECTOR	1.00	X						0.	0.	0.
(39) MARIA ISABEL SANQUIRICO DIRECTOR	1.00	X						0.	0.	0.
(40) DR MARIA F VASQUEZ DIRECTOR	1.00		X					0.	0.	0.
(41) ELIZABETH WATKINS DIRECTOR	1.00		X					0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	42,554.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	4,745,583.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,662,022.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 365,110.					
	h Total. Add lines 1a-1f		11,450,159.					
	Program Service Revenue	2 a EDUCATION SERVICES	Business Code	611710	579,600.	579,600.		
b EXTERNAL GRANTS MGMT			561000	200,124.	200,124.			
c CONTRACTED SERVICES			561000	28,100.	28,100.			
d ORLANDO ARTS MAGAZINE			713990	14,944.		14,944.		
e								
f All other program service revenue								
g Total. Add lines 2a-2f				822,768.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			603.		603.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			6b Less: rental expenses	6b				
			6c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	517.				
			(ii) Other					
			7b Less: cost or other basis and sales expenses	7b	0.			
			7c Gain or (loss)	7c	517.			
	d Net gain or (loss)			517.		517.		
	8 a Gross income from fundraising events (not including \$ 42,554. of contributions reported on line 1c). See Part IV, line 18	8a		45,111.				
			8b Less: direct expenses	8b	45,111.			
c Net income or (loss) from fundraising events					0.			
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		9b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		10b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
	12 Total revenue. See instructions			12,274,047.	807,824.	14,944.	1,120.	

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	10,379,918.	10,379,918.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	130,000.	130,000.		
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	325,172.	214,614.	35,768.	74,790.
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	602,111.	397,394.	66,232.	138,485.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,392.	11,478.	1,914.	4,000.
9 Other employee benefits	70,686.	46,652.	7,776.	16,258.
10 Payroll taxes	69,249.	45,705.	7,617.	15,927.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	31,138.	23,495.	4,927.	2,716.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	173,904.	131,221.	12,955.	29,728.
12 Advertising and promotion	139,738.	115,209.	1,141.	23,388.
13 Office expenses	16,283.	11,098.	2,585.	2,600.
14 Information technology	56,792.	36,981.	9,094.	10,717.
15 Royalties				
16 Occupancy	132,355.	96,866.	13,138.	22,351.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,243.	12,061.	755.	1,427.
20 Interest	223.		223.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,981.	8,556.	962.	2,463.
23 Insurance	9,011.	6,668.	811.	1,532.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MAGAZINE PRINTING	119,719.	95,775.		23,944.
b SPECIAL EVENTS	37,566.	33,729.	674.	3,163.
c PRINTING & MATERIALS	33,275.	25,981.	7,018.	276.
d DUES & SUBSCRIPTION	18,062.	13,365.	1,626.	3,071.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,388,818.	11,836,766.	175,216.	376,836.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	1,653,873.
	2 Savings and temporary cash investments	4,115,131.	2	1,528,428.
	3 Pledges and grants receivable, net	676,147.	3	2,096,820.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	49,857.	9	136,183.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 134,093.		
	b Less: accumulated depreciation	10b 113,857.	18,541.	10c 20,236.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	27,362.	12	28,145.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,375,722.	15	4,634,410.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,262,760.	16	10,098,095.	
Liabilities	17 Accounts payable and accrued expenses	1,766,319.	17	1,038,018.
	18 Grants payable	484,872.	18	1,670,216.
	19 Deferred revenue	114,904.	19	191,780.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,375,722.	21	4,457,683.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	179,622.
	26 Total liabilities. Add lines 17 through 25	4,741,817.	26	7,537,319.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,070,553.	27	2,188,917.
	28 Net assets with donor restrictions	450,390.	28	371,859.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,520,943.	32	2,560,776.
	33 Total liabilities and net assets/fund balances	7,262,760.	33	10,098,095.

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	12,274,047.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,388,818.
3	Revenue less expenses. Subtract line 2 from line 1	3	-114,771.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,520,943.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	154,604.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,560,776.

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: UNITED ARTS OF CENTRAL FLORIDA, INC.
Employer identification number: 59-1166446

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

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

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
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.
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).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other 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 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5776634.	8265750.	8690323.	10401057.	11450159.	44583923.
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	5776634.	8265750.	8690323.	10401057.	11450159.	44583923.
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)						567,139.
6 Public support. Subtract line 5 from line 4.						44016784.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5776634.	8265750.	8690323.	10401057.	11450159.	44583923.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,622.	8,114.	2,243.	628.	603.	33,210.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			7,469.	13,187.	14,944.	35,600.
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						44652733.
12 Gross receipts from related activities, etc. (see instructions)					12	4,296,088.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.58	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.68	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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) 2022

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNITED ARTS OF CENTRAL FLORIDA, INC.

