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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

<b>A For the 2010 calendar year, or tax year beginning</b> July 1 , 2010, and ending June 30 , 20 11			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> United Way of Escambia County, Inc.		<b>D Employer identification number</b> 59-0651076
	Doing Business As		<b>E Telephone number</b> 850-434-3157
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1301 W. Government Street		
	City or town, state or country, and ZIP + 4 Pensacola, Florida 32502		<b>G Gross receipts \$</b> 4,323,795
	<b>F Name and address of principal officer</b> Andrea Farage Same as C above		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ www.unitedwayescambia.org			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1944	<b>M State of legal domicile</b> FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: United Way of Escambia County solicits contributions from donors in Escambia County, Florida in order to provide funding to local programs that provide direct social services, with a focus on achieving improvements in three focus areas; education, financial stability, and health.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	34	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	33	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0	
	<b>6</b> Total number of volunteers (estimate if necessary)	2,786	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	3,345,977	3,557,669
	<b>9</b> Program service revenue (Part VIII, line 2g)	48,088	52,417
	<b>10</b> Investment income (Part VIII, column (A), lines 3-4 and 7d)	13,939	15,973
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1,118)	38,575
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,406,886	3,664,634
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,092,629	2,249,613
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	778,570	779,494
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	903	3,159
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	359,175	386,638
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,231,277	3,418,904
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	175,609	245,730
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	3,358,859	3,773,509
	<b>21</b> Total liabilities (Part X, line 26)	1,976,159	2,085,719
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,382,700	1,687,790

**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.

<b>Sign Here</b>	Signature of officer		Date 2/15/12	
	Type or print name and title TOM HILTON, CEO			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

SCANNED MAR 13 2012

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒

- 1** Briefly describe the organization's mission:  
**The United Way of Escambia County's mission is to create opportunities for a better life by uniting and mobilizing resources.**
- 
- 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: **624100**) (Expenses \$ **2,288,850** including grants of \$ **2,157,406**) (Revenue \$ **95,500**)  
**Funds distribution program - principal function is to effectively administer and distribute available funds to local agencies and programs that focus on improving education, health, and financial stability in Escambia County, as well as administer and distribute contributions to eligible agencies that were designated by donors as part of the United Way, Combined Federal, or Florida State Employee campaigns administered in Escambia County. For funds allocated through the United Way funds distribution process, applicant programs must demonstrate specific, measurable outcomes in the priority areas noted above. Allocations of \$1,109,824 were awarded to local programs through the allocations process, including companion program of \$95,500 funded by Escambia County. In addition to allocations of undesignated funds, the United Way Campaign raised \$262,566 for designation to specific agencies at donor request, while the Combined Federal Campaign and Florida State Employee Charitable Campaign raised \$751,399 and \$33,617 for designation to specific agencies, respectively.**
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- 4b** (Code: **624200**) (Expenses \$ **293,485** including grants of \$ ) (Revenue \$ **203,231**)  
**211 Escambia provides comprehensive health and human service referral information to individuals in Escambia (approximately 40,000 annually) County and six other Northwest Florida Counties (8,000 annually). 211 maintains a database of over 3,000 programs and services associated with over 400 agencies in the affected Counties of Northwest Florida. An average of over 90% of all customers surveyed stated they would recommend the service to a friend. In addition to standard referrals, 211 Escambia maintains a database of child care providers in Escambia County, in partnership with The Early Learning Coalition and provides over 1,500 childcare referrals annually. The program is available 24-hours a day, seven days a week, through a combination of in-house staff and overnight contracted services with another 211. In addition to telephone referrals, individuals can find information on available resources by visiting the website, fcfh.info.**
- 
- 4c** (Code: **624100**) (Expenses \$ **27,823** including grants of \$ ) (Revenue \$ **40,862**)  
**Financial Stability Coalition - (FSC) The goal of the FSC is to improve the financial condition for our lower wage residents in Escambia County. This is done almost entirely by volunteers through outreach, financial literacy education, and improved access to resources, including free income tax preparation. Thanks in large part to a grant of \$30,000 from the Walmart Foundation, our volunteers were able to process over 1,400 tax returns, which generated over \$517,000 of earned income tax credits for the filers and \$1,800,000 in refunds. In addition to assisting with tax returns, our volunteers screened over 1,500 individuals to ensure that if they were eligible for other federal programs, like SNAP and WIC, they were enrolled or otherwise aware of the benefits available to them. In addition to providing direct assistance to individuals, the FSC partnered with other local agencies to provide FDIC Money Smart (basic money management) training to their staff, allowing them to provide these basic tools to their low income clients, which in turn helps them reduce their financial stress and be less likely to need emergency financial assistance for rent and utilities.**
- 
- 4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ **158,514** including grants of \$ **92,207**) (Revenue \$ **82,956**)
- 4e** Total program service expenses **▶ 2,768,672**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b> ✓	
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	✓
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b> ✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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, Parts I and IV . . . . .	<b>14b</b>	✓
<b>15</b> 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, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> 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, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> 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 (see instructions) . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b> ✓	
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>		<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		<input checked="" type="checkbox"/>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<input checked="" type="checkbox"/>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>		<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	2
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	✓
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	✓
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	✓
b	If "Yes," enter the name of the foreign country: ▶ See instructions for 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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	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	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	✓
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	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c	Enter the amount of reserves on hand . . . . .	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

