See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

05049 10/21/2010 2:46 PM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

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

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

C Name of organization: UNITED WAY OF MARION COUNTY, INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 1401 NE SECOND STREET

Room/suite:

City or town, state or country, and ZIP + 4: OCALA FL 34470

D Employer identification number: 59-0946642

E Telephone number: 352-732-9696

G Gross receipts $: 2,788,270

F Name and address of principal officer:
MAUREEN QUINLAN
SAME AS C ABOVE

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

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

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

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

J Website: ▶ WWW.UWMC.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1961

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5 Total number of employees (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	1873
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	3,235,238	2,160,861
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-366,766	189,197
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,394	5,956
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,884,866	2,356,014
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,866,578	1,940,407
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	503,608	518,761
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 324,845		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	362,937	319,218
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,733,123	2,778,386
19 Revenue less expenses Subtract line 18 from line 12	151,743	-422,372

	Beginning of Current Year	End of Year
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	5,394,013	5,210,669
21 Total liabilities (Part X, line 26)	264,158	302,663
22 Net assets or fund balances Subtract line 21 from line 20	5,129,855	4,908,006

RECEIVED
NOV 1 2010
OGDEN UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer: Maureen Quinlan — Date: 11/12/10

▶ Type or print name and title: Maureen Quinlan, President

Paid Preparer's Use Only

Preparer's signature: WILLIAM L. TRICE	Date: 10/21/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions): P00292820	
Firm's name (or yours if self-employed), address, and ZIP + 4: CRIPPEN, TRICE, HORNBY & FORD, LLP, 1900 SE 18TH AVE., OCALA, FL 34471-8312			EIN ▶ 59-2032210	Phone no ▶ 352-732-4260

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

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

DAA

Form **990** (2009)

SCANNED DEC 10 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,940,407 including grants of $ 1,940,407) (Revenue $)
AGENCY ALLOCATIONS IN 2009-10, FUNDED 46 PROGRAMS FROM 31 AGENCIES. THIS COVERED 4 NEED AREAS: MEETING SURVIVAL NEEDS AND BASIC SKILLS, FOSTERING SELF-SUFFICIENCY, STRENGTHENING OUR FAMILIES, AND NURTURING OUR CHILDREN. MEETING SURVIVAL NEEDS CONTINUED TO RECEIVE THE LARGEST PERCENT OF ALLOCABLE DOLLARS, BECAUSE OF THE STATE OF OUR ECONOMY. IN ADDITION, FUNDING WAS ALSO PROVIDED FOR AN INFORMATION AND REFERRAL SERVICE. THE 2-1-1 SERVICE IS BEING CONTRACTED THROUGH THE HEART OF FLORIDA UNITED WAY. THIS SERVICE PROVIDES INFORMATION AND REFERRAL SERVICES TO MARION COUNTY RESIDENTS 24 HOURS A DAY 7 DAYS A WEEK.

4b (Code) (Expenses $ 173,944 including grants of $) (Revenue $)
THE MARION COUNTY PROSPERITY CAMPAIGN CONTINUES TO EXPAND SERVICES. DURING THE 2009-10 FISCAL YEAR VITA [VOLUNTEER INCOME TAX ASSISTANCE] SITES INCREASED TO 2 PERMANENT AND 1 MOBILE [VISITING 5 LOCATIONS] IN MARION COUNTY. TAXPAYERS RECEIVED OVER $1.2 MILLION DOLLARS IN TAX REFUNDS AND SAVED OVER $172,000 IN TAX PREPARATION FEES. THE CAMPAIGN ALSO INCLUDED AN EXPANSION IN BUDGETING WORKSHOP CLASSES TO OVER 900 PARTICIPANTS. THESE CLASSES PROVIDE FINANCIAL EDUCATION TO INDIVIDUALS ENABLING THEM TO HAVE MORE FINANCIALLY STABLE HOUSEHOLDS. THE CAMPAIGN, THROUGH ITS MARKETING EFFORTS USING THE FAMILYWIZE PRESCRIPTION CARDS, SAVED MARION COUNTY RESIDENTS OVER $163,000 IN PRESCRIPTION COSTS.