Employer identification number

59-1166446

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization UNITED ARTS OF CENTRAL FLORIDA, INC.	Employer identification number 59-1166446
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>470,570.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>255,312.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,079,937.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	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.)

Name of organization UNITED ARTS OF CENTRAL FLORIDA, INC.	Employer identification number 59-1166446
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED ARTS OF CENTRAL FLORIDA, INC.	Employer identification number 59-1166446
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization

UNITED ARTS OF CENTRAL FLORIDA, INC.

Employer identification number

59-1166446

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

UACF ORGANIZES AN ANNUAL TRIP TO TALLAHASSEE EACH YEAR FOR ARTS DAY TO MEET WITH STATE LEGISLATORS AND DISCUSS THE IMPORTANCE OF ARTS AND CULTURAL ORGANIZATIONS TO THE CENTRAL FLORIDA ECONOMY AND QUALITY OF LIFE. IN ADDITION, THE ORGANIZATION ORGANIZES SPEAKERS TO SHARE INFORMATION AT PUBLIC MEETINGS WHERE ISSUES RELATED TO ARTS AND CULTURE

Part IV Supplemental Information *(continued)*

ARE ADDRESSED. UACF ALSO SENDS LEGISLATORS UPDATES ON THE WORK THEY
ARE DOING IN CENTRAL FLORIDA.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED ARTS OF CENTRAL FLORIDA, INC. Employer identification number 59-1166446

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,362.	31,641.	25,877.	26,535.	26,029.
b Contributions					
c Net investment earnings, gains, and losses	2,127.	-2,790.	6,853.	666.	1,695.
d Grants or scholarships	1,055.	1,040.	981.	964.	952.
e Other expenditures for facilities and programs					
f Administrative expenses	336.	449.	108.	360.	237.
g End of year balance	28,098.	27,362.	31,641.	25,877.	26,535.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,601.	39,776.	8,825.
e Other		85,492.	74,081.	11,411.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,236.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CASH HELD FOR OTHERS	1,862,683.
(2) ACCOUNTS RECEIVABLE HELD FOR OTHERS	2,595,000.
(3) RIGHT-OF-USE ASSETS	176,727.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,634,410.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	179,622.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	179,622.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,876,309.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	44,834.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	45,111.	
e	Add lines 2a through 2d	2e		89,945.
3	Subtract line 2e from line 1		3	6,786,364.
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	5,487,683.	
c	Add lines 4a and 4b	4c		5,487,683.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,274,047.

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

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

1	Total expenses and losses per audited financial statements		1	6,991,080.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	44,834.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	45,111.	
e	Add lines 2a through 2d	2e		89,945.
3	Subtract line 2e from line 1		3	6,901,135.
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	5,487,683.	
c	Add lines 4a and 4b	4c		5,487,683.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,388,818.

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 IV, LINE 2B:

ESCROW LIABILITY ARRANGEMENT EXPLANATION:

UNITED ARTS ACTS AS A FIDUCIARY AND MANAGES TWO GRANT PROGRAMS ON BEHALF OF ORANGE COUNTY, FL. IN ADDITION, UNITED ARTS HOLDS FUNDS FOR THE ORANGE COUNTY ARTS & CULTURAL AFFAIRS OFFICE. CASH HELD IS RECORDED ON THE BALANCE SHEET (FORM 990, PART X, LINE 21). CASH ON HAND IS FOR AWARDED GRANTS THAT SUPPORT ARTS AND CULTURAL TOURISM PROGRAMMING AND FACILITIES IMPROVEMENT.

PART V, LINE 4:

INTENDED USES FOR ENDOWMENT FUNDS:

THE ORGANIZATION HAS TWO ENDOWMENT FUNDS HELD BY THE CENTRAL FLORIDA

Part XIII Supplemental Information (continued)

