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Form **990**
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2008**Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

UNITED WAY OF MARION COUNTY, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1401 NE SECOND STREET

City or town, state or country, and ZIP + 4

OCALA

FL 34470

F Name and address of principal officer

MAUREEN QUINLAN

SAME AS C ABOVE

D Employer identification number

59-0946642

E Telephone number

352-732-9696

G Gross receipts \$ 4,979,377**H(a)** Is this a group return for

affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

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

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.UWMC.ORG**H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1961**M** State of legal domicile FL**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities		
	THE MISSION STATEMENT IS UNITING LOCAL RESOURCES TO HELP OUR NEIGHBORS. WE DEVELOP RESOURCES, FINANCIAL AND OTHER IN ORDER TO ADDRESS AND SOLVE LOCAL HUMAN SERVICE NEEDS, AND TO LEAD		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>32</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>32</u>
	5 Total number of employees (Part V, line 2a)	5	<u>12</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>971</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		<u>3,147,864</u>	<u>3,235,238</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>281,895</u>	<u>-366,766</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>19,431</u>	<u>16,394</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>3,449,190</u>	<u>2,884,866</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>1,860,817</u>	<u>1,866,578</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>480,734</u>	<u>503,608</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>345,359</u>			
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>356,457</u>	<u>362,937</u>
	18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>2,698,008</u>	<u>2,733,123</u>
	19 Revenue less expenses—Subtract line 18 from line 12	<u>751,182</u>	<u>151,743</u>
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>5,039,173</u>	<u>5,394,013</u>
	22 Net assets or fund balances—Subtract line 21 from line 20	<u>312,351</u>	<u>264,158</u>
		<u>4,726,822</u>	<u>5,129,855</u>

Part II Signature Block

Sign Here	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 <u>Maureen Quinlan</u> Type or print name and title <u>Maureen Quinlan, President</u>		Date <u>11/24/09</u>
Paid Preparer's Use Only	Preparer's signature <u>WILLIAM L. TRICE</u>	Date <u>11/16/09</u>	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CRIPPEN, TRICE & HORNBY, LLP</u> <u>1900 SE 18TH AVE</u> <u>OCALA, FL 34471-8312</u>	EIN <u>59-2032210</u>	Preparer's identifying number (see instructions) <u>P00292820</u>
		Phone no <u>352-732-4260</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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G16 23

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission

THE MISSION STATEMENT IS UNITING LOCAL RESOURCES TO HELP OUR NEIGHBORS.
WE DEVELOP RESOURCES, FINANCIAL AND OTHER IN ORDER TO
ADDRESS AND SOLVE LOCAL HUMAN SERVICE NEEDS, AND TO LEAD

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,866,578 including grants of \$ 1,866,578) (Revenue \$)
IN 2008-09, WE FUNDED 46 PROGRAMS FROM 31 AGENCIES. THIS
COVERED FOUR NEED AREAS - MEETING SURVIVAL NEEDS AND BASIC
SKILLS, FOSTERING SELF-SUFFICIENCY, STRENGTHENING OUR
FAMILIES, AND NURTURING OUR CHILDREN. WE INCREASED THE
ALLOCABLE PERCENTAGE FOR MEETING SURVIVAL NEEDS BECAUSE OF
THE ECONOMY. THIS PROVIDED ADDITIONAL FUNDING FOR THE
BASIC SERVICES OF FOOD AND SHELTER.

4b (Code) (Expenses \$ 175,140 including grants of \$) (Revenue \$)
WE ANNOUNCED OUR COMMUNITY IMPACT AGENDA WITH THE FOCUS
AREAS OF HOMELESS SCHOOL-AGED CHILDREN AND SENIORS. WE
CREATED A STRATEGIC PLAN AND MADE PROGRESS IN THE
PREVENTION AREA. WE DISTRIBUTED OVER 15,000 CARE GUIDES
WHICH IS A COMMUNITY RESOURCE DIRECTORY OF BASIC NEEDS. AS
PART OF COMMUNITY IMPACT, OUR PROSPERITY CAMPAIGN PROMOTED
EARNED INCOME TAX CREDIT TO THE COMMUNITY, RAN A
VITA(VOLUNTEER INCOME TAX ASSISTANCE) TAX PREPARATION
SITE, AND CONDUCTED BUDGET WORKSHOPS.

