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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3747 W International Speedway Blvd

City or town, state or country, and ZIP + 4
Daytona Beach, FL 32124

D Employer identification number
59-1099774

E Telephone number
(386) 253-0563

G Gross receipts $ 4,485,514

F Name and address of principal officer
Ray Salazar
3747 W International Speedway Blvd
Daytona Beach, FL 32124

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)

H(c) Group exemption number ▶

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

J Website: ▶ www unitedway-vfc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1977 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To increase the orgainized capacity of our community to care for its people

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**	47
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	47
5	Total number of employees (Part V, line 2a)	**5**	19
6	Total number of volunteers (estimate if necessary)	**6**	1,483
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
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)	3,731,254	2,898,830
	9 Program service revenue (Part VIII, line 2g)	56,008	99,938
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-361,401	46,940
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,113	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,504,974	3,045,708
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,970,754	1,976,651
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	807,920	746,050
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶583,138		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	533,510	423,349
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,312,184	3,146,050
	19 Revenue less expenses Subtract line 18 from line 12	192,790	-100,342

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	6,147,780	6,340,534
	21 Total liabilities (Part X, line 26)	1,989,373	1,902,234
	22 Net assets or fund balances Subtract line 21 from line 20	4,158,407	4,438,300

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 — Date: 2010-09-29

▶ Ray Salazar President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To Increase the organized capacity of our community to care for its people

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,976,651 including grants of $ 0) (Revenue $ 0)

Community Distributions - Based on the recommendations of community volunteers, funding allocations were made to fund 61 programs through 38 local partner agencies to benefit the community in the areas of education, income and health Through focused investments of more than $90,000, the Women's Initiative strived to improve the quality of life for women and children in Volusia and Flagler County The Community Foundation, a division of the United Way of Volusia-Flagler Counties, awarded 12 scholarship of $1,300 each to local students The BrAIve Fund Grant program to help veterans and families from the wars in Iraq and Afghanistan by offering free mental health and substance abuse treatment More than $27,000 were distributed to help families pay utility bills through the Progress Energy Fund and more than $20,000 in additional funding was distributed to local food banks

4b (Code) (Expenses $ 119,922 including grants of $ 0) (Revenue $ 0)

United Way's Volunteer Center strives to promote and nurture volunteerism through the recruitment, development, placement and recognition of individuals and groups who Live United through volunteerism This year the Volunteer Center connected more than 5800 local volunteers who served more than 32,000 hours at a value of more than $686,000 to our community when calculated at the national average of $20 85 per hour

4c (Code) (Expenses $ 160,790 including grants of $ 0) (Revenue $ 0)

United Way's 2-1-1/First Call for Help is an easy to remember number than anyone can call to get directed to social services in Volusia and Flagler Counties The Information and Referral staff is certified by the National Alliance of Information and Referral Systems Last year more than 23,600 phone calls were answered by our certified Information and Referral Specialists After an increase of 42% in the previous years, call volumes somewhat leveled out, increasing by 5 75% in 2009, with needs being driven by the economic downturn, and funding cuts across all categories of service providers

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 148,765 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 2,406,128

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
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	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
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	Yes	
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**	Yes	

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	7		
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	Yes	
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	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
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		No
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		No
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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 lines 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 47		
b	Enter the number of voting members that are independent . .	1b 47		
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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		No
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 ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

John Holcomb
3747 W International Speedway Blvd
Daytona Beach, FL 32124
(386) 366-9040

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	136,918	0	22,572

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**		No
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**		No
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**		No