FOUNDATION. THE UNITED ARTS OF CENTRAL FLORIDA ENDOWMENT FUND IS INTENDED TO SUPPORT ARTS AND CULTURAL ACTIVITIES IN THE ORGANIZATION'S SERVICE AREA. THE UNITED ARTS OF CENTRAL FLORIDA ARTS AND EDUCATION ENDOWMENT FUND IS INTENDED TO SUPPORT AND PROMOTE ARTS EDUCATION PROGRAMMING FOR ALL AGES IN LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA INCOME TAX CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE REQUIREMENTS FOR THE RECOGNITION OF INCOME TAXES IN FINANCIAL STATEMENTS, AND THE AMOUNTS RECOGNIZED ARE AFFECTED BY INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION IN ITS TAX RETURNS. THE ORGANIZATION'S STATUS AS AN EXEMPT ORGANIZATION IS DEFINED AS AN INCOME TAX POSITION UNDER THESE REQUIREMENTS. WHILE MANAGEMENT BELIEVES IT HAS COMPLIED WITH THE INTERNAL REVENUE CODE, THE SUSTAINABILITY OF SOME INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION IN ITS TAX RETURNS MAY BE UNCERTAIN. THERE ARE MINIMUM THRESHOLDS OF LIKELIHOOD THAT UNCERTAIN TAX POSITIONS ARE REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2023 OR 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 45,111.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

DONOR DESIGNATED CONTRIBUTIONS 5,487,683.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 45,111.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GRANTS 5,487,683.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization UNITED ARTS OF CENTRAL FLORIDA, INC. Employer identification number 59-1166446

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	87,665.		87,665.
	2	Less: Contributions	42,554.		42,554.
	3	Gross income (line 1 minus line 2)	45,111.		45,111.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,860.		4,860.
	6	Rent/facility costs	10,788.		10,788.
	7	Food and beverages	18,437.		18,437.
	8	Entertainment	400.		400.
	9	Other direct expenses	10,626.		10,626.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			45,111.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Part IV Supplemental Information *(continued)*

[Lined area for supplemental information, consisting of approximately 28 horizontal lines.]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **UNITED ARTS OF CENTRAL FLORIDA, INC.** Employer identification number **59-1166446**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN DIASPORIC ARTS AND EDUCATION INC - 14001 BEARGRASS COURT - WINTER GARDEN, FL 34787	88-3432198	501C3	13,800.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ALBIN POLASEK MUSEUM & SCULPTURE GARDENS - 633 OSCEOLA AVE - WINTER PARK, FL 32789	59-1102352	501C3	96,500.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ART & HISTORY MUSEUMS - MAITLAND 231 W PACKWOOD AVE MAITLAND, FL 32751	59-1710129	501C3	187,953.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ARCHING OAKS 37114 N THRILL HILL RD EUSTIS, FL 32736	83-3573969	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ARTREACH ORLANDO PO BOX 1329 WINTER PARK, FL 32790	46-0609451	501C3	17,470.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ASIAN CULTURAL ASSOC 2759 MARSH WREN LONGWOOD, FL 32779	59-3195479	501C3	15,484.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

Schedule I (Form 990)

UNITED ARTS OF CENTRAL FLORIDA, INC.

59-1166446

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION TO PRESERVE THE EATONVILLE COMMUNITY - 344 E KENNEDY BLVD - EATONVILLE,, FL 32751	59-2952662	501C3	88,675.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
BACH FESTIVAL SOCIETY OF WINTER PARK - 1000 HOLT AVE - WINTER PARK, FL 32789	59-6015959	501C3	252,442.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
BAY STREET PLAYERS PO BOX 1405 EUSTIS, FL 32727	59-1789108	501C3	18,866.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
BLUE BAMBOO CENTER FOR THE ARTS 1905 KENTUCKY AVE WINTER PARK, FL 32789	47-4657076	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
CAYA NETWORK PO BOX 570211 ORLANDO, FL 32857	83-0531827	501C3	21,700.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
CELEBRATION THEATRE COMPANY PO BOX 4577 ORLANDO, FL 32802	81-5048756	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
CENTRAL FLORIDA BALLET 3306 MAGGIE BLVD, SUITE ORLANDO, FL 32811	59-3658167	501C3	234,696.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
CENTRAL FLORIDA COMMUNITY ARTS PO BOX 720517 ORLANDO, FL 32872	45-2324172	501C3	235,263.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
CENTRAL FLORIDA VOCAL ARTS PO BOX 363 WINTER PARK, FL 32790	46-1089806	501C3	90,374.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING

Schedule I (Form 990)

Schedule I (Form 990)

UNITED ARTS OF CENTRAL FLORIDA, INC.