WE PARTNERED WITH A WIDE RANGE OF COMMUNITY AGENCIES TO

4c (Code) (Expenses \$ 75,277 including grants of \$) (Revenue \$)
THOSE COSTS ASSOCIATED WITH AGENCY REVIEW AND
ALLOCATIONS.

4d Other program services (Describe in Schedule O)

(Expenses \$ 30,744 including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 2,147,739 (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

- 28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee
- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
 - b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
 - c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		X
28b	X	
28c		X
29	X	
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	4		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	12		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	32	
1b	Enter the number of voting members that are independent	32	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
16a	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MAUREEN QUINLAN 1401 NE SECOND STREET

OCALA

FL 34470

352-732-9696

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK IMES CHAIRMAN	2	X						0	0	0
SAMUEL WILLIAMS CHAIR-ELECT	2	X						0	0	0
DR. DIANA GREENE SECRETARY	2	X						0	0	0
JANE FONTAINE TREASURER	2	X						0	0	0
DR. MANAL FAKHOURY VC	2	X						0	0	0
BILL CHAMBERS VC	2	X						0	0	0
DR. CHERYL FANTE VC	2	X						0	0	0
JULIE SHEALY VC	2	X						0	0	0
DR. RHIAD FAKHOURY VC	2	X						0	0	0
TOM FALANGA VC	2	X						0	0	0
DOUGLAS DAY VC	2	X						0	0	0
TOM DEWEY PAST CHAIR	1	X						0	0	0
JIM ANTHONY BOARD MEMBER	1	X						0	0	0
DAVID BRADY BOARD MEMBER	1	X						0	0	0
JOHN L DOZIER BOARD MEMBER	1	X						0	0	0
LOLA GONZALEZ BOARD MEMBER	1	X						0	0	0
DR. NATHAN GROSSMAN BOARD MEMBER	1	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACK HILLESAND BOARD MEMBER	1	X						0	0	0
GEN. PAT HOWARD BOARD MEMBER	1	X						0	0	0
DAN KUHN BOARD MEMBER	1	X						0	0	0
DIRK LEEWARD BOARD MEMBER	1	X						0	0	0
GUY LEMIEUX BOARD MEMBER	1	X						0	0	0
ALLEN PARSONS BOARD MEMBER	1	X						0	0	0
KAREN REED BOARD MEMBER	1	X						0	0	0
MARY SUE RICH BOARD MEMBER	1	X						0	0	0
TED SCHATT BOARD MEMBER	1	X						0	0	0
JEFF SHEALY BOARD MEMBER	1	X						0	0	0
JULIE SHEALY BOARD MEMBER	1	X						0	0	0
PARNELL TOWNLEY BOARD MEMBER	1	X						0	0	0
HARVEY VANDEVEN BOARD MEMBER	1	X						0	0	0
1b Total								209,496		37,838

