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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 2009

Open to Public Inspection

| A | For the 2009 | calendar year, or tax year beginning , and ending | | | | |
|-----------------------------|---------------------|--|--------------------|------------------------|-----------------------------------|-------------|
| | Theck if applicable | use iRS United Way of St. Johns County, Inc. | D | Emplo | yer identification num | ber |
| | lame change | label or print or Doing Business As | | 59- | 6018986 | |
| \equiv | nitial return | type. Number and street (or P O box if mail is not delivered to street address) Room/sui | te E | | one number | |
| Ħ, | ermination | Specific F.O. Box 623 | — — | • | <u>-829-9721</u> | _ |
| | Amended return | Instruct City or town, state or country, and ZIP + 4 tions. St. Augustine FL 32085-0625 | G | Gross rece | pts\$ 1,273,9 | 48 |
| - | | F. Name and address of annual office | | a) Ic thic | a group return for | |
| <i>F</i> | Application pendi | ing I realite and address of principal officer | "" | an is uns affiliate | | No |
| | | | H(I | Are all | affiliates 🗀 | No |
| | | | | | attach a list. (see instructions) | |
| 1 | Tax-exempt s | tatus X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 | | | | |
| | Website: 🕨 | N/A | | | exemption number | |
| | | tition X Corporation Trust Association Other ▶ L Year of form | ation 196 | 57 | M State of legal domicile | FI |
| P | | Summary | | | | |
| | | y describe the organization's mission or most significant activities | | | | |
| 92 | | crease the organized capacity of people to care for one other, assist partner agencies to provide services to | | | | |
| na l | | edy individuals. | | | | |
| Activities & Governance | | k this box ▶ if the organization discontinued its operations or disposed of more than 25% of its | not accota | | | |
| ŏ | | per of voting members of the governing body (Part VI, line 1a) | net assets | 3 | 14 | |
| S S | | per of independent voting members of the governing body (Part VI, line 1b) | | 4 | 14 | |
| Ĭ. | | number of employees (Part V, line 2a) | | 5 | 5 | |
| į | | number of volunteers (estimate if necessary) | | 6 | 50 | |
| • | | gross unrelated business revenue from Part VIII, column (C), line 12 | | 7a | | |
| | | nrelated business taxable income from Form 990-T, line 34 | | 7b | | 0 |
| | | RECEIVED | Prior Year | | Current Year | |
| e l | | ibutions and grants (Part VIII, line 1h) | <u>,326,</u> | 806 | 1,219,3 | <u>51</u> |
| Revenue | | am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | |
| <u>۾</u> | | , | -54, | | 44,9 | |
| - | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e) | | 000 | 9,6 | |
| - | | | <u>,283,</u> | | 1,273,9 | |
| | | | .,035, | 717 | 1,012,5 | <u> 38</u> |
| | | fits paid to or for members (Part IX, column (A), line 4) | 212 | 006 | 001 0 | 40 |
| ses | | es, other compensation, employee benefits (Part IX, column (A), lines 5–10) ssional fundraising fees (Part IX, column (A), line 11e) | 212, | 020 | 221,8 | 49 |
| penses | | fundraising expenses (Part IX, column (D), line 25) ▶ 117,493 | | - | | |
| <u>~</u> | | expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 138, | 125 | 148,8 | 61 |
| | | | ,386, | | 1,383,2 | |
| | | nue less expenses Subtract line 18 from line 12 | -102, | | -109,3 | |
| ៦ខ្ល | | | ng of Current | | End of Year | |
| ala ji sets | 20 Total | assets (Part X, line 16) | ,006, | 100 | 1,825,4 | 83 |
| Net Assets or Fund Balances | 21 Total | liabilities (Part X, line 26) | ,267, | | 1,196,4 | |
| 77777777 | | ssets or fund balances Subtract line 21 from line 20 | 738, | <u>354</u> | 629,0 | <u>54</u> |
| <u> P</u> | art II | Signature Block | | | | _ |
| | | Under penalties of perjury, Leclare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of | ments, and t | to the be | st of my knowledge | |
| -: ۵ ق | | A Subject of the subj | n willian prep | | | |
| Sig Her | n | In J. Sudensiew | | | <u>~03-10</u> | |
| ધ્ર ⊿ ⊔eı | e | HAN H. Breidenstein Secretary | | Date | | |
| ∌ ∍ | | Type or print name and title | | | | |
| <u>_</u> | - | | Ob a stud | | Preparer's identifying num | nber |
| ¦Pai | d | Preparer's signature Date 11/03/10 | Check if self- | ► 1X | (see instructions) | |
| ູັPre | parer's | signature 11/03/10 Firm's name (stream) Mark P. Stanton CPA | employed I | | 1 | |
| ์ ปีประ | Only | f self-employed), 1305 Saint Johns Ave | | EIN D | 59-28851 | 4 |
| | | address, and ZIP + 4 Palatka, FL 32177 | | Phone | 386-328-15 | 53 |
| ~ | | cuss this return with the preparer shown above? (see instructions) | | no 🕨 | Yes | No |
| ก็For | | t and Paperwork Reduction Act Notice, see the separate instructions. | OUVE 4 5 | | Form 990 /2 | |
| DAA | , , | | | Ļ | | سر |
| | | (μ τ iu | بالك⊺لية بدني حوي. | | | |

| | | | -6018986 | Page 2 |
|---|--|---|---|------------------------|
| | | Service Accomplishments | | |
| Increas another | | ed capacity of people to c ner agencies to provide se | | |
| the prior Fo If "Yes," de: Did the orga services? If "Yes," de: Describe th Section 501 | rm 990 or 990-EZ? scribe these new services of anization cease conducting, scribe these changes on Scree exempt purpose achievem I(c)(3) and 501(c)(4) organization. | or make significant changes in how it conducts, any | program gram services by expenses report the amount of grants and | Yes X No |
| another | | 1,153,198 including grants of \$\frac{1}{2}\$ and capacity of people to cher agencies to provide se | | |
| 4b (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | _) |
| 4d Other progr | am services (Describe in S | chedule O) | | |
| (Expenses | | including grants of \$ |) (Revenue \$ | |
| 4e Total progr | ram service expenses 🕨 | 1,153,198 | | |
| - | | | | Form 990 (2009) |