4c (Code) (Expenses $ 73,081 including grants of $) (Revenue $)
THOSE COSTS ASSOCIATED WITH AGENCY REVIEW AND ALLOCATIONS.

4d Other program services (Describe in Schedule O)
(Expenses $ 26,816 including grants of $) (Revenue $)

4e Total program service expenses ▶ 2,214,248

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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		X
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		X
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 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 Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	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, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	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		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? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			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 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a 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 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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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 year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	29		
b	Enter the number of voting members that are independent	1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		X

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

			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, 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 form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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

[X] Own website [ ] Another's website [ ] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MAUREEN QUINLAN 1401 NE SECOND STREET OCALA FL 34470 352-732-9696

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

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

1a Complete this table for all persons required to be listed 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 did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL WILLIAMS CHAIRMAN	2.00	X						0	0	0
DOUGLAS DAY CHAIR-ELECT	2.00	X						0	0	0
DR. DIANA GREENE SECRETARY	2.00	X						0	0	0
JANE FONTAINE TREASURER	2.00	X						0	0	0
DAVE FECHTMAN VC	2.00	X						0	0	0
TOM DEWEY VC	2.00	X						0	0	0
CHRIS YANCEY VC	2.00	X						0	0	0
TOM FALANGA VC	2.00	X						0	0	0
DAN KUHN VC	2.00	X						0	0	0
DAVID BRADY VC	2.00	X						0	0	0
JULIE SHEALY VC	2.00	X						0	0	0
MARK IMES PAST CHAIRMAN	1.00	X						0	0	0
BILL CHAMBERS BOARD MEMBER	1.00	X						0	0	0
BILL D'AIUTO BOARD MEMBER	1.00	X						0	0	0
JOHN L DOZIER BOARD MEMBER	1.00	X						0	0	0
DR. MANAL FAKHOURY BOARD MEMBER	1.00	X						0	0	0
LOLA GONZALEZ BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. NATHAN GROSSMAN BOARD MEMBER	1.00	X						0	0	0
JACK HILLESLAND BOARD MEMBER	1.00	X						0	0	0
GEN. PAT HOWARD BOARD MEMBER	1.00	X						0	0	0
DIRK LEEWARD BOARD MEMBER	1.00	X						0	0	0
ALLEN PARSONS BOARD MEMBER	1.00	X						0	0	0
STEVE PURVES BOARD MEMBER	1.00	X						0	0	0
KAREN REED BOARD MEMBER	1.00	X						0	0	0
MARY SUE RICH BOARD MEMBER	1.00	X						0	0	0
TED SCHATT BOARD MEMBER	1.00	X						0	0	0
JEFF SHEALY BOARD MEMBER	1.00	X						0	0	0
JULIE SHEALY BOARD MEMBER	1.00	X						0	0	0
HARVEY VANDEVEN BOARD MEMBER	1.00	X						0	0	0
MAYOR FRED R. WARD BOARD MEMBER	1.00	X						0	0	0
1b Total							▶	209,125		39,279

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	28,916				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,131,945				
	g Noncash contributions included in lines 1a-1f $		52,657				
	h **Total.** Add lines 1a–1f			2,160,861			
Program Service Revenue		Busn. Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			110,982			110,982
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities 484,721	(ii) Other				
	b Less cost or other basis & sales exps	406,506					
	c Gain or (loss)	78,215					
	d Net gain or (loss)			78,215	78,215		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a	27,714				
	b Less direct expenses	b	25,750				
	c Net income or (loss) from fundraising events			1,964			1,964
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Busn. Code					
	11a MISC RECEIPTS AND REFUNDS			3,992	3,992		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			3,992			
	12 **Total Revenue.** See instructions			2,356,014	82,207	0	112,946