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	69,445				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,165,793				
	g Noncash contributions included in lines 1a-1f \$		53,002				
	h Total. Add lines 1a-1f			3,235,238			
	Program Service Revenue	2a	Busn. Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			134,439		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis & sales exps						
	c Gain or (loss)						
	d Net gain or (loss)			-501,205	-501,205		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	29,784				
	b Less direct expenses	b	29,784				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Busn. Code				
11a MISC RECEIPTS AND REFUNDS		900099	16,394	16,394			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			16,394				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2,884,866	-484,811	0	134,439	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,866,578	1,866,578		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	270,626	87,424	84,152	99,050
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	167,530	39,986	34,300	93,244
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,235		5,117	5,118
9 Other employee benefits	25,388	7,911	10,419	7,058
10 Payroll taxes	29,829	8,332	9,032	12,465
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,500		17,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	17,157		17,157	
g Other				
12 Advertising and promotion				
13 Office expenses	98,291	22,382	17,917	57,992
14 Information technology	6,285	1,728	1,559	2,998
15 Royalties				
16 Occupancy	42,045	12,235	11,549	18,261
17 Travel	9,746	3,160	3,150	3,436
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,543	72,377	847	2,319
20 Interest				
21 Payments to affiliates	30,764	9,075	8,153	13,536
22 Depreciation, depletion, and amortization	38,249	11,068	10,568	16,613
23 Insurance	5,357	1,100	2,614	1,643
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a EQUIPMENT MAINTENANCE	8,506	2,478	2,231	3,797
b AWARDS	5,259	546	1,823	2,890
c MEMBERSHIP	3,256	895	1,087	1,274
d SPONSORSHIPS	1,850			1,850
e MISCELLANEOUS	1,457		845	612
f All other expenses	1,672	464	5	1,203
25 Total functional expenses. Add lines 1 through 24f	2,733,123	2,147,739	240,025	345,359
26 Joint Costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	100	1	100
	2 Savings and temporary cash investments	854,644	2	1,891,349
	3 Pledges and grants receivable, net	849,013	3	711,463
	4 Accounts receivable, net	9,373	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,533	9	7,339
	10a Land, buildings, and equipment cost basis	10a 763,578		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 293,534		
		494,052	10c	470,044
	11 Investments—publicly traded securities	2,781,458	11	2,296,882
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15	16,836	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,039,173	16	5,394,013	
Liabilities	17 Accounts payable and accrued expenses	58,278	17	40,565
	18 Grants payable		18	
	19 Deferred revenue	23,453	19	8,983
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	230,620	25	214,610
	26 Total liabilities. Add lines 17 through 25	312,351	26	264,158
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,273,654	27	2,988,795
	28 Temporarily restricted net assets	1,178,583	28	800,603
	29 Permanently restricted net assets	1,274,585	29	1,340,457
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,726,822	33	5,129,855
	34 Total liabilities and net assets/fund balances	5,039,173	34	5,394,013

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,184,530	3,024,625	2,619,159	3,080,484	3,365,325	14,274,123
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,184,530	3,024,625	2,619,159	3,080,484	3,365,325	14,274,123
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						14,274,123

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,184,530	3,024,625	2,619,159	3,080,484	3,365,325	14,274,123
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,852	122,341	221,968	219,907	134,439	740,507
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	635	1,446	11,723	25,536	16,394	55,734
11 Total support. Add lines 7 through 10						15,070,364
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.7165 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.0149 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME-SPONSORSHIPS & \$ 55,734

NON CAMPAIGN ADMINISTRATIVE FEES

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008**Open to Public Inspection**

Name of the organization

Employer identification number

UNITED WAY OF MARION COUNTY, INC.

59-0946642

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _ _ _ _ _

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,058,918				
b Contributions	633,390				
c Investment earnings or losses	-102,553				
d Grants or scholarships	91,479				
e Other expenditures for facilities and programs					
f Administrative expenses	17,158				
g End of year balance	2,481,118				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 47.96%
 b Permanent endowment ▶ 52.04%
 c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		68,000		68,000
b Buildings		477,861	134,827	343,034
c Leasehold improvements				
d Equipment		217,717	158,707	59,010
e Other				
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				470,044

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DONOR CHOICE CONTRIBUTIONS PAYABLE	212,114
GIFT ANNUITY OBLIGATIONS	2,496
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	214,610

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,884,866
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,733,123
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	151,743
4	Net unrealized gains (losses) on investments	4	294,260
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-42,970
9	Total adjustments (net) Add lines 4-8	9	251,290
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	403,033