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 | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | w |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | x |
| 5 | Schedule C, Part II | 4 | | |
| 3 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | _ | | |
| 6 | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | 5 | | |
| Ū | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | . 1 | |
| | complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | • | | |
| • | complete Schedule D, Part III | 8 | | 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 | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | 11 | X | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| | Schedule D, Part VI | | | |
| • | 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? If "Yes," complete Schedule D, Part VII | | | |
| • | 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? If "Yes," complete Schedule D, Part VIII | | | |
| • | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| 40 | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 42 | X | |
| 12A | Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | 12 | Λ | _ |
| IZA | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | 174 | | - |
| _ | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | х |
| 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 | 15 | | 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 | 16 | ļ | 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? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | 1 |
| | If "Yes," complete Schedule G, Part III | 19 | <u> </u> | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | <u> </u> | X |
| | | Forr | n 990 | (2009 |

| | | | Yes | No |
|------------|--|-----|----------|---------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 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? If "Yes," complete Schedule J | 23 | | <u> </u> |
| 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 lines | | | |
| | 24b through 24d and complete Schedule K If "No," go to line 25 | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) 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 | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | l i | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | 7. |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | - | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 1 | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | 7.7 |
| | If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| _ | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | ₹. |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | ., |
| | Schedule L, Part IV | 28b | | X |
| С | , | | | |
| | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, | | | . |
| | Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | 3.5 |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| 20 | Part 1 | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | . |
| 33 | Schedule N, Part II | 32 | \vdash | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | 33 | | |
| 34 | | 1 | | x |
| 35 | III, IV, and V, line 1 | 34 | | <u> </u> |
| JJ | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | x |
| 36 | | 35 | | _ |
| JU | 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 | 20 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | ^ |
| JI | | | } | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 27 | | x |
| 38 | | 37 | | ^ |
| J U | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x | |
| | 10. Hote. All I offit ago mera are required to complete achiecture of | | • | (2009) |
| | | rum | | (CUUS) |

| Tall Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 1-0- if not applicable Did information Returns. Enter 1-0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to price withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to price withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to price with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required desiral employment tax returns? If all least one is reported on line 2a, did the organization file all required desiral employment tax returns? Note. If the sum of lines 1 and 12 as greater hand 20, you may be required to e-file this return (see instructions) Just the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Just 11'Yes, has if 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 accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accountry or securities and a securities account, or other financial accountry or securities and a securities account, or other financial accountry or securities accountry or securiti | | Otatemente Regarding Other Into 1 mings and Tax Comphanice | | | |
|---|-----|--|------------------|----------------|--------|
| U.S. Information Returns Enter — If not applicable Enter the quimber of Forms W-25, cincluded in line 1s. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) wimings to prize winners? 25. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary are rending with or within the year covered by this return 26. If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file this return (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return (see instruction) 31. If Yes, has it filed a Form 980-T for this year? If Yo,** provide an explanation in Schedule O 32. At any time during the calendar year, circl the organization have an interest in, or a signature or other authority over; a financial account; an interest in, or a signature or other authority over; a financial account in a foreign country. ▶ 33. If Yes, enter the name of the foreign country. ▶ 34. If Yes, enter the name of the foreign country. ▶ 35. If Yes, enter the name of the foreign country. ▶ 36. Was the organization aparty to a prohibited tax shelter transaction? 37. If Yes, if yes is one is 60, did the organization that it was or is a party to a prohibited tax shelter transaction? 38. Yes, the yes is the propartition of the year year year than \$100,000, and did the organization on the granization in the organization of the organization file and propartition of year year year. Permet Entire Regarding Prohibited Tax Shelter Transaction? 39. If Yes, if other than year year year year year year year year | 10 | Enter the number reported in Pay 2 of Form 1006. Annual Common and Transmitted of | | Yes | No |
| b. Enter the gumber of Forms W-2G included in line 1a. Enter -0 if not applicable Old the originazion comply with backpu withholding rules for reportable gaming (gambling) winnings to prize with backpu withholding rules for reportable gaming (gambling) winnings to prize with backpu withholding rules for reportable gaming (gambling) winnings to prize with backpu withholding rules for reportable gaming (gambling) winnings to prize with backput high graph gambling without the year covered by this return? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return? 3b If all east one is reported on line 2a, did the originazion file all required federal employment tax returns? 3c Note. If the sum of lines 1a and 2as is greater than 250, you may be required to 4-file this return (see instructions) 3c If Yes, sas filled a Form 990-T for this year? If Yeo,* provide an explanation in Schedule O 4a At any time during the calendar year, did the originazion have an interest in, or a signature or other authority over, a financial account is often country (section 2). 4a At any time during the calendar year, did the originazion have an interest in, or a signature or other authority over, a financial account is often country (section 2). 5a If Yes, fine the name of the foreign country (section 2). 5b If Yes, fine the name of the foreign country is very a signature or other authority over, a financial accountry. 5c If Yes, fine the name of the foreign country (section 2). 5a Was the originazion aparty to a prohibited tax sheller transaction? 5b If Yes, fine the Sa or Sb, did the originazion file form 888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 1s was or sa party to a prohibited tax sheller transaction? 5b If Yes, fine the originazion make any accepts that are normally greater than \$100,000, and did the originazion in the prohibited tax sheller transaction? 5c If Yes, fine the origi | ıa | | | | |
| c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminp) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, life of the Calendard year ending with or within the year covered by this return. b If all least one is reported on line 2a, did the organization file all required fedural 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) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the very covered by this return? 3b. If "Yes," has if filed a Form 990-T for this year? If "No", provide an explanation in Schedule O 3b. If "Yes," has if filed a Form 990-T for this year? If "No", provide an explanation in Schedule O 3c. 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. P 5c. Bet the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5c. Was the organization and party to a prohibited tax shelter fransaction at any time during the tax year? 5c. Was the organization sprity to a prohibited tax shelter fransaction? 5c. If "Yes," to line 5a or 5b, did the organization file Form 888F.T, Osicloure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? 5c. If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c. If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c. If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c. If "Yes," indicate the number of Forms 8202 filed during the year. 5 | h | | ⊣ ∣ | | |
| gamming (gambhing) winnings to prize winners? Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1 and 25 are greater than 250, you may be required to e-file this return (see instructions) 3a | | | ⊣ | | |
| 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Slataments, Ref of the Calendard year ending with or within the year ecovered by this return. b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required for effect this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. b If Yes, * has if filed a Form 990-T for this year? If *No*, provide an explanation in Schedule O 3b 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. P See the entricutions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See the entricutions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 4a X X b If Yes,* financial accountry 5b X X b If Yes,* for the sample of the organization that It was or is a party to a prohibited tax shelter transaction? 6c If Yes,* for the organization natural gross recepts that are normally greater than \$100,000, and did the organization solical any contributions that were not tax deductible? 6c If Yes,* did the organization mixture that except that are normally greater than \$100,000, and did the organization solical any contributions that were not tax deductible? 6c If Yes,* did the organization neithy the cloner of the value of the goods or services provided? 6c If Yes,* did the organization orthy the cloner of the value of the goods or services provided? 6c If Yes, | Ü | | 140 | | v |
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| | | | 120 | | |
| | | , | Form | 990 | (2009) |

Form 990 (2009) United Way of St. Johns County, Inc 59-6018986

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

| Sec | tion A. Governing Body and Management | | | |
|------------|--|---------|----------|--|
| , | • | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| þ | Enter the number of voting members that are independent 1b 14 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | _x_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | |
| а | The governing body? | _8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | L |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | - | | |
| _ | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | <u> </u> | X |
| | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Rev | enue Code.) | | | |
| 40 | | <u></u> | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | - | | |
| 44 | affiliates, and branches to ensure their operations are consistent with those of the organization? | _10b | | ├─ |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | 1 | ,, | |
| 110 | form? | 11 | X | ļ |
| 11a 12a | | | 75 | |
| _ | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 1.00 | . | |
| С | | 12b | X | \vdash |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 422 | x | |
| 13 | Does the organization have a written whistleblower policy? | 12c | 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 | 14 | <u> </u> | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | l |
| b | Other officers or key employees of the organization | 15b | X | \vdash |
| | if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | 100 | - | |
| 16a | - 14 | | | |
| | with a taxable entity during the year? | 16a | Ī | x |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | 1 | İ |
| Sec | tion 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 Forms 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 X 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 ▶ Mark Wells PO Box 625 | | | |
| | t. Augustine FL 32085 | | | |