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,940,407	1,940,407		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	271,148	86,124	75,398	109,626
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	179,700	62,210	45,796	71,694
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,870	1,148	1,430	4,292
9 Other employee benefits	27,705	9,342	7,283	11,080
10 Payroll taxes	33,338	9,717	10,345	13,276
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	18,000		18,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	18,124		18,124	
g Other				
12 Advertising and promotion				
13 Office expenses	101,243	32,044	17,870	51,329
14 Information technology	11,876	3,580	3,286	5,010
15 Royalties				
16 Occupancy	45,016	13,801	12,378	18,837
17 Travel	10,311	4,801	1,858	3,652
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,844	22,779	1,316	5,749
20 Interest				
21 Payments to affiliates	29,621	8,971	8,152	12,498
22 Depreciation, depletion, and amortization	36,604	13,176	12,012	11,416
23 Insurance	4,525	1,380	1,258	1,887
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a AWARDS	4,593	839	1,840	1,914
b SPONSORSHIPS	2,611	2,611		
c MISCELLANEOUS	2,553		1,760	793
d MEMBERSHIP	2,415	773	887	755
e DISCRETIONARY FUND	1,337		300	1,037
f All other expenses	545	545		
25 **Total functional expenses.** Add lines 1 through 24f	2,778,386	2,214,248	239,293	324,845
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		100	1	100
	2	Savings and temporary cash investments		1,891,349	2	1,565,211
	3	Pledges and grants receivable, net		711,463	3	694,370
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,339	9	12,134
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 766,036			
	b	Less accumulated depreciation	10b 328,232	470,044	10c	437,804
	11	Investments—publicly traded securities		2,296,882	11	2,496,195
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,836	15	4,855
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,394,013	16	5,210,669
Liabilities	17	Accounts payable and accrued expenses		40,565	17	67,700
	18	Grants payable			18	
	19	Deferred revenue		8,983	19	10,378
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		214,610	25	224,585
	26	**Total liabilities.** Add lines 17 through 25		264,158	26	302,663
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,988,795	27	2,895,651
	28	Temporarily restricted net assets		800,603	28	628,410
	29	Permanently restricted net assets		1,340,457	29	1,383,945
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,129,855	33	4,908,006
	34	Total liabilities and net assets/fund balances		5,394,013	34	5,210,669

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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 ☐ 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF MARION COUNTY, INC.

Employer identification number
59-0946642

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar 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 ")	2,848,428	2,573,842	3,141,759	3,235,238	2,160,861	13,960,128
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,848,428	2,573,842	3,141,759	3,235,238	2,160,861	13,960,128
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						13,960,128

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,848,428	2,573,842	3,141,759	3,235,238	2,160,861	13,960,128
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,341	221,968	219,907	134,439	110,982	809,637
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,446	11,723	25,536	16,394	27,714	82,813
11 **Total support.** Add lines 7 through 10						14,852,578
12 Gross receipts from related activities, etc (see instructions)					12	3,992

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.99%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	94.72%

16a **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 ▶ ☒

b **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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the 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

OTHER INCOME-SPONSORSHIPS &	$	55,099
NON CAMPAIGN ADMINISTRATIVE FEES	$	0

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

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

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

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

2 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	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,481,118	2,058,918			
b Contributions	93,733	633,390			
c Net investment earnings, gains, and losses	373,693	-102,553			
d Grants or scholarships	115,514	91,479			
e Other expenditures for facilities and programs					
f Administrative expenses	18,124	17,158			
g End of year balance	2,814,906	2,481,118			

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

a Board designated or quasi-endowment ▶ 52.54 %
b Permanent endowment ▶ 47.46 %
c Term endowment ▶ _ _ _ _ %

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

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		68,000		68,000
b Buildings		477,861	147,450	330,411
c Leasehold improvements				
d Equipment		220,175	180,782	39,393
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				437,804

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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

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

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

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

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
DONOR CHOICE CONTRIBUTIONS PAYABLE	224,443
GIFT ANNUITY OBLIGATIONS	142
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	224,585

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,356,014
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,778,386
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-422,372
4	Net unrealized gains (losses) on investments	4	209,164
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-8,641
9	Total adjustments (net) Add lines 4 through 8	9	200,523
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-221,849

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

1	Total revenue, gains, and other support per audited financial statements			1	2,299,903
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	209,164		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,536		
e	Add lines 2a through 2d			2e	211,700
3	Subtract line 2e from line 1			3	2,088,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	267,811		
c	Add lines 4a and 4b			4c	267,811
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,356,014

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

1	Total expenses and losses per audited financial statements			1	2,521,752
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,521,752
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	256,634		
c	Add lines 4a and 4b			4c	256,634
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,778,386

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

Part XIV Supplemental Information (continued)

OF MARION COUNTY SERVICE AREA.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	$ 2,536
DONOR CHOICE CONTRIBUTIONS SHOWN AS REVENUE ON TAX RETURN	$ -267,811
DONOR CHOICE ALLOCATIONS PAID	$ 256,634

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	$ 2,536

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

DONOR CHOICE CONTRIBUTIONS SHOWN AS REVENUE ON TAX RETURN	$ 267,811

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

DONOR CHOICE ALLOCATIONS PAID	$ 256,634

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
UNITED WAY OF MARION COUNTY, INC.