59-1166446

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANCE 2 DANCE 540 S MAITLAND AVE MAITLAND,, FL 32751	81-1571509	501C3	12,994.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
CREALDE SCHOOL OF ART 600 ST ANDRES BLVD WINTER PARK, FL 32792	59-1887887	501C3	154,171.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
CREATIVE CITY PROJECT PO BOX 4346 ORLANDO, FL 32802	47-1158982	501C3	206,244.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
DESCOLONOZARTE TEATRO INC. 4258 LAKE UNDERHILL RD ORLANDO, FL 32803	85-2608065	501C3	16,574.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
DOWNTOWN ARTS DISTRICT/CITYARTS ORLANDO - 39 S MAGNOLA AVE - ORLANDO, FL 32801	30-0086039	501C3	196,861.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
EMOTIONS DANCE 540 S MAITLAND AVE MAITLAND,, FL 32751	27-2264182	501C3	11,562.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ENZIAN THEATER 1300 S ORLANDO AVE MAITLAND, FL 32751	59-2719581	501C3	206,362.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ESCUELA DE BOMBA Y PIENA TATA CEPEDA - PO BOX 45112 - KISSIMMEE, FL 34745	83-0915968	501C3	5,297.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
FLORIDA SYMPHONY YOUTH ORCHESTRA PO BOX 2328 WINTER PARK, FL 32790	59-2225301	501C3	43,577.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING

Schedule I (Form 990)

Schedule I (Form 990)

UNITED ARTS OF CENTRAL FLORIDA, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF LEU GARDENS 1920 N FOREST AVE ORLANDO, FL 32803	59-2319239	501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
FUSIONFEST 9980 HARTFORD MAROON RD ORLANDO, FL 32827	85-2245857	501C3	57,375.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
GARDEN THEATRE 160 WEST PLANT ST WINTER GARDEN, FL 34787	27-2577059	501C3	203,741.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
GLOBAL PEACE FILM FESTIVAL PO BOX 3310 WINTER PARK, FL 32790	20-0117158	501C3	60,352.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
HAPCO MUSIC FOUNDATION PO BOX 784581 WINTER GARDEN, FL 34778	59-3704535	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
HOLOCAUST MEMORIAL RESOURCE CENTER 851 N MAITLAND AVE MAITLAND,, FL 32751	59-2219851	501C3	240,226.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
HOWEY MANSION MUSIC SERIES PO BOX 547643 ORLANDO, FL 32854	83-2072482	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
LEESBURG CENTER FOR THE ARTS 429 W MAGNOLIA ST LEESBURG, FL 34748-5839	59-1830071	501C3	17,137.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
LITTLE RADICAL THEATRICALS INC 10372 OAKVIEW POINT TERRACE ORLANDO, FL 34734	45-2385089	501C3	12,579.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING

Schedule I (Form 990)

Schedule I (Form 990)

UNITED ARTS OF CENTRAL FLORIDA, INC.

59-1166446

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKER EFFECT FOUNDATION PO BOX 3142 WINDERMERE, FL 34786	46-4667388	501C3	46,600.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
MENNELLO MUSEUM OF AMERICAN ART (FRIENDS OF) - 900 E PRINCETON ST - ORLANDO, FL 32803	59-3618760	501C3	94,100.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
MESSIAH CHORAL SOCIETY PO BOX 3496 WINTER PARK, FL 32790	59-1702013	501C3	9,278.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
MICHELEE PUPPETS 4420 PARKWAY COMMERCE BLVD ORLANDO, FL 32808	59-2616456	501C3	22,435.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
MOUNT DORA CENTER FOR THE ARTS 138 E 5TH AVE MOUNT DORA, FL 32757	59-2470658	501C3	21,379.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
OPEN SCENE INC. 1500 GAY RD #5D WINTER PARK, FL 32789	83-3776540	501C3	31,863.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
OPERA ORLANDO 406 E AMELIA ST ORLANDO, FL 32803	27-0406958	501C3	362,204.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORANGE COUNTY REGIONAL HISTORY CENTER - 65 E CENTRAL BLVD - ORLANDO, FL 32801	59-1860444	501C3	82,522.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO BALLET 600 N LAKE FORMOSA DR ORLANDO, FL 32803	23-7427817	501C3	783,514.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING

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ORLANDO COMMUNITY ARTS 1003 S KIRKMAN RD ORLANDO, FL 32811	45-4168216	501C3	45,389.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO FLAMENCO 16752 CEDAR RUN DRIVE SANFORD,, FL 32771	87-1054752	501C3	19,784.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO FRINGE 812 E ROLLINS ST ORLANDO, FL 32803	75-3012108	501C3	205,700.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO GAY CHORUS 4409 HOFFNER AVE #311 ORLANDO, FL 32812	59-3008188	501C3	12,242.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO INTERNATIONAL FILM FESTIVAL - 941 W MORSE BLVD #100 - WINTER PARK, FL 32789	20-3862640	501C3	47,998.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO MUSEUM OF ART 2416 N MILLS AVE ORLANDO, FL 32803	59-0910352	501C3	427,709.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO PHILHARMONIC ORCHESTRA 425 N BUMBY AVE ORLANDO, FL 32803	59-3058884	501C3	950,806.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO FAMILY STAGE (FKA ORLANDO REPERTORY THEATER) - 1001 E PRINCETON ST - ORLANDO, FL 32803	59-1056385	501C3	368,735.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO SCIENCE CENTER 777 E PRINCETON ST ORLANDO, FL 32803	59-0896343	501C3	520,335.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING

Schedule I (Form 990)

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UNITED ARTS OF CENTRAL FLORIDA, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO SHAKESPEARE THEATER 812 E ROLLINS ST ORLANDO, FL 32803	59-2931698	501C3	545,440.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ORLANDO URBAN FILM FESTIVAL 332 E KENNEDY BLVD #2586 EATONVILLE, FL 32751	32-0417259	501C3	22,108.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
PAST / THE WELLSBUILT MUSEUM 511 WEST SOUTH ST ORLANDO, FL 32805	59-3205047	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
PLAYWRIGHTS' ROUND TABLE 4696 MIDDLEBROOK RD #J ORLANDO, FL 32811	59-3733179	501C3	7,912.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
ROLLINS MUSEUM OF ART 1000 HOLT AVE WINTER PARK, FL 32789	59-0624440	501C3	155,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
RUSSIAN BALLET 618 N MILLS ORLANDO, FL 32803	59-3173524	501C3	14,000.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
SNAP! ORLANDO 2014 EDGEWATER DR STE ORLANDO, FL 32736	45-4561963	501C3	69,754.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
SO YOU WANT YOUR NAME IN LIGHTS 440 S ORANGE ORLANDO, FL 32855	86-1444679	501C3	6,781.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
TEATRO FOR THE SOUL 2908 BROMLEY RD WINTER PARK, FL 32792	81-4825762	501C3	13,182.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIMUCUA ARTS FOUNDATION 2001 HAMILTON LANE ORLANDO, FL 32806	20-0692046	501C3	113,248.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
URBAN THINK FOUNDATION PO BOX 533709 ORLANDO, FL 32853	26-2534274	501C3	16,300.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
WINTER GARDEN HERITAGE FOUNDATION 21 EAST PLANT ST WINTER GARDEN, FL 34787	59-3201766	501C3	19,684.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
WINTER PARK PLAYHOUSE, THE 711 ORANGE AVE STES B WINTER PARK, FL 32789	31-1786833	501C3	81,700.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
WINTER PARK IMPROVEMENT 151 W LYMAN AVE WINTER PARK, FL 32789	59-3055266	501C3	11,854.	0.	N/A	N/A	GENERAL SUPPORT/PROGRAMMING
GRANTS OF \$5,000 OR LESS			62,579.	0.			GENERAL SUPPORT/PROGRAMMING

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GENERAL SUPPORT/PROGRAMMING	26	130,000.	0.	N/A	N/A

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:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

ORGANIZATIONS AND INDIVIDUALS SUBMIT GRANT APPLICATIONS DESCRIBING THE

PROJECT OR PROGRAM THE GRANT BEING REQUESTED WILL BE USED FOR.

APPLICATIONS INCLUDE THE FOLLOWING FACETS: A COMPREHENSIVE NARRATIVE

DESCRIBING THE ORGANIZATIONS AND ITS PROGRAMMING OR THE INDIVIDUAL AND

THEIR PROJECT AND A DETAILED BUDGET WITH INDICATION OF PROJECT/PROGRAM

FUNDING SOURCES. A VOLUNTEER COMMITTEE OF DIVERSE INDIVIDUALS REVIEW AND

AWARDS FUNDING BASED ON ESTABLISHED CRITERIA. A SIGNED CONTRACT IS

Part IV Supplemental Information

REQUIRED TO GET AN INITIAL DISBURSEMENT AND A FINAL REPORT USUALLY PRECEDES THE PAYMENT OF THE BALANCE OF THE FUNDS. UNITED ARTS SERVES LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES IN CENTRAL FLORIDA AND ONLY GRANTS FUNDS TO ARTS AND CULTURAL ORGANIZATIONS, INDIVIDUAL ARTISTS AND ARTS ADMINISTRATORS LOCATED IN OR SERVING THESE COUNTIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: **UNITED ARTS OF CENTRAL FLORIDA, INC.**
Employer identification number: **59-1166446**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER EVINS PRESIDENT/CEO	(i)	179,801.	20,000.	341.	7,255.	8,555.	215,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED ARTS OF CENTRAL FLORIDA, INC.** Employer identification number **59-1166446**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	15	365,110.	PUBLISHED MARKET VAL
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

PART I COLUMN B

COLUMN B SHOWS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED ARTS OF CENTRAL FLORIDA, INC.