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Page 7

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

| Check this box if the organization (A) | (B) | | | ((| 3) | | | (D) | (E) | (F) |
|--|------------------------------|-------------------------------|--------------|----------|------------|--------------------------------|----------|---|--|--|
| Name and Title | Average hours per week | ndividual trustee or director | | Officer | | a Highest compensated employee | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Ann H. Breidenste | | | | | | | | | | |
| Exec Directo | 40.00 | X | | <u> </u> | | - | ├ | 72,252 | 0 | |
| See Attached List | ing | x | | x | | | | 0 | o | |
| | - | _ | | ^ | | | | 0 | | <u> </u> |
| | | | | | | | | | | |
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| | | | | - | - | | | | | |
| | | | | _ | - | | _ | | | |
| | | | | | - | \vdash | \vdash | | | |

| 990 (2009) United V | | | | | | | | d Highest Compensated | | | | Pag |
|--|---|------------------|-----------------------|--------------|---------------|------------------------------|--------------|--|--|--|-----------------------------------|----------|
| (A) Name and Title | (B) Average hours per | Pos | tion (| (chec | C) k all t | hat a | pply) | (D) Reportable compensation | (E) Reportable compensation | (F Estimamou | ated nt of | |
| | week | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | oth compet from organi and re organiz | isatior the zation lated | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | $\frac{1}{1}$ | | | | | | | | · | | |
| | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | _ |
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| | | - | | ļ | | | | | | | | |
| | | | | | | | | | | | | _ |
| Total | | | | | | | ▶ | 72,252 | | | | |
| Total number of individuals reportable compensation from | | | | thos | e lis | ted a | bov | e) who received more than | 1 \$100,000 in | | | |
| Did the organization list any employee on line 1a? If "Ye | former officer, d | ırecto | r or t | | | | | yee, or highest compensa | ted | 3 | Ye | <u>`</u> |
| For any individual listed on the organization and related individual | line 1a, is the sun I organizations gr | n of re eater | port than | able \$15 | com 0,00 | pens | atio "Yes | s," complete Schedule J fo | or such | 4 | | |
| Did any person listed on line services rendered to the org | ganization? If "Ye | | | | | | | | or | 5 | | |
| ction B. Independent Contra Complete this table for your | five highest com | pensa | ited | ınde | pend | lent o | ontr | actors that received more | than \$100,000 of | | | _ |
| compensation from the orga | Anization (A) and business address | | | | | | | Descri | (B) ption of services | | (C) ompen | 52 |
| | | | | | | | | 300011 | 500,707,000,7000 | | отрон | |
| | | | | | | | | - | | | | - |
| | | | - | | | | | | | | | - |
| | - | | | | | | | | | | | _ |
| | | | _ | | | | | | | | | _ |

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization ▶

| art V | III Statem | ent of Reve | | <u> </u> | oomis c | ouncy, inc | 33 0010300 | | |
|--------------------|---------------------------------------|----------------------|----------|------------|------------|----------------------|--|---|---|
| | + | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 1a | Federated cam | paigns | 1a | | | | | | |
| ь | Membership du | _ | 1b | | | | 1 | | |
| С | Fundraising eve | ents | 1c | | | | I | | |
| d | Related organiz | | 1d | | | | 1 | | |
| е | Government grants (c | ontributions) | 1e | | | | 1 | | |
| 1a b c d e e f g h | All other contributions | , gifts, grants, | | | | | 1 | | |
| | and similar amounts r | ot included above | 1f | 1, | 219,351 | | İ | | |
| g | Noncash contributions | included in lines 1a | -1f \$ | 5 | } | | 1 | | |
| <u>h</u> | Total. Add lines | 1a-1f | | | • | 1,219,351 | | | |
| | | | | | Busn. Code | | | | |
| 2a | | | | | | | | | |
| b | | | | | | | | | |
| C | | | | | | | | | |
| d | | | | | | | | | |
| е | | | | | | | | | |
| ' f | All other progra | m service reve | nue | | | | | | |
| | | | | | • | | | | |
| 3 | Investment inco | | dıvıden | ds, intere | est, and | | | | |
| | other similar an | | | | ▶ | 44,997 | 44,997 | | |
| 4 | Income from in | vestment of tax | (-exem | pt bond p | roceeds 🕨 | | | | |
| 5 | Royalties | | | | ▶ | | | | |
| | _ | (ı) Real | | (II) F | Personal | | | | |
| 6a | F | | | | | | | | |
| b | Less rental exps | | | | | | | | |
| C | ` '_ | | | | | | - | | |
| d 7a | Net rental incor Gross amount from | | _ | | D | | | | 1 |
| | sales of assets | (ı) Secuntie | <u> </u> | (11) | Other : | | | | |
| . | other than inventory | | | | | | | | |
| þ | Less cost or other | | | | | | | | |
| | basis & sales exps | | | | | | | | |
| | Gain or (loss) | -> | | | | | 1 | | |
| | Net gain or (los | - | | | | | | | |
| oa | Gross income from (not including \$ | ii iuliuraising eve | *III.S | | | | | | |
| | of contributions re | norted on line 1c | , | | | | | | |
| | See Part IV, line | | " a | | | | | | |
| b | Less direct exp | | ь | | | | | | |
| " | Net income or | | - L | ı events | • | : | Ì | | |
| | Gross income fro | | r | CVCIRS | | | | | |
| " | See Part IV, line | - | a | | | | | | |
| Ь | Less direct ex | | ь | | | | | | |
| | Net income or | | nina ac | tivities | • | | | | 1 |
| | Gross sales of | - | - 6 | | , | | | | |
| | returns and allo | | а | | | | | | |
| Ь | Less cost of g | | b | | | | | | |
| | Net income or | | es of in | ventorv | • | | Ī | | Ì |
| | | llaneous Revenu | | | Busn. Code | | | | |
| 11a | Administra | ative Fees | | | | 7,200 | 7,200 | | |
| b | | | | | | 2,400 | 2,400 | | |
| C | | = | | | | | | | |
| d | | Je | | | | | | | |
| e | | | | | • | 9,600 | | | |
| 1 ~ | | . See instruction | ากร | | • | 1,273,948 | 54,597 | | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (A) but are not required to complete columns (B) (C), and