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	21,254				
	b Membership dues	0				
	c Fundraising events	77,861				
	d Related organizations	0				
	e Government grants (contributions)	67,274				
	f All other contributions, gifts, grants, and similar amounts not included above	2,732,441				
	g Noncash contributions included in lines 1a-1f $ 6,000					
	h **Total.** Add lines 1a-1f		2,898,830			
Program Service Revenue		Business Code				
	2a Designation Admin Fees	561,000	7,014	7,014	0	0
	b Resource Materials	519,100	2,006	2,006	0	0
	c Program Management Revenues	561,000	90,918	90,918	0	0
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f		99,938			
	3 Investment income (including dividends, interest and other similar amounts)		90,005	90,005	0	0
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0
	5 Royalties		0	0	0	0
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,359,839	0			
	b Less cost or other basis and sales expenses	1,402,904	0			
	c Gain or (loss)	-43,065	0			
	d Net gain or (loss)		-43,065	-43,065	0	0
Other Revenue	8a Gross income from fundraising events (not including $ 77,861 of contributions reported on line 1c) See Part IV, line 18 a	36,902				
	b Less direct expenses b	36,902				
	c Net income or (loss) from fundraising events		0	0	0	0
	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	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		0			
	12 **Total revenue.** See Instructions		3,045,708	146,878	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete 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	1,955,166	1,955,166		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	21,485	21,485		
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	161,514	47,818	49,091	64,605
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	435,897	177,487	24,768	233,642
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,776	16,407	6,367	20,002
9 Other employee benefits	63,446	24,883	4,921	33,642
10 Payroll taxes	42,417	15,645	7,625	19,147
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	18,500		18,500	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	25,859			25,859
g Other				
12 Advertising and promotion	4,108	1,066	0	3,042
13 Office expenses	51,249	10,218	12,943	28,088
14 Information technology	11,478	6,885	271	4,322
15 Royalties				
16 Occupancy	38,120	17,305	3,564	17,251
17 Travel	20,187	8,975	1,235	9,977
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,589	12,921	5,040	13,628
20 Interest				
21 Payments to affiliates	32,228	11,762	3,625	16,841
22 Depreciation, depletion, and amortization	21,432	8,145	2,358	10,929
23 Insurance	2,796	1,044	324	1,428
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 Professional Fees	65,118	38,239	6,661	20,218
b Dues	5,956	1,994	3,113	849
c Printing & Publications	51,743	7,965	407	43,371
d Recognition and Awards	10,013	8,061	237	1,715
e Equipment Service Contracts	15,570	6,129	2,181	7,260
f All other expenses	17,403	6,528	3,553	7,322
25 **Total functional expenses.** Add lines 1 through 24f	3,146,050	2,406,128	156,784	583,138
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		1,275	1	5,269
	2	Savings and temporary cash investments		1,710,536	2	1,188,282
	3	Pledges and grants receivable, net		828,702	3	860,023
	4	Accounts receivable, net		10,061	4	22,105
	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		12,087	9	15,229
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 573,864			
	b	Less accumulated depreciation	10b 326,478	252,119	10c	247,386
	11	Investments—publicly traded securities		3,139,359	11	3,813,478
	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		193,641	15	188,762
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,147,780	16	6,340,534
Liabilities	17	Accounts payable and accrued expenses		57,722	17	66,456
	18	Grants payable		1,697,833	18	1,613,816
	19	Deferred revenue		22,646	19	24,092
	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		211,172	25	197,870
	26	**Total liabilities.** Add lines 17 through 25		1,989,373	26	1,902,234
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,362,201	27	3,467,860
	28	Temporarily restricted net assets		159,998	28	334,232
	29	Permanently restricted net assets		636,208	29	636,208
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,158,407	33	4,438,300
	34	Total liabilities and net assets/fund balances		6,147,780	34	6,340,534

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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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 VOLUSIA-FLAGLER COUNTIES INC

Employer identification number
59-1099774

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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 ")	3,284,162	3,576,243	3,674,868	3,731,254	2,898,830	17,165,357
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	3,284,162	3,576,243	3,674,868	3,731,254	2,898,830	17,165,357
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						17,165,357

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	3,284,162	149,645	3,674,868	3,731,254	2,898,830	17,165,357
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,149	149,645	168,233	110,279	90,005	591,311
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,058					3,058
11 **Total support** (Add lines 7 through 10)						17,759,726

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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**	96 653 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	96 7 %

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

Explanation
Other Income

Additional Data

Software ID:
Software Version:
EIN: 59-1099774
Name: UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 148,765 including grants of $ 0) (Revenue $ 0)