Employer identification number
59-0946642

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

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

		(a) Event #1 SPECIAL EVENTS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	27,714			27,714
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	27,714			27,714
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,750			25,750
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(25,750)
	11 Net income summary Combine line 3, column (d), and line 10			▶	1,964

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $				
c	If "Yes," enter name and address of the third party Name ▶ Address ▶				
16	Gaming manager information Name ▶ Gaming manager compensation ▶ $ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF MARION COUNTY, INC.

Employer identification number
59-0946642

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 341 WHITE STREET DAYTONA FL 32114	53-0196605	3	20,709				DISASTER ASSISTANCE
ANNIE JOHNSON SENIOR SERVICE CENTER PO BOX 1951 DUNNELLON FL 34430	59-2757655	3	36,157				FOOD, RENT & UTIL.
ARC- MARION, INC. 2800 SE MARICAMP ROAD OCALA FL 34471	59-2217524	3	101,808				SALARIES
ARNETTE HOUSE 2310 NE 24 STREET OCALA FL 34470	59-2119445	3	100,285				COUNSELING & SALARY
BIG BROTHERS/BIG SISTERS 1155 NW 13 STREET GAINESVILLE FL 32601	59-1643115	3	10,781				SALARIES
BOYS & GIRLS CLUB OF MARION COUNTY 800 SW 12 STREET OCALA FL 34471	59-1172127	3	114,067				GENERAL SUPPORT
BOY SCOUTS, NORTH FLORIDA COUNCIL 521 S EDGEWOOD AVENUE JACKSONVILLE FL 32205	59-0637816	3	21,497				SALARIES
BROTHER'S KEEPER/DIOCESE OF ORLANDO 5 SE 17 STREET OCALA FL 34471	59-1404508	3	31,899				RENT & UTILITIES
CHILDHOOD DEVELOPMENT SERVICES 1601 NE 25 AVENUE, SUITE 900 OCALA FL 34470	59-1262700	3	15,395				SALARIES & TRANSPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 107

3 Enter total number of other organizations ▶ 1

Part III 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)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART IV - ADDITIONAL INFORMATION

STAFF AND VOLUNTEERS MEET FREQUENTLY AND REVIEW QUARTERLY AND ANNUAL FINANCIAL STATEMENTS. ANY FAILURE TO REPORT OR QUESTIONABLE REPORTS ARE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE AND THE BOARD WHICH BOTH MEET ON A MONTHLY BASIS.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME SOCIETY 605 NE 1ST STREET OCALA FL 32601	59-0192430	3	48,255				GENERAL SUPPORT
CITRUS HEARING IMPAIRED PROGRAM SER 8960 SW HWY 200, SUITE 2 OCALA FL 34481	59-3068965	3	10,947				HEARING AID DEVICES
COMMUNITY LEGAL SERVICES OF MID-FL 2300 SW 17TH STREET OCALA FL 34471	59-1156260	3	30,318				SALARIES, SINKHOLE
COMMUNITY OF GRATITUDE PO BOX 2021 OCKLAWAHA FL 32183	30-0025921	3	25,436				FOOD & GENERAL SUPP.
EARLY LEARNING COALITION OF MARION 3304 SE LAKE WEIR AVENUE OCALA FL 34471	59-3627759	3	117,986				MATCH, SUCCESS BY 6
FIFTH CIRCUIT PUBLIC GUARDIAN CORP. 500 NE 8TH AVENUE OCALA FL 34470	59-3706138	3	41,111				SALARY
FLORIDA CAMP FOR CHILDREN WITH DIAB PO BOX 14136 GAINESVILLE FL 32604	23-7098099	3	6,031				SCHOLARSHIPS
GIRL SCOUTS OF WEST CENTRAL FLORIDA 5002 WEST LEMON STREET TAMPA FL 33609	59-0624454	3	29,723				SALARIES
HANDS OF MERCY EVERYWHERE 6017 SE ROBINSON RD BELLEVIEW FL 34420	59-3630008	3	39,874				GENERAL SUPPORT
HEART IF FLORIDA UNITED WAY/2-1-1 1940 TRAYLOR BLVD ORLANDO FL 32804	59-0808854	3	45,000				INFORMATION & REFER
ISAIAH FOUNDATION PO BOX 770643 OCALA FL 34477	54-2091433	3	10,535				SCHOLARSHIPS