| 7b, 8 1 | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. Grants and other assistance to individuals in the U.S. See Part IV, line 22. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits. | (A) Total expenses 1,012,538 167,882 | Program service expenses 1,012,538 | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 2 3 4 5 5 6 6 7 8 9 10 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. Grants and other assistance to individuals in the U.S. See Part IV, line 22. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits | | 1,012,538 | | |
| 2 | organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | | | 40 939 | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | | | 40 939 | |
| 3 4 5 6 6 7 8 1 9 10 10 10 10 10 10 10 10 10 10 10 10 10 | the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 3 4 5 6 6 7 8 10 10 10 10 10 10 10 10 10 10 10 10 10 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 4 5 6 6 7 8 9 10 | organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 4 5 6 7 8 10 10 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 5 6 7 8 1 9 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 6 · · · · · · · · · · · · · · · · · · · | trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 6 · · · · · · · · · · · · · · · · · · · | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 7 8 9 | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 7 8 9 | persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 40 939 | |
| 7 8 9 10 | Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | 10 030 | · |
| 9 10 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits | 167,882 | 80,450 | NO 0301 | |
| 9 | and section 403(b) employer contributions) Other employee benefits | | | 49,636 | 37,594 |
| 9 10 | Other employee benefits | | | | |
| 10 | · · · | 26 777 | 10.061 | 11 022 | |
| | Payroll taxes | 36,777 17,190 | 19,861 | 11,033 | 5,883 |
| 11 | Face (as a second (as a second) | 17,190 | 5,673 | 5,844 | 5,673 |
| _ | Fees for services (non-employees). | | | | |
| | Management Legal | | | | |
| | Accounting | 3,776 | 1,888 | 1,888 | |
| | Lobbying | 3,770 | 1,000 | 1,000 | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | Other | | | | |
| - | Advertising and promotion | | | | |
| 13 | Office expenses | 16,680 | 8,344 | 8,336 | |
| 14 | Information technology | 7,018 | 3,509 | 3,509 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 11,532 | 5,764 | 5,766 | 2 |
| 17 | Travel | 3,567 | 1,783 | 1,784 | <u> </u> |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | 7,438 | 2,420 | 1,122 | 3,896 |
| | Interest | | | | |
| | Payments to affiliates | 4 204 | 0.150 | 0.166 | |
| | Depreciation, depletion, and amortization | 4,324 2,961 | 2,158 1,481 | 2,166 1,480 | |
| 23 | Insurance | 2,901 | 1,401 | 1,480 | |
| 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) | | 1 | | |
| а | Memberships & Dues | 22,040 | | 11,020 | 11,020 |
| ь | Campaign Expenses | 21,143 | | | 21,143 |
| С | Printing | 18,379 | | | 18,379 |
| d | Postage | 10,643 | 1,064 | 1,064 | 8,515 |
| е | Telephone | 10,551 | 3,482 | 3,587 | 3,482 |
| f | All other expenses | 8,809 | 2,783 | 4,120 | 1,906 |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,383,248 | 1,153,198 | 112,557 | 117,493 |
| | 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 | | | | |

| P | art X | Balance Sheet | | | | Tage 11 |
|--------------------|-------|---|---------------------------|--------------------------|-----|--------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | | 11,844 | 1 | 4,369 |
| | 2 | Savings and temporary cash investments | | 683,883 | 2 | 779,329 |
| | 3 | Pledges and grants receivable, net | | 1,035,911 | 3 | 933,439 |
| | 4 | Accounts receivable, net | | -,//- | 4 | |
| | 5 | Receivables from current and former officers, directors, | trustees kev | | | |
| | | employees, and highest compensated employees. Com | - | | | |
| | | Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined | under section | | Ŭ | |
| | - | 4958(f)(1)) and persons described in section 4958(c)(3)(| | | | |
| | | Part II of Schedule L | 2, 56 | | 6 | |
| ţs | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | 1 | | 8 | , |
| ĕ | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 1 - | Land, buildings, and equipment cost or | 1 | | 9 | |
| | '04 | other basis Complete Part VI of Schedule D | 10a 179,659 | | | |
| | ١, | Less: accumulated depreciation | 10a 179,659 10b 86,681 | 00 410 | | 02 070 |
| | I | | 100 86,681 | 88,419 | | 92,978 |
| | 11 | Investments—publicly traded securities | | 183,698 | 11 | 15,218 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | <u> </u> |
| | 14 | Intangible assets | | 0.245 | 14 | 150 |
| | 15 | Other assets See Part IV, line 11 | | 2,345 | 15 | 150 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | | 2,006,100 | 16 | 1,825,483 |
| | 17 | Accounts payable and accrued expenses | | | 17 | 5,845 |
| | 18 | Grants payable | | 1 067 746 | 18 | 1 100 504 |
| | 19 | Deferred revenue | | 1,267,746 | _19 | 1,190,584 |
| , | 20 | Tax-exempt bond liabilities | | - | 20 | |
| Liabilities | 21 | Escrow or custodial account liability Complete Part IV o | | | 21 | |
| Ē | 22 | Payables to current and former officers, directors, truste | • | | | |
| jab | | employees, highest compensated employees, and disqu | alified | | | |
| | | persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third | • | | _23 | |
| | 24 | Unsecured notes and loans payable to unrelated third pa | arties | · | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,267,746 | 26 | 1,196,429 |
| Balances | | Organizations that follow SFAS 117, check here ▶ 🗶 | and | | | |
| Ĕ | | complete lines 27 through 29, and lines 33 and 34. | | | | |
| ä | 27 | Unrestricted net assets | | 554,656 | | <u> </u> |
| 8 | 28 | Temporarily restricted net assets | | 183,698 | _28 | 235,450 |
| Ĕ | 29 | Permanently restricted net assets | $\overline{}$ | | 29 | |
| Ţ | | Organizations that do not follow SFAS 117, check her | re ► | | | |
| ō | | and complete lines 30 through 34. | | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Se | 31 | Paid-in or capital surplus, or land, building, or equipment | fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or | r other funds | | 32 | |
| Net Assets or Fund | 33 | Total net assets or fund balances | | 738,354 | 33 | 629,054 |
| <u>z</u> | 34 | Total liabilities and net assets/fund balances | | 2,006,100 | 34 | 1,825,483 |

| <u>Form</u> | 990 (2009) United Way of St. Johns County, Inc 59-6018986 | | Pa | ge 12 |
|-------------|--|-----|-----|--------------|
| Pa | rt XI Financial Statements and Reporting | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | _ |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | _ | | |
| | Schedule Q | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| С | 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? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 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? | 3a | | X |
| h | If "Vee" did the organization undergo the required guidt or guidte? If the organization did not undergo the | | | |

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United Way of St. Johns County, Inc