A United Way's Public Policy Committee- strives to affect public policy for the common good of the community through the identification of issues that affect a broad spectrum of the social service sector The committee's goal is to educate businesses, community leaders, and policymakers regarding the strengths of our local providers, as well as, the gaps in service provision B Holiday Food Pantry Funding - awarded $20,000 to local food pantries to assist with the Thanksgiving and Christmas holiday need C) Grant Writing - We continue to strive for new funding streams through grant writing We received several new grants to benefit the Campaign for Working Families We received a $25,000 grant from the IRS to fund and expand our Voluntary Income Tax Assistance (VITA) program We also received a $3,500 grant from the Tuskegee Asset Building Coalition to open up a VITA site on the campus of Bethune-Cookman University In addition, we managed grants awarded in the previous year including the BrAIve Fund to provided mental health and substance abuse treatment for veterans and families form the conflicts in Iraq and Afghanistan We also managed the Assets for Independence Grant to help families become homeowners D) Emergency Food and Shelter Funding - administers the Federal Emergency Food and Shelter Program for Volusia and Flagler Counties This funding is used to supplement Emergency Food and Shelter Programs in the two county areas Funding is provided in the following categories served meals, other food, mass shelter, other shelter, supplies/equipment, emergency repairs, rent/mortgage assistance and utilities assistance During this fiscal year, the United Way was able to allocate $405,093 in Volusia County and $74,840 in Flagler County E) Familywize Prescription Drug Cards - for the second year, the United Way partnered with FamilyWize to provide free prescription discount cards to those in our community who do not have health insurance, or need medication not covered by their insurance plan All one needs to receive the discount is the FamilyWize prescription drug discount card This card could lower the cost of one's medicine by an average of 35% To date, Volusia and Flagler County residents have saved over $390,000 F) The Campaign for Working Families (CFWF) is a prosperity campaign started in May 2004 by a coalition of community service agencies, governmental, corporations and individuals who want to help low and moderate income working families in Volusia and Flagler Counties build financial stability by focusing on providing free tax return preparation, providing financial education classes, promoting and encouraging savings and education on Earned Income Tax Credit (EITC) This past tax season, CFWF continued to provide free tax preparation at nine Volunteer Income Tax Assistance (VITA) sites in Volusia and Flagler Counties In addition two new mobile sites traveled within the counties to reach underserved areas With 99 dedicated volunteers and approximately 6,700 hours of time donated, they were able to provide a valuable service to the community including 1,911 Tax Returns filed, $2,962,686 in Tax Refunds, and $1,599,375 in EITC and Child Tax Credit Refunds

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
James Halleran Assistant Treasurer	1	X						0	0	0
Marilyn Chandler Ford Chair Administration	1	X						0	0	0
Elan Kaney Chair Campaign	1	X						0	0	0
Bruce Page Chair Community Building	1	X						0	0	0
Kathy Crotty Chair Community Foundation	1	X						0	0	0
Bob Elkin Chair Fund Distribution	1	X						0	0	0
Lori Kopp Chair Marketing	1	X						0	0	0
Donna Sue Sanders Chair Special Events	1	X						0	0	0
Jeff Blass Chair United Way of Florida	1	X						0	0	0
Rick Fraser Chairman of the Board	1	X		X				0	0	0
Dona DeMarsh Co-Chair Campaign	1	X						0	0	0
Bob Davis Director	1	X						0	0	0
Bruce Dunn Director	1	X						0	0	0
Claris MacKie Director	1	X						0	0	0
Dan Waller II Director	1	X						0	0	0
David Miller Director	1	X						0	0	0
Dick Kelton Director	1	X						0	0	0
Douglas Reece Director	1	X						0	0	0
Dr Al Williams Director	1	X						0	0	0
Dr Rob Grossman Director	1	X						0	0	0
Dwayne Murray Director	1	X						0	0	0
Edward Williams Director	1	X						0	0	0
Jack White Director	1	X						0	0	0
Jack Wiles Director	1	X						0	0	0
Jerry Doty Director	1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Jill Piazza Director	1	X						0	0	0
Jim Cameron Director	1	X						0	0	0
Jim Rose Director	1	X						0	0	0
Joe Perez Director	1	X						0	0	0
John Guthrie Director	1	X						0	0	0
Joyce Shanahan Director	1	X						0	0	0
Kathy Milthorpe Director	1	X						0	0	0
Kelly Parsons Director	1	X						0	0	0
Larry McKinney Director	1	X						0	0	0
Manoj Bhoola Director	1	X						0	0	0
Michael Kosmas Director	1	X						0	0	0
Mike Mellon Director	1	X						0	0	0
Missy Kelly Director	1	X						0	0	0
Paul McKitrick Director	1	X						0	0	0
Reggie Williams Director	1	X						0	0	0
Sam Willett Director	1	X						0	0	0
Tim Huth Director	1	X						0	0	0
Tom McClelland Director	1	X						0	0	0
Trudie Reed Director	1	X						0	0	0
Van Canada Director	1	X						0	0	0
Ron Novwiskie Immediate Past Chairman of the Board	1	X						0	0	0
Ray Salazar Office President and Secretary	40	X		X				82,700	0	10,330
Dan Bolerjack Treasurer	1	X		X				0	0	0
John Holcomb Director of Administration	40			X				54,218	0	12,242