Employer identification number

59-1166446

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

UNITED ARTS SUPPORTS MORE THAN 80 UNIQUE ARTS, SCIENCE AND HISTORY

ORGANIZATIONS BY RAISING AND DISTRIBUTING FUNDS, SECURING AND

FACILITATING CONTRACTS FOR SERVICES INCLUDING VITAL K-12 EDUCATIONAL

PROGRAMMING, AND BY PROVIDING COMPREHENSIVE MARKETING SERVICES FOR

AUDIENCE DEVELOPMENT, TECHNICAL ASSISTANCE, ADVOCACY, ADMINISTRATIVE,

AND ADVISORY SERVICES.

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

FUNDRAISING CAMPAIGN IN SUPPORT OF ARTS AND CULTURE IN CENTRAL FLORIDA.

THIS YEAR, THIRTY-THREE ARTS AND CULTURAL ORGANIZATIONS OF VARYING

SIZES AND GENRES ACTIVELY PARTICIPATE IN RAISING UNRESTRICTED OPERATING

SUPPORT FOR THE ARTS COMMUNITY. DONORS ALSO HAVE THE OPTION TO WRITE IN

THE NAME OF ANY NONPROFIT ARTS AND CULTURAL ORGANIZATION THEY WISH AND

INCLUDE THEM IN THEIR CAMPAIGN GIFT. DONATIONS DESIGNATED TO ONE OR

MORE OF THE 33 CAMPAIGN PARTNERS DURING THE COLLABORATIVE CAMPAIGN,

WHICH RUNS FROM NOVEMBER 21 TO APRIL 30 ANNUALLY, ARE MATCHED AT 15% BY

UNITED ARTS. IN FY23, FOR A FOURTH YEAR, UNITED ARTS WAS PROVIDED WITH

A \$500K CHALLENGE GRANT BY ORANGE COUNTY TO HELP STIMULATE NEW AND

INCREASED GIVING. THE CAMPAIGN EXCEEDED ITS GOAL, RAISING NEARLY \$6.1

MILLION AND UNLOCKING THE ORANGE COUNTY CHALLENGE GRANT FOR A FOURTH

YEAR, INFUSING AN ADDITIONAL \$500K INTO THE ARTS COMMUNITY. IN FY23,

UNITED ARTS RAISED OVER \$11.5 MILLION IN SUPPORT OF ARTS AND CULTURE

FROM ALL SOURCES, INCLUDING \$7.2 MILLION IN PRIVATE SECTOR FUNDING,

\$3.6 MILLION IN GOVERNMENT SUPPORT, AND \$1.5 MILLION THROUGH CONTRACTS

FOR SERVICES, SPONSORSHIPS, GRANTS, OTHER GIFTS AND IN-KIND DONATIONS.

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

Schedule O (Form 990) 2022

Name of the organization UNITED ARTS OF CENTRAL FLORIDA, INC.	Employer identification number 59-1166446
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GRANTS - THIS PROGRAM PROVIDES FUNDING OF UP TO \$5,000 FOR PROGRAMS SUCH AS EXHIBITIONS, PERFORMANCE, AND FESTIVALS THAT CELEBRATE AND HONOR THE REGION'S DIVERSITY AND ACT AS A CATALYST FOR CHANGE. ALL NONPROFITS ARE ELIGIBLE TO APPLY. THE PROJECT MUST BE ROOTED IN THE ARTS, SCIENCES, OR HISTORY. IN FY23, UNITED ARTS AWARDED \$100,000 IN PROJECT GRANT FUNDING TO 46 NONPROFIT ORGANIZATIONS. 3) VENUE SUBSIDY GRANTS FUNDED THROUGH SUPPORT FROM ORANGE COUNTY GOVERNMENT, VENUE SUBSIDY GRANTS SUPPORT THE RENTAL OF PERFORMANCE VENUES THROUGHOUT ORANGE COUNTY, INCREASING ACCESS TO CULTURAL EXPERIENCES FOR ORANGE COUNTY RESIDENTS. THIRTY ORGANIZATIONS SHARED AWARDS TOTALING \$500,000. 4) DIVERSITY GRANTS PROVIDED OPERATING SUPPORT TO GRASSROOTS BIPOC/ALAANA LED ORGANIZATIONS. THIS PROGRAM AIMED TO HELP THE GROWTH AND STABILITY OF SMALLER ORGANIZATIONS THAT SERVE THE DIVERSE CENTRAL FLORIDA COMMUNITY. IN FY23, UNITED ARTS AWARDED \$100,000 TO 14 ORGANIZATIONS. 5) INDIVIDUAL ARTIST GRANTS PROVIDES UP TO \$5,000 TO SUPPORT ARTIST-DRIVEN PROJECTS. IN FY23 \$130,000 WAS AWARDED TO 26 ARTISTS. COMBINED WITH CONTRACT SERVICE OPPORTUNITIES, DESIGNATED GIVING AND MATCHING FUNDS, UNITED ARTS INVESTED NEARLY \$10.5 MILLION INTO THE ARTS AND CULTURAL COMMUNITY IN FY23 TO HELP MAKE ART THRIVE.