Employer identification number 59-6018986

| P | art l | Rease | on for Public Charity | Status (All organizations | must c | omplet | e this | part.) 🤄 | See in | struct | ions. | | |
|------|--|-----------------|--------------------------------|---|---------------|--------------|---------------------------------------|---|------------|-------------------------|---------------|---------|----------|
| The | orga | nization is not | a private foundation becaus | e it is (For lines 1 through 11, o | heck only | one box |) | | | | _ | | |
| 1 | | | | ociation of churches described | | | • | | | | | | |
| 2 | П | A school des | cribed in section 170(b)(1)(| A)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | П | | | ce organization described in sec | ction 170 | (b)(1)(A)(i | ii). | | | | | | |
| 4 | П | | | d in conjunction with a hospital of | | | |)(1)(A)(i | ii). Ente | r the ho | soital's name | | |
| | | city, and state | | , | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | • | |
| 5 | | | | of a college or university owned | or operate | ed by a o | overnme | ental und | t descri | bed in | | | |
| | ш | | b)(1)(A)(iv). (Complete Part | | от ороган | , u g. | | ,,,,a, a,,, | | | | | |
| 6 | | | | overnmental unit described in s | ection 17 | 0(b)(1)(A | W) | | | | | | |
| 7 | X | | | substantial part of its support fro | | | | from the | genera | l nublic | | | |
| • | لتت | = | section 170(b)(1)(A)(vi). (Co | • | om a gove | | unit or i | | genera | ii pabilo | | | |
| 8 | | | | 1 70(b)(1)(A)(vi) . (Complete Part | 11.3 | | | | | | | | |
| 9 | Ħ | | | 1) more than 33 1/3 % of its sup | | contributi | ons me | mhersh | ın fees | and are | nee | | |
| • | ш | _ | • | npt functions—subject to certain | • | | | | • | • | JJJ | | |
| | | · · · | | nd unrelated business taxable in | • | | • | | | | | | |
| | | | = | 0, 1975 See section 509(a)(2). | | | | ., | , 40,11000 | ,05 | | | |
| 10 | | | | exclusively to test for public safe | | | | | | | | | |
| 11 | H | | | exclusively for the benefit of, to | | | | | out the | • | | | |
| • • | ш | • | • | ed organizations described in se | • | | | - | | | | | |
| | | | | he type of supporting organizati | | | | | • | | | | |
| | | a Type | [] | c Type III-Function | | • | d | | e III-Ot | her | | | |
| е | | | | janization is not controlled direc | | | (| | | | | | |
| | | | | and other than one or more put | - | | | | | | 1 | | |
| | | | section 509(a)(2) | · | , ,, | | | | | | | | |
| f | | | | ermination from the IRS that it is | a Type I, | Type II, o | or Type | III suppo | orting | | | | |
| | | | check this box | | | ,, , | • | ••• | J | | | | |
| g | | Since August | 17, 2006, has the organization | tion accepted any gift or contrib | ution from | any of th | ne | | | | | | <u> </u> |
| Ŭ | | following per | | . ,, | | • | | | | | | | |
| | | (i) A persor | who directly or indirectly co | ontrols, either alone or together | with perso | ons descr | ıbed ın (| u) | | | | Yes | No |
| | | | | f the supported organization? | • | | ` | | | | 11g(i) | | |
| | | | member of a person describ | • | | | | | | | 11g(II) | | |
| | | | | described in (i) or (ii) above? | | | | | | | 11g(III) | | |
| h | | Provide the f | ollowing information about t | he supported organization(s) | | | | | | | | | |
| (i) | Nam | e of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Did y | ou notify | (vi) 1 | s the | (vii) Am | ount of | |
| | org | janization | | (described on lines 1–9 | | sted in your | · · · · · · · · · · · · · · · · · · · | nization in | organizat | on in col zed in the | supp | ort | |
| | | | | above or IRC section (see instructions)) | governing | document? | | of your port? | U | | | | |
| | | | | (555 0.555 550 500 500 500 500 500 500 50 | Yes | No | Yes | No | Yes | No | | | |
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Schedule A (Form 990 or 990-EZ) 2009 United Way of St. Johns County, Inc 59-6018986 Page 2 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 966,318 1,139,913 1,339,726 1,326,806 1,219,351 5,992,114 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 966,318 1,139,913 1,339,726 1,326,806 5,992,114 1,219,351 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) Public support. Subtract line 5 from line 4 5,992,114 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 966,318 1,139,913 1,339,726 1,326,806 1,219,351 5,992,114 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 11,138 40,212 28,112 -54,84144,997 69,618 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 6,000 11,400 12,000 (Explain in Part IV) 12,000 9,600 51,000 11 Total support. Add lines 7 through 10 6,112,732 12 Gross receipts from related activities, etc. (see instructions) 12 54,597 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 98.03% Public support percentage from 2008 Schedule A, Part II, line 14 15 98.38% 33 1/3 % support test-2009. 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 33 1/3 % support test—2008. 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—2009. 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-2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

| SCIL | edule A (Form 990 of 990-EZ) 2009 OTT | | | | | -0019980 | Page 3 |
|----------|--|---------------------------------------|----------------------|------------------------|-----------------------|----------|-----------|
| | Support Schedule for On (Complete only if you che | _ | | , ,, | 2) | | |
| Sec | ction A. Public Support | | | | | | |
| | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | 1 | | | | |
| | amount on line 13 for the year | · · · · · · · · · · · · · · · · · · · | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | 1 1 1 1 1 | | |
| Sec | ction B. Total Support | | | | | | |
| Ca | llendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| С | Add lines 10a and 10b | | <u> </u> | | | | |
| 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 firs | t, second, third, fo | ourth, or fifth tax ye | ar as a section 50 | 1(c)(3) | |
| | organization, check this box and stop her | e | | | | | . |
| Sec | ction C. Computation of Public Su | ipport Percen | tage | | | | |
| 15 | Public support percentage for 2009 (line 8 | , column (f) dıvıde | d by line 13, colur | nn (f)) | | 15 | % |
| 16 | Public support percentage from 2008 Sch | | | | | 16 | % |
| Sec | ction D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2009 (I | | • | 3, column (f)) | | 17 | %_ |
| 18 | Investment income percentage from 2008 | | | | | 18 | |
| 19a | 33 1/3 % support tests—2009. If the orga | | | | | | |
| L | 17 is not more than 33 1/3 %, check this b | | _ | | | | ▶ [_ |
| b | 33 1/3 % support tests—2008. If the orgal line 18 is not more than 33 1/3 %, check to | | | | | | ▶ 「 |
| 20 | Private foundation. If the organization did | | | | | _ | _ |

Schedule A (Form 990 or 990-EZ) 2009 United Way of St. Johns County, Inc 59-6018986

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

\$

Part II, Line 10 - Other Income Detail

Administrative Fee Reimbursements

51,000

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization' Employer identification number United Way of St. Johns County, Inc 59-6018986 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 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 Assets included in Form 990, Part X