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

1	Total revenue, gains, and other support per audited financial statements	1	2,904,019
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	294,260
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	294,260
3	Subtract line 2e from line 1	3	2,609,759
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	275,107
c	Add lines 4a and 4b	4c	275,107
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	2,884,866

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

1	Total expenses and losses per audited financial statements	1	2,500,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,500,986
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	232,137
c	Add lines 4a and 4b	4c	232,137
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,733,123

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE PURPOSE OF THE UWMCEF SHALL BE TO RECEIVE GIFTS SEPARATE AND APART FROM
THE ANNUAL UNITED WAY CAMPAIGN, INCLUDING GRANTS AND BEQUESTS, IN ORDER TO
CREATE AN INVESTMENT FUND. THE PROCEEDS OF THE UWMCEF, AS DEFINED IN THE
POLICIES, SHALL BE DISTRIBUTED ACCORDING TO THE GUIDELINES TO MEET HEALTH
AND HUMAN SERVICE NEEDS FOR THOSE PERSONS LIVING IN THE UNITED WAY OF
MARION COUNTY SERVICE AREA.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

DONOR CHOICE CONTRIBUTIONS SHOWN AS REVENUE ON TAX RETURN \$ -265,978

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ -9,129

DONOR CHOICE ALLOCATIONS PAID \$ 232,137

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR CHOICE CONTRIBUTIONS SHOWN AS REVENUE ON TAX RETURN \$ 265,978

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 9,129

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR CHOICE ALLOCATIONS PAID \$ 232,137

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open To Public Inspection

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer Identification number
59-0946642

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name 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
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SPECIAL EVENTS			
		(event type)	(event type)	NONE (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	29,784			29,784
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	29,784			29,784
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	29,784			29,784
	8 Direct expense summary Add lines 4 through 7 in column (d)				29,784
	9 Net income summary Combine lines 3 and 8 in column (d)				

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9	Enter the state(s) in which the organization operates gaming activities	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?		
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?		

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Provide 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?**15a**

- 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

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

17a

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No 1545-0047

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number

UNITED WAY OF MARION COUNTY, INC.

59-0946642

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?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**Part II****Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed☒ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AMERICAN RED CROSS 341 WHITE STREET DAYTONA FL 32114	53-0196605	3	6,369				DISASTER ASSISTANCE
	ANNIE JOHNSON SENIOR SERVICE CENTER PO BOX 1951 DUNNELLON FL 34430	59-2757655	3	39,434				FOOD, RENT & UTIL.
	ARC- MARION, INC. 2800 SE MARICAMP ROAD OCALA FL 34471	59-2217524	3	93,203				SALARIES
	ARNETTE HOUSE 2310 NE 24 STREET OCALA FL 34470	59-2119445	3	126,082				COUNSELING & SALARY
	BIG BROTHERS/BIG SISTERS 1155 NW 13 STREET GAINESVILLE FL 32601	59-1643115	3	16,637				SALARIES
	BOYS & GIRLS CLUB OF MARION COUNTY 800 SW 12 STREET OCALA FL 34471	59-1172127	3	125,263				GENERAL SUPPORT
	BOY SCOUTS, NORTH FLORIDA COUNCIL 521 S EDGEWOOD AVENUE JACKSONVILLE FL 32205	59-0637816	3	34,271				SALARIES
	BROTHER'S KEEPER/DIOCESE OF ORLANDO 5 SE 17 STREET OCALA FL 34471	59-1404508	3	41,973				RENT & UTILITIES
	CHILDHOOD DEVELOPMENT SERVICES 1601 NE 25 AVENUE, SUITE 900 OCALA FL 34470	59-1262700	3	68,932				SALARIES & TRANSPORT