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Professional Fees	65,118	38,239	6,661	20,218
Dues	5,956	1,994	3,113	849
Printing & Publications	51,743	7,965	407	43,371
Recognition and Awards	10,013	8,061	237	1,715
Equipment Service Contracts	15,570	6,129	2,181	7,260

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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 VOLUSIA-FLAGLER COUNTIES INC

Employer identification number
59-1099774

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV 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 the 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	636,208	636,208			
b Contributions	0	0			
c Investment earnings or losses	0	0			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	0	0			
g End of year balance	636,208	636,208			

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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	0	92,056		92,056
b Buildings	0	339,225	210,653	128,572
c Leasehold improvements	0	0	0	0
d Equipment	0	142,583	115,825	26,758
e Other	0	0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				247,386

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) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Charitable Lead Trust	26,598
Pooled Income Fund	43,912
Life Insurance Cash Surrender Value	117,252
Deposit	1,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	188,762

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Annuity Obligations	197,870
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	197,870

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,045,708
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,146,050
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-100,342
4	Net unrealized gains (losses) on investments	4	392,606
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-12,373
9	Total adjustments (net) Add lines 4 - 8	9	380,233
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	279,891

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	3,306,014
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	392,606		
b	Donated services and use of facilities	2b	14,820		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	43,990		
e	Add lines **2a** through **2d**			2e	451,416
3	Subtract line **2e** from line **1**			3	2,854,598
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	0		
b	Other (Describe in Part XIV)	4b	191,110		
c	Add lines **4a** and **4b**			4c	191,110
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,045,708

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

1	Total expenses and losses per audited financial statements			1	3,026,121
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	14,820		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	14,820
3	Subtract line **2e** from line **1**			3	3,011,301
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	0		
b	Other (Describe in Part XIV)	4b	134,749		
c	Add lines **4a** and **4b**			4c	134,749
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,146,050

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Income from Permanently restricted endowments is used to support specific programs and agencies per donor instructions
SchD_P10_S00_L00	Schedule D, Part X	Liability for annuity payments to individuals per State of Florida Statutes
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change In Value of Lead Trust and Pooled Income Funds $2,096 Change in Value of Gift Annuties $ (19,461) Increase in Cash Surrender Values of Life Insurance Policies $4,992
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Fundraising Expenses Netted from Revenue $36,902, Change in Values of Lead Trust and Pooled Income Funds $2,096, Increase in Cash Surrender Value of Life Insurance Policies $4,992
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Donor Designatins $171,649, Change in value of Gift Annuities $19,461
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Donor Designations $171,651, Fundraising Expenses netted in Revenues ($36,902)

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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 VOLUSIA-FLAGLER COUNTIES INC

Employer identification number
59-1099774

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 e-mail 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 activities? ☐ **Yes** ☐ **No**