| Sche | dule D (Form 990) 2009 United Way | y of St. Jon | ns County, | TUC | 59-60 | T8386 | | Page 2 |
|---------------|--|--|---|---------------|--|-----------------------|-------------|--|
| Pa | rt III Organizations Maintaining | Collections of Art | , Historical Trea | sures, | or Other | Similar A | ssets | |
| 3 | Using the organization's acquisition, accession collection items (check all that apply) | n, and other records, ch | eck any of the follow | ing that a | re a significa | ant use of its | | |
| а | Public exhibition | d Loan | or exchange progra | ms | | | | |
| b | Scholarly research | e Othe | | | | | | |
| С | Preservation for future generations | | | | | | _ | |
| 4 | Provide a description of the organization's coll Part XIV | lections and explain how | they further the orga | anızatıon' | s exempt pu | ırpose ın | | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | receive donations of art be maintained as part o | , historical treasures, f the organization's c | , or other | sımılar | | | Yes No |
| Pa | rt IV Escrow and Custodial Arra | ngements. Comple | ete if the organiz | zation a | nswered | "Yes" to F | orm 9 | 90, Part |
| | IV, line 9, or reported an am | ount on Form 990 | , Part X, line 21. | | | | | |
| 1a | Is the organization an agent, trustee, custodia | n or other intermediary f | or contributions or of | ther asset | s not | | | ··· |
| | included on Form 990, Part X? | | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIV a | and complete the followi | ng table | | | | | |
| | | | | | | | | Amount |
| С | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | | 1d | | |
| е | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amount on Fo | rm 990, Part X, line 21? | | | | | | Yes No |
| | If "Yes," explain the arrangement in Part XIV | , . | | | | | | |
| | rt V Endowment Funds. Comple | ete if organization | answered "Yes" | to Forn | n 990. Pa | rt IV. line | 10. | |
| | | (a) Current year | (b) Prior year | | years back | (d) Three ye | | (e) Four years back |
| 1a | Beginning of year balance | | | | | | | |
| | Contributions | | | | | | | ······································ |
| | Net investment earnings, gains, | | | | | | | |
| | and losses | | | | | ŧ | | |
| d | Grants or scholarships | | | - | | | | |
| | Other expenditures for facilities | | | † | ······································ | | | |
| - | and programs | | | • | | Ĭ. | | |
| f | Administrative expenses | | | | | | | |
| | End of year balance | | | <u> </u> | | Ī | | |
| _ | Provide the estimated percentage of the year | and halansa hald as | | <u>t</u> | | Ī | | |
| | Board designated or quasi-endowment | | | | | | | |
| | Permanent endowment > % | % | | | | | | |
| | Term endowment > % | | | | | | | |
| | | oion of the organization | that are hold and ad- | | d fartha | | | |
| Ja | Are there endowment funds not in the possess organization by | sion of the organization | triat are field and adi | IIIIIIISteret | i ioi ine | | | Yes No |
| | (i) unrelated organizations | | | | | | | |
| | (ii) related organizations | | | | | | | 3a(i) |
| . | | hatad as ramined as Ca | hadula DO | | | | | 3a(ii) |
| | If "Yes" to 3a(ii), are the related organizations | | | | | | | 3b |
| | nt VI Investments—Land, Buildi | | | O Bod | V line 1 | | | |
| <u>Fa</u> | | | | | | | 1 | (4) 0 |
| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or o basis (othe | | ` ' | cumulated eciation | | (d) Book value |
| | Land | (myesunem) | | | | COGUUII | + | 10 000 |
| | Land | | 18 | 3,000 | | | + | 18,000 |
| | Buildings | | | | | | + | |
| | Leasehold improvements | <u> </u> | | 100 | | 40.04 | | C 150 |
| | Equipment | | | 1,196 | | 48,04 | _ | 6,150 |
| | Other | | | 7,463 | | 38,63 | | 68,828 |
| <u>ı otal</u> | . Add lines 1a through 1e (Column (d) must ed | quai Form 990, Part X, c | olumn (B), line 10(c) |) | | <u> </u> | > | 92,978 |

| Schedule D (Form 990) 2009 United Way of St. Joh | | nc 59-6018986 | Page 3 |
|--|--|-----------------------|--|
| Part VII Investments—Other Securities. See Form 99 | | | |
| (a) Description of security or category | (b) Book value | (c) Method of val | |
| (including name of security) | | Cost or end-of-year m | arket value |
| Financial derivatives | | | |
| Closely-held equity interests | - | | |
| Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 00 D 1 V F 1 40 | <u> </u> | |
| Part VIII Investments—Program Related. See Form 9 | | T | |
| (a) Description of investment type | (b) Book value | (c) Method of val | |
| | | Cost or end-of-year m | arket value |
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| Table (0.1 a.s. (1) a. 15 a. 200 D. 134 a. 173 a. 1 | | | ······································ |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. | <u> </u> | <u> </u> | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description | <u> </u> | | (h) Deal walve |
| (a) Description | | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | • | |
| Part X Other Liabilities. See Form 990, Part X, line 2 | 25 | | |
| 1 (a) Description of liability | (b) Amount | 1 | |
| Federal income taxes | | 1 | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | · · · · · · · · · · · · · · · · · · · | + | |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organic | anization's financial statem | ents that reports the | |
| organization's liability for uncertain tax positions under FIN 48 | imanolai stateili | ome that reports the | |

| | dule D (Form 990) 2009 United Way of St. Johns Coun | | | Page 4 |
|------|---|-------------------------------------|-------|------------------|
| ₽₽ | rt XI Reconciliation of Change in Net Assets from Form 990 t | to Audited Financial Stater | nents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | 1,273,948 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | 1,383,248 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | -109,300 |
| 4 | Net unrealized gains (losses) on investments | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV) | | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | d 9 | 10 | -109,300 |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Statem | | eturn | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,273,948 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| 4 | Other (Describe in Part XIV) | 2d | 1 | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 1,273,948 |
| A | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | ſ | - | 1,2,3,340 |
| ~ | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| a | Other (Describe in Part XIV) | 4b | -[| |
| b | Add lines 4a and 4b | [4b] | ۱ 🖈 | |
| C _ | | | 4c 5 | 1,273,948 |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) If XIII Reconciliation of Expenses per Audited Financial State | mente Mith Evnences not | | |
| | | ments with Expenses per | T | 1,383,248 |
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,303,240 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | n- | | |
| a | Donated services and use of facilities | 2a | Ⅎ | |
| b | Prior year adjustments | 2b | - | |
| С | Other losses | 2c | - | |
| d | Other (Describe in Part XIV) | | -[| |
| е | Add lines 2a through 2d | | _2e_ | 1 200 040 |
| 3 | Subtract line 2e from line 1 | ſ | 3 | 1,383,248 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | -‡ | |
| b | Other (Describe in Part XIV) | 4b | 4 | |
| С | Add lines 4a and 4b | | 4c | |
| 5_ | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | <u> </u> | 5 | 1,383,248 |
| | rt XIV Supplemental Information | | | |
| Com | plete 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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, | , lines 2d and 4b Also complete | | |
| this | part to provide any additional information | | | |
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| Schedule D (F | orm 990) 2009 | United | d Way of St | . Johns | County, | Inc 59-6018986 | Page 5 |
|---------------|---------------|--------------|------------------|----------------|-------------|----------------|---------------|
| Part XIV | Supplem | ental Inform | ation (continued |) | | | |
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SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

United Way of St. Johns County, Inc

General Information on Grants and Assistance

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

59-6018986

| X Yes | es" to \$5,000. Use | (h) Purpose of grant or assistance | Lives | | Lives | | | Improve Lives | | | er Developmnt | | | Lives | | | Character Developmnt | | | Lives | | | Lives | | | Character Developmnt | |
|--|--|---|--|------------|----------------------|------------|----------------------------------|---------------|------------------------|-------------------------------|------------------------|-----------------------|---------------------------|--------------|------------------------|------------------------|----------------------|------------------------|--------------------------------|-------------------|------------------------|-------------------------|---------------------------------|------------|---------------------|----------------------|-----------------------|
| _ | vered "Y ore than | (h) | Improve | | Improve | 4 | | Improve | | | Character | | | Improve | | | Charact | | | Improve | | | Improe | | | Charact | |
| <u>D</u> | janization ansv int received me | (g) Description of non-cash assistance | | | | | | | | | | | | | | | | | | | | | | | | | |
| s or assistance, ar | nplete if the org no one recipie | (f) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | | | | | | | | | | | | | | | | | |
| eligibility for the grant | ited States. Corr Check this box if | (e) Amount of non-cash assistance | | | | | | | | | | | | | | | | | | | | | | | | | |
| stance, the grantees' in the United States | I Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed | (d) Amount of cash grant | | 30,000 | | 41,200 | | | 48,400 | | | 34,500 | | | 53,000 | | | 11,999 | | _ | 65,000 | | | 48,086 | | | 27,495 |
| ants or assirant funds | d Organizations ceived more that | (c) IRC section if applicable | | 3 | | m | | | 3 | | | 3 | | | 3 | | | 3 | | | 3 | | | 3 | | | ო |
| ne amount of the gr nce? ntoring the use of g | vernments and ecipient that recall if additional specifications. | (b) EIN | | 59-0624355 | | 23-7201838 | | | 59-3028497 | | | 59-0637816 | | | 59-1660798 | | | 59-3314332 | | | 59-1255829 | | | 59-1502582 | | | 59-0637857 |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | <u> </u> | 1 (a) Name and address of organization or government | American Red Cross 2730 US 1 South, Suite L | FL 32086 | ARC of St. Johns Co. | FL 32095 | Safety Shelter for St. Johns Co. | P.O. Box 3319 | St. Augustine FL 32085 | Boy Scouts, North Fla Council | 521 S. Edgewood Avenue | Jacksonville FL 32205 | Catholic Charities Bureau | P.O. Box 543 | St. Augustine FL 32085 | Communities in Schools | P.O. Box 326 | St. Augustine FL 32085 | St. Johns Co. Council on Aging | 179 Marine Street | St. Augustine FL 32084 | EPIC Community Services | 1400 Old Dixie Highway, Suite C | | Gateway Girl Scouts | 1000 Shearer Street | Jacksonville FL 32205 |