**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.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 34		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 33		
<b>2</b> 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? . . . . .	<b>2</b>		✓
<b>3</b> 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? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	✓	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		✓
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. . . . .			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> 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 . . . . .	<b>9</b>		✓

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	✓
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	✓
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	✓
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	✓
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓
<b>15</b> 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? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	✓
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	✓
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ 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: ► Tom Hilton, 1301 W. Government Street, Pensacola, FL. 32502

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Doris Young Chairperson	5	✓		✓				0	0	0
(2) Marvin Beasley Treasurer	5	✓		✓				0	0	0
(3) Kathy Anthony Chairperson Elect	5	✓		✓				0	0	0
(4) David Jones Director	5	✓						0	0	0
(5) David Alexander Director	1	✓						0	0	0
(6) Justin Beck Director	1	✓						0	0	0
(7) Kevin Doyle Director	1	✓						0	0	0
(8) Mark Faulkner Director	1	✓						0	0	0
(9) Carol Hawthorne Director	1	✓						0	0	0
(10) Linda Hoffman Director	1	✓						0	0	0
(11) Oliver Jones Director	1	✓						0	0	0
(12) Ted Kircharr Director	1	✓						0	0	0
(13) Shannon Lands Director	3	✓						0	0	0
(14) Grace McCaffery Director	1	✓						0	0	0
(15) Rex McKinney Director	1	✓						0	0	0
(16) Bob McLaughlin Director/Interim CEO/Secretary	3	✓		✓				0	0	0



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
29 <del>(1)</del> Johnnie Wright Director	1	✓						0	0	0
30 <del>(2)</del> Dennis Taylor Director	3	✓						0	0	0
31 <del>(3)</del> Jackie Bell Director	1	✓						0	0	0
32 <del>(4)</del> Judy Bense Director	1	✓						0	0	0
33 <del>(5)</del> Martin Small Director	1	✓						0	0	0
34 <del>(6)</del> Jean Norman President/CEO/Secretary	50			✓				88,942	0	3,632
35 <del>(7)</del> Andrea Farage President/CEO/Secretary	58			✓				0	0	0
36 <del>(8)</del> Tom Hilton Chief Financial Officer	46			✓				47,224	0	7,111
37 <del>(9)</del> Dick Appleyard Director	1	✓						0	0	0
38 <del>(10)</del> Jim Donatelli Director	1	✓						0	0	0
39 <del>(11)</del> Martin Gonzalez Director	1	✓						0	0	0
40 <del>(12)</del> Robin Herr Director	1	✓						0	0	0
41 <del>(13)</del> Flack Logan Director	1	✓						0	0	0
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Yvette McLellan Director	1	<input checked="" type="checkbox"/>						0	0	0
(18) Ed Meadows Director	1	<input checked="" type="checkbox"/>						0	0	0
(19) Robert Mills Director	3	<input checked="" type="checkbox"/>						0	0	0
(20) Vaughn Nichols Director	1	<input checked="" type="checkbox"/>						0	0	0
(21) David Peadon Director	1	<input checked="" type="checkbox"/>						0	0	0
(22) Buzz Ritchie Director	3	<input checked="" type="checkbox"/>						0	0	0
(23) Gary Sammons Director	10	<input checked="" type="checkbox"/>						0	0	0
(24) Bob Sanders Director	1	<input checked="" type="checkbox"/>						0	0	0
(25) Bernie Schultz Director	1	<input checked="" type="checkbox"/>						0	0	0
(26) Rodney Scott Director	2	<input checked="" type="checkbox"/>						0	0	0
(27) Paula Shell Director	2	<input checked="" type="checkbox"/>						0	0	0
(28) Michael Wright Director	1	<input checked="" type="checkbox"/>						0	0	0
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								136,166	0	10,743
<b>d Total (add lines 1b and 1c)</b>								136,166	0	10,743