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

▶ 80

3 Enter total number of other organizations

▶ 1

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

Schedule I (Form 990) 2008

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME SOCIETY 605 NE 1ST STREET OCALA FL 32601	59-0192430	3	57,586				GENERAL SUPPORT
COMMUNITY LEGAL SERVICES OF MID-FL 2300 SW 17TH STREET OCALA FL 34471	59-1156260	3	26,975				SALARIES, SINKHOLE
COMMUNITY OF GRATITUDE PO BOX 2021 OCKLAWAHA FL 32183	30-0025921	3	20,066				FOOD & GENERAL SUPP.
EARLY LEARNING COALITION OF MARION 3304 SE LAKE WEIR AVENUE OCALA FL 34471	59-3627759	3	119,638				MATCH, SUCCESS BY 6
FIFTH CIRCUIT PUBLIC GUARDIAN CORP. 500 NE 8TH AVENUE OCALA FL 34470	59-3706138	3	37,229				SALARY
FLORIDA CAMP FOR CHILDREN WITH DIAB PO BOX 14136 GAINESVILLE FL 32604	23-7098099	3	5,856				SCHOLARSHIPS
FLORIDA CENTER FOR THE BLIND 7325 SW 32 STREET OCALA FL 34474	59-2953392	3	10,249				GENERAL SUPPORT
GIRL SCOUTS OF WEST CENTRAL FLORIDA 5002 WEST LEMON STREET TAMPA FL 33609	59-0624454	3	31,638				SALARIES
HANDS OF MERCY EVERYWHERE 6017 SE ROBINSON RD BELLEVUE FL 34420	59-3630008	3	39,097				GENERAL SUPPORT
ISAIAH FOUNDATION PO BOX 770643 OCALA FL 34477	54-2091433	3	10,667				SCHOLARSHIPS
MARION COUNTY CHILDREN'S ADVOCACY C 2131 SW 22ND PLACE OCALA FL 34471	59-3575631	3	86,126				GENERAL SUPPORT

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

3 Enter total number of other organizations

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

DAA

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION COUNTY CHILDREN'S ALLIANCE 3482 NW 10TH STREET -- -- -- FL 34475 OCALA	06-1712493	3	18,357				GENERAL SUPPORT
MARION COUNTY HOMELESS COUNCIL PO BOX 162 -- -- -- FL 34478 OCALA	56-2369991	3	123,982				SALARIES
MARION COUNTY LITERACY COUNCIL 110 E SILVER SPRINGS BLVD -- -- -- FL 34476 OCALA	60-0000676	3	28,650				GENERAL SUPPORT
MARION COUNTY SENIOR SERVICES 1644 NE 22 AVENUE -- -- -- FL 34470 OCALA	23-7362750	3	159,004				GENERAL SUPPORT
MARION THERAPEUTIC RIDING ASSOCIATI 3143 SE 17TH STREET -- -- -- FL 34483 OCALA	59-2822032	3	27,455				SALARIES
PACE CENTER FOR GIRLS 1601 NE 25 AVENUE, SUITE 900 -- -- -- FL 34470 OCALA	59-2414492	3	31,650				SALARIES
RAPE CRISIS/DOMESTIC VIOLENCE CENTE PO BOX 2193 -- -- -- FL 34478 OCALA	59-1876422	3	187,015				GENERAL SUPPORT
THE SALVATION ARMY 320 NW 1ST AVENUE -- -- -- FL 34478 OCALA	58-0660607	3	128,722				FOOD, UTIL., SALARY
SHELTERING ARMS PO BOX 771045 -- -- -- FL 34477 OCALA	59-3698291	3	27,939				GENERAL SUPPORT
SHEPHERD'S LIGHTHOUSE 5930 SE ROBINSON ROAD -- -- -- FL 34420 BELLEVUE	48-1288332	3	26,411				SALARIES, EQUIPMENT
SUNSTATE COMPREHENSIVE EPILEPSY PRO 5318 SW 91 TERRACE -- -- -- FL 32608 GAINESVILLE	20-5439173	3	21,157				SALARIES

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

3 Enter total number of other organizations

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

DAA

Schedule I-1 (Form 990) 2008

Employer Identification number
59-0946642

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

Schedule I-1 (Form 990) 2008

SCHEDULE J-2
(Form 990)**Continuation Sheet for Form 990**

OMB No 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

UNITED WAY OF MARION COUNTY, INC.