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? 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 Power of the Purse (event type)	(b) Event #2 Volunteer of the Year Luncheon (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	101,111	13,652		114,763
	2 Less Charitable contributions	72,554	5,307		77,861
	3 Gross income (line 1 minus line 2)	28,557	8,345		36,902
Direct Expenses	4 Cash prizes	0	0		0
	5 Non-cash prizes	0	0		0
	6 Rent/facility costs	0	0		0
	7 Food and beverages	0	0		0
	8 Entertainment	0	0		0
	9 Other direct expenses	28,557	8,345		36,902
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				36,902
	11 Net income summary Combine lines 3, column d, and line 10 ▶				0

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, 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	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**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 ▶ $			

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

Employer identification number
59-1099774

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 . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 75

3 Enter total number of other organizations . . . ▶ 3

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 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
Scholarships	7	16,900			
Individual Assistance	4	4,585			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	United Way of Volusia-Flagler Counties Inc has a program director assigned to provide oversight for all grants The director reviews annual program reports from the agencies to assure they meet United Way guidelines Grants are up for competitive review each year The review of the grant applications by a 60 member volunteer review staff includes visits to the applicants place of business and an interview with the chief operating officer and chief financial officer of each agency

Additional Data

Return to Form

Software ID: 09000073
Software Version: v1.00
EIN: 59-1099774
Name: UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
American Red Cross431 White St Daytona Beach, FL 32114	59-0637809	501(c)3	131,000				Agency Allocation
ARC Volusia100 Jimmy Huger Circle Daytona Beach, FL 32117	59-1035137	501(c)3	79,247				Agency Allocation
Boys Scouts Central Fl Division1951 S Orange Blossom Trail No 102 Apopka, FL 32703	59-0624376	501(c)3	38,400				Agency Allocation
Boys and Girls Clubs of Volusia County101 N Woodland Blvd STE 400 Deland, FL 32720	59-3158162	501(c)3	58,287				Agency Allocation
Catholic Charities Inc207 White St Daytona Beach, FL 32114	59-1214353	501(c)3	52,100				Agency Allocation
Center For Visually Impaired 1187 Dunn Ave Daytona Beach, FL 32114	59-2938258	501(c)3	22,900				Agency Allocation
Childrens Advocacy Center 1011 W International Speedway Blvd Daytona Beach, FL 32114	59-2065914	501(c)3	59,692				Agency Allocation
Childrens Home Society2400 S Ridgewood Ave Ste 32 Daytona Beach, FL 32119	59-0192430	501(c)3	46,900				Agency Allocation
Girl Scouts of Citrus Council 341 N Mills Ave Orlando, FL 32803	59-0696293	501(c)3	30,800				Agency Allocation
Community Legal Services 128 Orange Ave Ste 300 Daytona Beach, FL 32114	59-1156260	501(c)3	10,700				Agency Allocation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Consumer Credit Counseling 3670 Maguire Blvd Ste 103 Orlando, FL 32803	59-0942924	501(c)3	12,400				Agency Allocation
Council on Aging of Volusia County160 N Beach St Daytona Beach, FL 32115	59-1160221	501(c)3	69,100				Agency Allocation
Domestic Abuse CouncilPO Box 142 Daytona Beach, FL 32115	59-1881222	501(c)3	32,963				Agency Allocation
Early Learning Coalition230 N Beach St Daytona Beach, FL 32114	59-3646549	501(c)3	120,900				Agency Allocation
Easter Seals of Volusia and Flagler Counties1219 Dunn Ave Daytona Beach, FL 32114	59-0722785	501(c)3	38,400				Agency Allocation
Family Life CenterPO Box 2058 Bunnell, FL 32110	59-2832976	501(c)3	29,600				Agency Allocation
Family Renew810 Ridgewood Ave Holly Hill, FL 32117	59-2971766	501(c)3	35,600				Agency Allocation
Flagler Summer Day Camp1 Corporate Dr Ste 2J Palm Coast, FL 32137	59-6000609	501(c)3	6,400				Agency Allocation