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 (Form 990) 2009

Page 2

Schedule | (Form 990) 2009 United Way of St. Johns County, Inc 59-6018986

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| | (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (e) Method of valuation (book, (f) Description of non-cash assistance |
|---------|---|------------------------|-----------------------|------------------------|--------------------------------|---|
| | | recipients | cash grant | non-cash assistance | FMV, appraisal, other) | |
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| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | omplete this part to p | provide the informati | on required in Part I, | line 2, and any other additi | onal information. |

review process consists of agencies submitting an application that includes visits where applicable to tour programs and meet in conference-style with Each year, funded organizations go through a review process by United Way funding and budgets that cover a 3-year period - prior year, current year and propsed year, along with a current audit performed by an independent detail programmatic information with goals for which they are requesting volunteers to assess the success of prior year's funding, current year certified public accountant and an IRS Form 990. Volunteers make site funding, and determine funding allocations for the upcoming year. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Schedule | (Form 990) 2009 United Way of St. Johns County, Inc 59-6018986

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| - | (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (e) Method of valuation (book, (f) Description of non-cash assistance |
|---------|--|-----------------------|-------------------------|------------------------|--------------------------------|---|
| | | recipients | cash grant | non-cash assistance | FMV, appraisal, other) | • |
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| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information | complete this part to | provide the information | on required in Part I, | line 2, and any other addition | onal information |

for the upcoming year to the United Way Board of Directors, which votes on goals and objectives, and budgets prior to making funding recommendations request packet and attachments, and the program tour) regarding program agency officials to ask questions (based on the subitted allocations those recommendations

Agencies that do not submit quarterly reports (or the financial reports to ensure that the ageny is solvent and is on track Funded organizations are required to submit a gharterly financial report mutually signed agency relations agreement); the board treasurer reviews within 45 days following the end of a quarter (as stipulated in the with budget projections. Schedule | (Form 990) 2009 United Way of St. Johns County, Inc 59-6018986

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (e) Method of valuation (book, FMV, appraisal, other) |
|---------|---|--------------------------|--------------------------|-----------------------------------|---|---|
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| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | omplete this part to | provide the information | on required in Part I, | line 2, and any other addition | onal information. |

will have their funfing withheld until the agency is in compliance with the other information as required by the allocation process) by the deadline, agency relations agreement and may lose funding if the agency does not Such non-compliance notice may be written communication, telephone communication or electronic (e-mail) notice. comply in a timely manner.

Schedule I (Form 990) 2009

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SCHEDULE 1-1 (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

Schedule I (Form 990), Part II or Part III.

2009
2pen to Public inspection

| Name of the organization United Way of St | St. Johns (| County, Inc | U | | | Emp | Employer identification number 59–6018986 |
|---|------------------|------------------------------------|--------------------------|-----------------------------------|---|---|--|
| ğ | Assistance to | o Governments | and Organizatic | ons in the United | d States (Sche | ments and Organizations in the United States (Schedule I (Form 990) | , Part II.) |
| | (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 | |
| Habitat for Humanity 7 Hopkins Street St. Augustine | 59-3129794 | E | 43,000 | | | | Improve Lives |
| I | 59-3684151 | ٤ | 2,200 | | | | Character Developmnt |
| rn to Read | 59-2994710 | ო | 27,400 | | | | Character Developmnt |
| Police Athletic League | 59-3169967 | 8 | 20,500 | | | | Character Developmnt |
| Project Special Care US_1_South_Suite_400 | 59-3675101 | 3 | 25,000 | | | | Improve Lives |
| St. Francis House P.OBox861028 | 59-2475614 | 3 | 48,000 | | | | Improve Lives |
| | 59-2483955 | 3 | 30,000 | | | | Improve Lives |
| St. Johns Housing Partnership | 59-3422856 | 3 | 000'88 | | | | Improve Lives |
| St. Johns Werlfare Federation | 59-0737904 | E | 99,500 | | | | Improve Laves |
| Salvation Army | 59-0631403 | ဧ | 15,000 | | | | Improve Lives |
| Early Learning Coalition 200 Reid Street | 59-3691819 | 3 one for Form 940 | 25,500 | | | | Character Developmnt Schedule 1-1 (Form 990) 2009 |
| FOR Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form | see me insunciik | | | | | | |

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SCHEDULE 1-1

(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009

Open to Public Inspection

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

Employer identification number 59–6018986 United Way of St. Johns County, Inc Department of the Treasury Internal Revenue Service Name of the organization

| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | Assistance to | Governments | and Organizatio | ins in the United | d States (Sche | edule 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 |
| YMCA-St. Augustine | | | | | | | |
| | 59-0638514 | 3 | 45,000 | | | | Character Developmnt |
| YMCA-Winston Family | | | | | | | |
| 170 Landrum Lane | 0 | Ć | i t | | | | |
| 7 | ************************************** | 2 | 227 | | | | מומדמרכני הפעפדים |
| D O BOX 9012 | | | | | | | |
| St. Augustine FL 32085 | 84-0385934 | m | 11,500 | | | | Character Developmen |
| rican Heart Association | | | | | _ | | |
| _ 5851_StAugustine Road | | | | | | | |
| FL 32216 | 13-5613797 | 3 | 15,728 | | | | Improve Lives |
| American Cancer Society | | | | | | | |
| 1430 Prudential Drive | | | | | | | |
| 32207 | 13-1788491 | 3 | 17,694 | | | | Improve Lives |
| Community Hospice | | | | | | | |
| 4266 Sunbeam Road | | | | | | | |
| Jacksonville FL 32257 | 59-1940256 | В | 10,108 | | | | Hospice Care |
| Cultural Center | | | | | | | |
| | | ¢ | ((| - | | | |
| Ponte Vedra Beach FL 32080 | | m | 9,500 | | | | Character Developmnt |
| Rodeheaver Boys Ranch | | | | | • | | |
| 380 Boys Ranch Road | 59-0830750 | m | 15.000 | | - | | Character Developmnt |
| Way Other Agencies | | | | | | | |
| _ P.O. Box_ 625 | | | = | | | | |
| St. Augustine FL 32085 | 59-0637825 | Э | 146,182 | | | | Improve Lives |
| Beachs Fine Arts | | | | | | | |
| _416 12th Ave North | | | | | | | |
| Jacksonville FT 32250 | 59-2989136 | 3 | 10,000 | | | | Educational Outreach |
| Ronald McDonald House | | | | | | | |
| s Way | | | | | - | | |
| Jacksonville FL 32207 | 59-2625008 | 3 | 10,000 | | | | Medical Care Support |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instructio | ns for Form 990. | | | | | Schedule I-1 (Form 990) 2009 |