Employer Identification number

59-0946642

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELBERT WILKINSON BOARD MEMBER	1	X						0	0	0
CHRIS YANCEY BOARD MEMBER	1	X						0	0	0
STEVE PURVES BOARD MEMBER	1	X						0	0	0
MAUREEN QUINLAN PRESIDENT	40			X				72,639	0	12,272
TINA BANNER VP RESOURCE	40			X				47,857	0	8,748
BARBARA BOMBARA DIR. COMM. S	40			X				45,383	0	8,213
DAYLE SILVER VP FINANCE A	40			X				43,617	0	8,605
MAUREEN QUINLAN (CONTINUED)				X				0	0	0
MAUREEN QUINLAN (CONTINUED)				X				0	0	0
MAUREEN QUINLAN (CONTINUED)				X				0	0	0
DAYLE SILVER (CONTINUED)								0	0	0
DAYLE SILVER (CONTINUED)								0	0	0
DAYLE SILVER (CONTINUED)								0	0	0
TINA BANNER (CONTINUED)								0	0	0
TINA BANNER (CONTINUED)								0	0	0
TINA BANNER (CONTINUED)								0	0	0
BARBARA BOMBARA (CONTINUED)								0	0	0
BARBARA BOMBARA (CONTINUED)								0	0	0
BARBAR BOMBARA (CONTINUED)								0	0	0
								0	0	0

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**NonCash Contributions**

► To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008**Open To Public
Inspection**

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number
59-0946642**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	6	52,502	CURRENT TRADING AMOUNT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	1	500	FAIR MARKET VALUE
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 IV, Donee Acknowledgement

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
USED A BROKER TO SELL SECURITIES DONATED

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

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

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
THE COMMUNITY IN SETTING PRIORITIES OF THESE NEEDS THROUGH
COMMUNITY COLLABORATIONS AND PARTNERSHIPS.

FORM 990, PART III, LINE 2

UNITED WAY OF MARION COUNTY ROLLED OUT OUR COMMUNITY-IMPACT AGENDA DURING THE 2008-09 FISCAL YEAR. THIS AGENDA IS A SHIFT FROM THE PREVIOUS, TRADITIONAL FUNDRAISING EFFORTS THAT SUPPORTED DIRECT SERVICES OF "PROGRAM RECIPIENTS" EXCLUSIVELY. THIS NEW MODEL HAS EXPANDED TO ENGAGE, ACTIVATE AND INSPIRE COMMUNITY RESOURCES, ORGANIZATIONS AND INDIVIDUALS TO GET INVOLVED AND WORK TOGETHER TO MAKE POSITIVE, LASTING CHANGES IN COMMUNITY ISSUES. TWO PRIORITY AREAS THAT WE WILL SERVE AS THE FOCUS FOR OUR UNITED WAY INCLUDE HOMELESS SCHOOL-AGED CHILDREN AND ELDER CARE ISSUES.

OVER THE PAST YEAR, UNITED WAY HAS CREATED A VOLUNTEER LEADERSHIP AND VISION COUNCIL, A CONSORTIUM OF RESOURCES, AND AN ACTION PLAN TO MOVE THE NEEDLE IN A POSITIVE DIRECTION OVER TIME. UNITED WAY HAS ALSO HELPED THE PUBLIC UNDERSTAND THIS DECISION AND MAKE THE COMMUNITY AWARE OF THE PROBLEM.