Halifax Urban MinistriesPO Box 6053 Daytona Beach, FL 32122	59-2093922	501(c)3	103,500				Agency Allocation
Halifax Health Foundation 303 W Clyde Morris Blvd Daytona Beach, FL 32120	59-2893051	501(c)3	13,512				Donor Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
House Next Door804 N Woodland Blvd Deland, FL 32720	59-1675284	501(c)3	52,000				Agency Allocation
Mental Health Association 631 S Ridgewood Ave Daytona Beach, FL 32114	59-6044669	501(c)3	21,500				Agency Allocation
Mid Florida Housing Partnership1834 Mason Ave Daytona Beach, FL 32117	59-2997945	501(c)3	21,100				Agency Allocation
Neighborhood Center of West Volusia434 S Woodland Blvd Deland, FL 32720	59-1292577	501(c)3	79,812				Agency Allocation
Pace Center For Girls208 Central Ave Ormond Beach, FL 32174	59-2414492	501(c)3	10,400				Agency Allocation
Salvation Army of Deland121 W Plymouth Ave Deland, FL 32721	59-0631403	501(c)3	60,578				Agency Allocation
Second Harvest Food Bank 2008 Brengle Ave Orlando, FL 32808	59-2142315	501(c)3	39,000				Agency Allocation
Serenity HousePO Box 2196 Daytona Beach, FL 32115	59-1849438	501(c)3	116,763				Agency Allocation
Social Service Council Jewish Foundation470 Andalusia Ave Ormond Beach, FL 32174	59-1774958	501(c)3	12,300				Agency Allocation
St Gerard House1405 US 1 South St Augustine, FL 32804	59-2483955	501(c)3	12,100				Agency Allocation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Stewart Marchman ACT1220 Willis Ave Daytona Beach, FL 32114	59-0976866	501(c)3	53,525				Agency Allocation
UCP of East Central Florida WORC1100 Jimmy Ann Dr Daytona Beach, FL 32117	23-7026771	501(c)3	73,400				Agency Allocation
Volusia Flagler Family YMCA 761 E International Speedway Blvd Deland, FL 32724	59-3284968	501(c)3	140,600				Agency Allocation
Volusia Literacy Council900 S Ridgewood Ave Daytona Beach, FL 32114	59-2609500	501(c)3	38,447				Agency Allocation
Volusia Flagler Coalition for the Homeless340 N Beach St Daytona Beach, FL 32114	20-5163640	501(c)3	66,228				Agency Allocation
Daytona Beach Police Foundation3747 W International Speedway Blvd Daytona Beach, FL 32124	59-1099774		53,307				Community Safety
Food Brings Hope3747 W International Speedway Blvd Daytona Beach, FL 32124	59-1099774		37,491				Homeless Children
United We Smile3747 W International Speedway Blvd Daytona Beach, FL 32124	59-1099774		13,317				Oral Health

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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 VOLUSIA-FLAGLER COUNTIES INC

Employer identification number
59-1099774

Identifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	A preliminary 990 is prepared by an independent outside accounting firm It is first reviewed by the chief financial staff person of the organization It is then sent electronically to a 7 member finance and audit review board After their review they meet to discuss and vote on approval of the audit and 990 If approved, the audit and 990 are sent electronically to the 47 member board of directors After their review, the board of directors meet to discuss and vote on approval When approved, the 990 is sent to the IRS and the audit is posted on the orgaizations website
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	On an annual basis every board member, executive committee member, and allocations panel volunteer receives a letter from the organization that is the combined confidentiality, code of ethics, and conflict of interest policy Attached to the policy is a schedule of member agencies Each member must sign, date, and return the letter indicating if he/she has any affiliation with any of the member agencies If a member does state some affiliation with any of the agencies, it is noted in the board minutes and that person is not allowed to vote on any motions regarding that agency
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The annual compensation of all employees is reviewed and approved by the CEO The annual compensation of the CEO is reviewed and approved by both the Executive Committee and the Chairman of the Board
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The Form 990 and the anual audit is available on the organizations website All other public documents are available upon request