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION COUNTY CHILDREN'S ADVOCACY C 2131 SW 22ND PLACE OCALA FL 34471	59-3575631	3	79,223				GENERAL SUPPORT
MARION COUNTY CHILDREN'S ALLIANCE 3482 NW 10TH STREET OCALA FL 34475	06-1712493	3	86,012				GENERAL SUPPORT
MARION COUNTY HOMELESS COUNCIL PO BOX 162 OCALA FL 34478	56-2369991	3	56,242				SALARIES
MARION COUNTY LITERACY COUNCIL 110 E SILVER SPRINGS BLVD OCALA FL 34476	60-0000676	3	28,036				GENERAL SUPPORT
MARION COUNTY SENIOR SERVICES 1644 NE 22 AVENUE OCALA FL 34470	23-7362750	3	148,989				GENERAL SUPPORT
MARION THERAPEUTIC RIDING ASSOCIATI 3143 SE 17TH STREET OCALA FL 34483	59-2822032	3	20,791				SALARIES
PACE CENTER FOR GIRLS 1601 NE 25 AVENUE, SUITE 900 OCALA FL 34470	59-2414492	3	58,470				SALARIES; VAN
RAPE CRISIS/DOMESTIC VIOLENCE CENTE PO BOX 2193 OCALA FL 34478	59-1876422	3	182,800				GENERAL SUPPORT; VAN
THE SALVATION ARMY 320 NW 1ST AVENUE OCALA FL 34478	58-0660607	3	172,329				FOOD, UTIL., SALARY
SHEPHERD'S LIGHTHOUSE 5930 SE ROBINSON ROAD BELLEVIEW FL 34420	48-1288332	3	39,762				SALARIES, EQUIPMENT
STIRRUPS N STRIDES THERAPUTIC RIDIN 4246 WEST HIGHWAY 318 CITRA FL 32113	20-5935626	3	9,529				GENERAL SUPPORT

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSTATE COMPREHENSIVE EPILEPSY PRO 5318 SW 91 TERRACE GAINESVILLE FL 32608	20-5439173	3	27,184				SALARIES
UNITED WAY OF LAKE & SUMTER COUNTIE 320 WEST OAK TERRACE DRIVE LEESBURG FL 34748	59-1143758	3	11,012				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 2201 SE 30 AVENUE, #301 OCALA FL 34471	13-1788491	3	5,092				GENERAL SUPPORT
DEVEREUX FLORIDA 1629 NW 4TH STREET, #102 OCALA FL 34475	23-1390618	3	15,000				NEWSLETTER
INTERFAITH EMERGENCY SERVICES PO BOX 992 OCALA FL 34478	59-2349840	3	13,730				GENERAL SUPPORT
PUBLIX ASSISTANCE TRUST FUND 2641 N MAGNOLIA AVENUE OCALA FL 34474	32-0242055	3	12,189				GENERAL SUPPORT
WOMEN'S PREGNANCY CENTER/EDUCATION 1701 EAST SILVER SPRINGS BLVD OCALA FL 34470	59-2017427	3	5,208				GENERAL SUPPORT
VOICE FOR CHILDREN OF N CENTRAL FL P O BOX 4062 OCALA FL 34478	91-1854844	3	10,350				GENERAL SUPPORT
ANNIE JOHNSON SENIOR SERVICE CENTER P O BOX 1951 DUNNELLON FL 34430	59-2757655	3	11,430				UTILITIES
BROTHER'S KEEPER/DIOCESE OF ORLANDO 5 SE 17TH STREET OCALA FL 34471	59-1404508	3	11,400				UTILITIES
ST THERESA'S SOCIAL SERVICES 11528 SE HIGHWAY 301 BELLEVIEW FL 34420	59-1675277	3	21,638				UTILITIES

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF MARION COUNTY, INC.