UNITED WAY ALSO ROLLED OUT OUR MARION COUNTY PROSPERITY CAMPAIGN THAT SEEKS TO STRENGTHEN OUR COMMUNITY BY IDENTIFYING AND TACKLING THE UNDERLYING CAUSES OF THE MOST SERIOUS SOCIAL ISSUES FACING MARION COUNTY.

INCREASINGLY, THE ECONOMIC AND FINANCIAL PRESSURES FACING HARD-WORKING PEOPLE ARE EXACERBATING THE OTHER SOCIAL ISSUES. SO UNITED WAY HAS EXPANDED

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

ITS WORK TO INCLUDE STRENGTHENING THE FINANCIAL STABILITY OF INDIVIDUALS AND FAMILIES. UNITED WAY IS WORKING TO HELP FAMILIES AND EMPOWER THEM TO MOVE TOWARD FINANCIAL INDEPENDENCE.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT
IMPROVE SERVICE DELIVERY SYSTEMS (E.G. CHILDREN'S ALLIANCE, MARION COUNTY HOMELESS COUNCIL, EARLY LEARNING COALITION, COMMUNITY WITH A HEART, FEDERAL EMERGENCY MANAGEMENT (FEMA), EMERGENCY MANAGEMENT, DAY OF CARING AND VARIOUS OTHERS).

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
THOSE COSTS ASSOCIATED WITH EDUCATION AND INFORMING THE UNITED WAY'S CUSTOMERS AND THE GENERAL PUBLIC ABOUT HUMAN SERVICE NEEDS AND THE WORK OF UNITED WAY SUPPORTED AGENCIES ADDRESSING THOSE NEEDS. COSTS CHARGED TO THIS FUNCTION ARE THOSE NOT DIRECTLY ASSOCIATED WITH ANY SOLICITATION OF A CONTRIBUTION.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE 990 IS PRESENTED BY OUR AUDITOR TO THE FINANCE AND/OR EXECUTIVE COMMITTEE AND THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
OUR CEO IS GIVEN GOALS FOR THE YEAR AND AT THE END OF THE YEAR LISTS HIS/HER ACCOMPLISHMENTS. A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS REVIEWS THESE DOCUMENTS, IF NECESSARY, UPDATES THE SALARY RANGE

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

WITH COMPARABLE SALARIES FOR THE REGION AND METRO SIZE, AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR APPROVAL, AND THEN IT GOES TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE SALARY INCREASE FALLS WITHIN THE RANGE THAT HAS BEEN APPROVED FOR THE UPCOMING BUDGET. ANY BONUS THAT IS EARNED IS RECOMMENDED BY THE COMPENSATION COMMITTEE AND PASSES THRU THE SAME COMMITTEE APPROVAL AND MUST FALL WITHIN BUDGET THE BUDGET GUIDELINES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE SALARY RANGES AND SETS THE STANDARD SALARY INCREASE FOR THE YEAR. THIS FOLLOWS WITH APPROVAL BY THE FINANCE COMMITTEE, THE EXECUTIVE COMMITTEE AND THE BOARD AS PART OF THE OPERATING BUDGET FOR THE YEAR. INDIVIDUALS DO SELF EVALUATIONS, THE CEO DOES AN EVALUATION, AND THE SALARY INCREASE IS DETERMINED BY THE CEO WITHIN THE RANGE ESTABLISHED BY THE COMPENSATION COMMITTEE AND ALLOWED BY THE BUDGET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON OUR WEBSITE.

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
INTEREST	\$ 56,248		14	
TOTAL	\$ 56,248			

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
DIVIDENDS	\$ 78,191		14	
TOTAL	\$ 78,191			

05049 United Way of Marion County, Inc.
59-0946642
FYE: 6/30/2009

11/16/2009 10:25 AM

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DISCRETIONARY FUND	\$ 1,214	6	\$ 5	\$ 1,203
MISCELLANEOUS	458	458		
TOTAL	\$ 1,672	\$ 464	\$ 5	\$ 1,203