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

PROVIDE CURRICULUM-BASED ARTS EDUCATION SERVICES FOR OCPS STUDENTS IN GRADES K-12 (CONTRACT AMOUNT - \$549,000). IN FY23, THIS CONTRACT FACILITATED K-12 CURRICULUM-BASED ARTS EDUCATION EXPERIENCES FOR 73,158 STUDENTS. UNITED ARTS ACTIVELY SEEKS GRANT OPPORTUNITIES TO INCREASE THE BREADTH OF ARTS EDUCATION EXPERIENCES EACH STUDENT WILL HAVE AND

Name of the organization UNITED ARTS OF CENTRAL FLORIDA, INC.	Employer identification number 59-1166446
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THE NUMBER OF STUDENTS THAT ARE SERVED EACH YEAR. FOR FY23, UNITED ARTS RECEIVED \$25,000 IN GRANTS SPECIFICALLY FOR ARTS EDUCATION EXPERIENCES THROUGHOUT LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES, RESULTING IN AN ADDITIONAL 5,121 STUDENTS HAVING EDUCATION EXPERIENCES THAT THEY WOULD NOT OTHERWISE HAVE HAD ACCESS TO. OVERALL, 176 UNIQUE SCHOOLS HAD ARTS EDUCATION EXPERIENCES AND OF THIS NUMBER 71 WERE TITLE 1 SCHOOLS. MAKING ART POSSIBLE IN THIS EDUCATION ENVIRONMENT ONLY SERVES AS ONE MORE WAY TO FULFILL OUR AIM OF ENLARGING THE REACH OF ARTS, SCIENCE AND HISTORY IN OUR COMMUNITY.

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

UNITED ARTS PROVIDES PROGRAMMING THAT RAISES AWARENESS FOR THE ARTS, PROVIDES FREE MARKETING AVENUES FOR THE REGION'S ARTS AND CULTURAL ORGANIZATIONS, AND PROVIDES EARNED INCOME OPPORTUNITIES FOR ARTS AND CULTURAL ORGANIZATIONS IN THE CENTRAL FLORIDA REGION. PROGRAMS INCLUDE:

1) ARTISTRY (PREVIOUSLY KNOWN AS ORLANDO ARTS MAGAZINE) IS A BI-MONTHLY GLOSSY PUBLICATION (SIX ISSUES PER YEAR) THAT ACTS AS A REFERENCE AND GUIDE TO ARTS AND CULTURAL HAPPENINGS IN THE CENTRAL FLORIDA REGION AND TO THE INDIVIDUALS WHO MAKE IT HAPPEN. THE MAGAZINE IS OFFERED AS A DONOR PREMIUM FOR CONTRIBUTIONS OF \$50 OR MORE AND 15,000 COPIES ARE PRODUCED PER ISSUE WITH 80 DISTRIBUTION PARTNERSHIPS. A DIGITAL VERSION OF THE MAGAZINE IS ALSO DISTRIBUTED.

2) ARTS & CULTURE CALENDAR (PREVIOUSLY KNOWN AS ORLANDOATPLAY) IS AN EVENTS WEBSITE SERVING THE SEVEN-COUNTY CENTRAL FLORIDA REGION. THE SEARCHABLE WEBSITE PROVIDES INFORMATION ON ARTS, SCIENCE AND HISTORY EVENTS AS WELL AS NATURE ACTIVITIES, FARMERS MARKETS AND PUBLIC ART.

Name of the organization UNITED ARTS OF CENTRAL FLORIDA, INC.	Employer identification number 59-1166446
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THE SITE SERVES RESIDENTS AND VISITORS ALIKE AS A COMPREHENSIVE SITE TO GO TO WHEN YOU ARE LOOKING FOR SOMETHING TO DO AND PROVIDES THE ARTS COMMUNITY WITH A CENTRAL LOCATION TO POST INFORMATION TO SHARE LOCALLY AND NATIONALLY.