Employer identification number

59-0946642

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 320 NW 1ST AVENUE OCALA FL 34478	58-0660607	3	5,418				UTILITIES
UNAFFILIATED/PUBLIX ASSISTANCE			6,979				

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the Organization
UNITED WAY OF MARION COUNTY, INC.

Employer Identification number
59-0946642

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MAUREEN QUINLAN PRESIDENT	40.00			X				70,287	0	11,109
TINA BANNER VP RESOURCE	40.00			X				49,147	0	9,699
BARBARA BOMBARA VP COMMUNITY IMPACT	40.00			X				45,883	0	9,056
DAYLE SILVER VP FINANCE A	40.00			X				43,808	0	9,415
MAUREEN QUINLAN (CONTINUED)				X				0	0	0
MAUREEN QUINLAN (CONTINUED)				X				0	0	0
MAUREEN QUINLAN (CONTINUED)				X				0	0	0
DAYLE SILVER (CONTINUED)				X				0	0	0
DAYLE SILVER (CONTINUED)				X				0	0	0
DAYLE SILVER (CONTINUED)				X				0	0	0
TINA BANNER (CONTINUED)				X				0	0	0
TINA BANNER (CONTINUED)				X				0	0	0
TINA BANNER (CONTINUED)				X				0	0	0
BARBARA BOMBARA (CONTINUED)				X				0	0	0
BARBARA BOMBARA (CONTINUED)				X				0	0	0
BARBAR BOMBARA (CONTINUED)				X				0	0	0

SCHEDULE L
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
UNITED WAY OF MARION COUNTY, INC.

Employer identification number
59-0946642

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total			▶ $							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues? Yes	(e) No
CHRIS COTTER	FAMILY MEMBER	30,738	EMPLOYMENT		X
MARK IMES, INDEPENDENT BANK	OFFICER OF BANK		FUNDS ON DEPOSIT		X
DAVE FECHTMAN, ROOT THEORY ADVISORS	CONSULTANT	2,500	CONSULTING		X
VARIOUS BOARD MEMBERS	BOARD MEMBER		ON BOARD OF AGENCY		X
MAUREEN QUINLAN	PRESIDENT		ON BOARD OF AGENCY		X

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: UNITED WAY OF MARION COUNTY, INC.

Employer identification number: 59-0946642

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	52,657	CURRENT TRADING AMOUNT
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X	
b	If "Yes," describe in Part II.				
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

USED A BROKER TO SELL SECURITIES DONATED

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF MARION COUNTY, INC.

Employer identification number: 59-0946642

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE MISSION STATEMENT IS UNITING LOCAL RESOURCES TO HELP OUR NEIGHBORS. WE DEVELOP RESOURCES, FINANCIAL AND OTHER IN ORDER TO ADDRESS AND SOLVE LOCAL HUMAN SERVICE NEEDS, AND TO LEAD THE COMMUNITY IN SETTING PRIORITIES OF THESE NEEDS THROUGH COMMUNITY COLLABORATIONS AND PARTNERSHIPS.

FORM 990, PART III, LINE 2

THIS YEAR, AS OF JANUARY 1, 2010, WE CONTRACTED WITH THE HEART OF FLORIDA UNITED WAY FOR 2-1-1 [INFORMATION AND REFERRAL] SERVICES. THIS IS A 24 HOUR 7 DAY A WEEK SERVICE WHICH HAS A DEDICATED MARION COUNTY SPECIALIST WHOSE FUNCTION IS TO UPDATE THE MASTER DATA BASE WITH ORGANIZATIONS THAT PROVIDE SERVICES TO MARION COUNTY RESIDENTS. WE ALSO FUND A PART TIME POSITION FOR ANSWERING THE PHONES.