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SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for

2009

OMB No 1545-0047

Open to Public Inspection

Schedule I-1 (Form 990) 2009 Housing for Homeless **Employer Identification number** (h) Purpose of grant or assistance 59-6018986 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash assistance Schedule I (Form 990), Part II or Part III. 13,330 Johns County, Inc For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable ო 59-3547712 (p) EIN United Way of St. I 1 1 1 ١ ١ I ١ I ļ 1 1 ١ ı 1 1 ١ I 32084 ١ Į l Ì ı 1 1 1 ١ (a) Name and address of organization I ١ ١ ١ ١ 1 1 ١ I 1 1 1 ١ ١ 1 ١ ŧ or government l I ١ ١ 1 1 1 1 ı 523 West King Street ١ ١ ١ ı ١ 1 ŀ 1 Emergency Services 1 1 Ī 1 ı 1 ŀ Department of the Treasury Internal Revenue Service ١ I ı İ ١ I 1 ļ 1 Name of the organization St. Augustine ١ 1 ١ ı ١ Ī ١ ١ ı ١ ١ ١ ١ ١ ١ ١ Part I ١ ١ ١ ١ İ į ١

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

United Way of St. Johns County, Inc

Employer identification number 59-6018986

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The entire board membership reviews the Form 990 before it is filed with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each board member is required annually to sign a document acknowledging

potential conflicts of interest. The board member is not allowed to vote

on any matters where a potentially conflict of interest exists.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation is reviewed and approved annually by the executive board of directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation is reviewed and approved annually by the executive board of directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public in a timely manner upon a written and reasonable request for documents.

UNITED WAY OF ST.JOHNS COUNTY, INC. 2009 OFFICERS AND DIRECTORS

OFFICERS

Melinda M. Bergbom
Janice W. Lake CPA
1093 A1A Beach Blvd. Pmb 135
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824-1521 904-540-1707 (cell)
Melinda
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Melinda.jlakepa@bellsouth.net
Melinda.bergbom@att.net

Bruce Barber
3919 Cypress Creek Drive East
Ponte Vedra Beach, FL 32082
285-4603, 699-6134 (cell)
Bruce
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First Vice President & Campaign Chairman brucebar@bellsouth.net

Beverly Slough
(St. Johns County School Board Member)
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287-7744
Beverly
2011 (2)
Second Vice President –Fund Distribution Chairman slough@stjohns.k12.fl.

William Abare, III
Kresge, Platt & Abare
1200 Plantation Island Drive, Suite 230
St. Augustine, FL 32080
460-0747
Bill
Treasurer
2011 (2)
babare@kpacpa.com

Tim Eymer 166 Sea Hammock Way Ponte Vedra Beach, FL 32082 525-7340 (cell) Tim 2011 (1) Immediate Past President Timeymer@gmail.com

EXECUTIVE COMMITTEE MEMBERS (In additional to the officers)
Jeff Kamm, Tom Myrick, Jack Schmidt Jim Spaulding, David Toner, Conley Weiss, Ken Smith (NE Chairman), Ann Breidenstein (Secretary – Ex-Officio)

DIRECTORS

Dan Alexander
Thomas Baker Agency
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824-1631
Dan
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dalexander@thompsonbaker.com

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Mary Ford St. Johns County School Board Mill Creek Elementary 3750 International Golf Parkway St. Augustine, FL 32092 547-3720 (w) 522-1312 (H) 2012 (1) fordm@stjohns.k12.fl.us

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Jeff - jhk7@bellsouth.net cell-501-1432

Lynda Kirker 'Flagler Hospital 400 Health Park Blvd. St. Augustine, FL 32086 819-4400 Lynda 2011 (2) Lynda.kirker@flaglerhospital.org

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HONORARY DIRECTORS

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Doug Shull WFOY Radio P.O. Box 3847 797-1955 Doug (1991) Chris Conzemius 365 Marsh Point Circle St. Augustine, FL 32080 471-2611 Chris (1992)

State Rep. Doug Wiles P.O. Box 3067 St. Augustine, FL 32085 -3067 823-4660, 829-2201 Doug (2004) dwiles@herbiewiles.com Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.

Attach to your tax return.

Name(s) shown on return Identifying number United Way of St. Johns County, Inc. 59-6018986 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 4,324 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use only-see instructions) (e) Convention (f) Method (g) Depreciation deduction period service 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property е 20-year property S/L 25-year property 25 yrs 27 5 <u>yrs</u> Residential rental S/L MM property MM 27 5 yrs S/L Nonresidential real MM S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs S/L 40-year S/L 40 yrs Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 4,324 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

| Form 8868 (| Rev. 4-2009) | | Page | | |
|---|---|-----------|------------------------------|--|--|
| • If you ar | e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box | | ▶ × | | |
| Note. Only o | omplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form | 8868 | _ | | |
| If you ar | e filing for an Automatic 3-Month Extension, complete only Part I (on page 1) | | | | |
| Part II | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no | copies | s needed). | | |
| Type or | Name of Exempt Organization | Employe | r identification number | | |
| print | | | | | |
| File by the | United Way of St. Johns County, Inc | 59-60 | 18986 | | |
| extended | the date for | | | | |
| filing the | P.O. Box 625 | | | | |
| return See | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | |
| instructions | St. Augustine FL 32085-0625 | | | | |
| _ | of return to be filed (File a separate application for each return). | | | | |
| X Form | 990 Form 990-PF Form 1041-A | | Form 6069 | | |
| Form | 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 | | Form 8870 | | |
| | 990-EZ Form 990-T (trust other than above) Form 5227 | | ·· | | |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. | | | | | |
| • The boo | ks are in the care of Mark Wells | | | | |
| Telepho | ne No ▶ FAX No. ▶ | | _ | | |
| If the or | ganization 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) | IS | | | |
| for the whole | e group, check this box | d attach | a | | |
| | names and EINs of all members the extension is for | | | | |
| 4 I requ | est an additional 3-month extension of time until $11/15/10$. | | | | |
| | 5 For calendar year 2009, or other tax year beginning, and ending. | | | | |
| 6 If this | If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | |
| | | | | | |
| Additional time is requested to gather information to prepare a complete | | | | | |
| anc | accurate return. | | • • • | | |
| | | | | | |
| | application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, | 1 1 | | | |
| | ny nonrefundable credits. See instructions | 8a | \$ | | |
| | application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | |
| | ated tax payments made. Include any prior year overpayment allowed as a credit and any | | | | |
| | nt paid previously with Form 8868 | 8b | \$ | | |
| | ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | | | |
| with F | TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 8c | \$ | | |
| | Signature and Verification | | | | |
| | es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of ect, and complete, and that I am authorized to prepare this form | my knowle | edge and belief, | | |
| • | market to COA CPA | | | | |
| Signature 🕨 | Title VIII | | Date > 08/16/1 | | |
| | ` | | Form 8868 (Rev 4-2009 | | |