3) UNITED ARTSCARD IS A DONOR PREMIUM FOR CONTRIBUTIONS OF \$100 OR MORE, THE ARTSCARD PROVIDES DISCOUNTED ADMISSIONS AND CLASSES TO OVER 30 PARTICIPATING AREA ARTS, SCIENCE, AND HISTORY ORGANIZATIONS. OVER 2,000 CARDS ARE DISTRIBUTED ANNUALLY.

4) GRANTS MANAGEMENT SERVICES A FEE-FOR-SERVICE PROGRAM WHERE UNITED ARTS LENDS ITS EXPERTISE IN GRANTS ADMINISTRATION AND MANAGEMENT FOR OTHER AGENCIES WISHING TO PROVIDE GRANTS TO THE ARTS AND CULTURAL COMMUNITY. IN FY23, UNITED ARTS MANAGED OVER \$5.1 MILLION IN CULTURAL TOURISM AND BLOCKBUSTER GRANT AWARDS FOR ORANGE COUNTY ARTS AND CULTURAL AFFAIRS.

5) CAPACITY BUILDING PROGRAMS UNITED ARTS FACILITATES WORKSHOPS AND CAPACITY BUILDING OPPORTUNITIES TO ASSIST ARTS AND CULTURAL ORGANIZATIONS WITH OPERATIONAL, FISCAL AND GOVERNANCE CHALLENGES.

6) IN FY23 UNITED ARTS SERVED AS THE COORDINATING PARTNER FOR THE AMERICANS FOR THE ARTS ARTS & PROSPERITY 6 STUDY FOR SEVEN CENTRAL FLORIDA COUNTIES. THIS STUDY WILL MEASURE THE ECONOMIC IMPACT OF THE ARTS BOTH AT A NATIONAL AND LOCAL LEVEL. THE RESULTS WILL BE RELEASED IN LATE FALL 2023.

EXPENSES \$ 158,837. INCLUDING GRANTS OF \$ 0. REVENUE \$ 178,224.

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FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS MADE UP OF MEMBERS OF THE GOVERNING BOARD AND MEETS IN THE MONTHS THE BOARD DOES NOT TO MONITOR AND APPROVE THE ORGANIZATIONS REPORTS AND WORK.

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

FORM 990 IS REVIEWED BY THE AUDIT & RISK COMMITTEE AND THEN ELECTRONIC COPIES OF THE 990 WILL BE GIVEN TO THE BOARD PRIOR TO MEETING AT WHICH THEY WILL REVIEW, DISCUSS, AND APPROVE BEFORE FILING.

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

BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY AND WHEN SUCH CONFLICTS MIGHT ARISE ARE REMINDED OF SUCH AND ASKED TO ABSTAIN FROM VOTES SHOULD THERE BE A CONFLICT. SUCH ABSTENTIONS OF VOTES ARE RECORDED AS PART OF THE MINUTES OF THE MEETING.

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

FOR THE PRESIDENT/CEO'S COMPENSATION, A SUBGROUP OF THE EXECUTIVE COMMITTEE REVIEWS THE ACCOMPLISHMENTS OF THE PRESIDENT/CEO ALONG WITH SOLICITING THE OPINIONS OF OTHER BOARD MEMBERS. THE SUBGROUP PROPOSES A COMPENSATION PACKAGE BASED ON COMPARABLE COMPENSATIONS FOR SIMILAR POSITIONS BOTH LOCALLY AND NATIONALLY. THIS PROPOSAL IS REVIEWED, DISCUSSED, AND APPROVED BY THE EXECUTIVE COMMITTEE.

KEY EMPLOYEES' COMPENSATIONS ARE REVIEWED BY THE PRESIDENT/CEO. SALARY RANGES ARE DEVELOPED USING COMPARABLE DATA FROM EXTERNAL SOURCES SUCH AS THE EDYTH BUSH INSTITUTE'S NON-PROFIT COMPENSATION SURVEY.

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THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022.

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

GOVERNING DOCUMENTS ARE AVAILABLE AT SUNBIZ.ORG AND FROM UNITED ARTS OFFICES UPON REQUEST. THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE AND GUIDESTAR.ORG AND A COMPLETE PROFILE OF THE ORGANIZATION CAN BE FOUND AT CENTRAL FLORIDA FOUNDATION'S NONPROFIT SEARCH AT : [HTTPS://WWW.NONPROFIT-SEARCH.ORG/](https://www.nonprofit-search.org/) THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.