WE SECURED AN AMERICORPS PLANNING GRANT FOR THE PURPOSE OF SURVEYING OUR COMMUNITY TO SEE IF THERE IS A NEED FOR A VOLUNTEER CENTER. ONCE THAT NEED WAS ESTABLISHED, THE GRANT REQUIRES THE IDENTIFICATION OF DUTIES AMERICORPS VOLUNTEERS WOULD PERFORM. WE ARE PRESENTLY SEEKING A FUNDING SOURCE AS WELL AS A LEAD AGENCY FOR THIS PROJECT. A UNITED WAY BOARD TASK FORCE WILL BE CONVENED TO STUDY THE FEASIBILITY OF UNITED WAY INVOLVEMENT.

FORM 990, PART III, LINE 3

UNITED WAY OF MARION COUNTY CEASED TO CONDUCT BUSINESS RELATING TO HOMELESS SCHOOL-AGED CHILDREN AND ELDER CARE ISSUES. IT WAS DETERMINED, THE

HOMELESS POPULATION WAS EXTREMELY DIFFICULT TO IDENTIFY THUS PROHIBITING OUR ABILITY TO REDUCE THE NUMBER OF HOMELESS CHILDREN. FAMILIES HAD TO SELF-DISCLOSE THEIR HOMELESS SITUATION OR BE 'DISCOVERED.' THE UNITED WAY WAS ABLE TO IMPACT THE COMMUNITY WITH THE CREATION OF A COMMUNITY RESOURCE GUIDE [CARE] WHICH LISTED ORGANIZATIONS THAT HELPED WITH BASIC NEEDS SERVICES. OVER 28,800 COPIES WERE DISTRIBUTED IN OUR COMMUNITY. DURING THIS WORK, THREE 'BUILDING' BLOCKS OF LIFE SURFACED: THAT OF; EDUCATION, INCOME AND HEALTH. THESE WILL TRANSITION TO THE NEW FOCUS AREAS OF OUR UNITED WAY.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

WE PARTNERED WITH A WIDE RANGE OF COMMUNITY AGENCIES TO IMPROVE SERVICE DELIVERY SYSTEMS (E.G. CHILDREN'S ALLIANCE, MARION COUNTY HOMELESS COUNCIL, EARLY LEARNING COALITION, COMMUNITY WITH A HEART, FEDERAL EMERGENCY MANAGEMENT (FEMA), EMERGENCY MANAGEMENT, DAY OF CARING AND VARIOUS OTHERS).

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

THOSE COSTS ASSOCIATED WITH EDUCATION AND INFORMING THE UNITED WAY'S CUSTOMERS AND THE GENERAL PUBLIC ABOUT HUMAN SERVICE NEEDS AND THE WORK OF UNITED WAY SUPPORTED AGENCIES ADDRESSING THOSE NEEDS. COSTS CHARGED TO THIS FUNCTION ARE THOSE NOT DIRECTLY ASSOCIATED WITH ANY SOLICITATION OF A CONTRIBUTION.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS PRESENTED BY OUR AUDITOR TO THE FINANCE AND/OR THE EXECUTIVE COMMITTEE AND THE BOARD.

Name of the organization: UNITED WAY OF MARION COUNTY, INC.

Employer identification number: 59-0946642

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

THERE IS NOT A FORMAL PROCEDURE.

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

OUR CEO IS GIVEN GOALS FOR THE YEAR AND AT THE END OF THE YEAR LISTS HIS/HER ACCOMPLISHMENTS. A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS REVIEWS THESE DOCUMENTS, IF NECESSARY, UPDATES THE SALARY RANGE WITH COMPARABLE SALARIES FOR THE REGION AND METRO SIZE, AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR APPROVAL, AND THEN IT GOES TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE SALARY INCREASE FALLS WITHIN THE RANGE THAT HAS BEEN APPROVED FOR THE UPCOMING BUDGET. ANY BONUS THAT IS EARNED IS RECOMMENDED BY THE COMPENSATION COMMITTEE AND PASSES THRU THE SAME COMMITTEE APPROVAL AND MUST FALL WITHIN BUDGET THE BUDGET GUIDELINES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

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

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON OUR WEBSITE.

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST	$ 25,357		14		
TOTAL	$ 25,357				

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
DIVIDENDS	$ 85,625		14		
TOTAL	$ 85,625				

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	$ 545	$ 545	$	$
TOTAL	$ 545	$ 545	$ 0	$ 0