**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                                  |
|---|-----|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | <input checked="" type="checkbox"/> |
| <b>4</b> 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 |     | <input checked="" type="checkbox"/> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | <input checked="" type="checkbox"/> |

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	54,761			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	85,372			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	144,621			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,272,915			
	<b>g</b>	Noncash contributions included in lines 1a-1f. \$		6,479			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		3,557,669			
<b>Program Service Revenue</b>	<b>2a</b>	Information and Referral	Business Code	624200	10,833	10,833	
	<b>b</b>	EVC Vista Coalition		624100	26,518	26,518	
	<b>c</b>	VITA Tax Sites		624100	1,638	1,638	
	<b>d</b>	Childcare Resources		624200	4,250	4,250	
	<b>e</b>	Designation Fee Income		900099	9,178	9,178	
	<b>f</b>	All other program service revenue .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		52,417			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		17,847	17,847	
<b>4</b>		Income from investment of tax-exempt bond proceeds					
<b>5</b>		Royalties . . . . .					
<b>6a</b>		Gross Rents . . . . .	(i) Real				
		Less: rental expenses . . . . .	(ii) Personal				
<b>c</b>		Rental income or (loss)					
<b>d</b>		Net rental income or (loss) . . . . .					
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	727,513			
		Less: cost or other basis and sales expenses . . . . .	(ii) Other	711,540			
<b>c</b>		Gain or (loss) . . . . .		15,973			
<b>d</b>		Net gain or (loss) . . . . .		15,973	15,973		
<b>8a</b>		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b>		Less: direct expenses . . . . .	<b>b</b>				
<b>c</b>		Net income or (loss) from fundraising events . . . . .					
<b>9a</b>		Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>		Less: direct expenses . . . . .	<b>b</b>				
<b>c</b>		Net income or (loss) from gaming activities . . . . .					
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	40			
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>	30				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		10	10			
Miscellaneous Revenue		Business Code					
<b>11a</b>	Campaign Event Sponsorships		900099	11,715	11,715		
<b>b</b>	Annual Meeting Revenues		900099	4,775	4,775		
<b>c</b>							
<b>d</b>	All other revenue . . . . .		900099	4,228	4,228		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		20,718				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		3,664,634	141,527			

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	2,249,613	2,249,613		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	153,100	38,449	86,796	27,855
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	496,132	246,755	111,642	137,735
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	6,659	1,949	1,635	3,075
<b>9</b>	Other employee benefits . . . . .	45,785	23,976	8,644	13,165
<b>10</b>	Payroll taxes . . . . .	77,808	34,240	23,618	19,950
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	134	134		
<b>c</b>	Accounting . . . . .	24,709		24,709	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	3,159			3,159
<b>f</b>	Investment management fees . . . . .	5,494		5,494	
<b>g</b>	Other . . . . .	40,925	16,639	16,912	7,374
<b>12</b>	Advertising and promotion . . . . .	59,932	18,984	6,992	33,956
<b>13</b>	Office expenses . . . . .	45,121	22,702	14,445	7,974
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	33,060	19,094	7,445	6,521
<b>17</b>	Travel . . . . .	11,659	7,806	1,466	2,387
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,739	790	250	699
<b>20</b>	Interest . . . . .	11,300	5,976	3,179	2,145
<b>21</b>	Payments to affiliates . . . . .	31,318	18,478	7,203	5,637
<b>22</b>	Depreciation, depletion, and amortization . . . . .	47,813	28,756	10,691	8,366
<b>23</b>	Insurance . . . . .	21,875	11,774	6,469	3,632
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b>	Dues and Subscriptions . . . . .	3,184	1,243	944	997
<b>b</b>	Staff Development . . . . .	2,769	2,569	200	0
<b>c</b>	Volunteer Support . . . . .	21,326	9,834	984	10,508
<b>d</b>	Government Fees and Licenses . . . . .	2,185	1,284	309	592
<b>e</b>	Meals . . . . .	15,968	5,471	2,535	7,962
<b>f</b>	All other expenses . . . . .	6,137	2,156	523	3,458
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	3,418,904	2,768,672	343,085	307,147
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	609	<b>1</b>	400
	<b>2</b> Savings and temporary cash investments . . . . .	471,043	<b>2</b>	799,008
	<b>3</b> Pledges and grants receivable, net . . . . .	1,406,840	<b>3</b>	1,430,007
	<b>4</b> Accounts receivable, net . . . . .	32,386	<b>4</b>	17,431
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	4,230	<b>8</b>	2,385
	<b>9</b> Prepaid expenses and deferred charges . . . . .	63,551	<b>9</b>	32,820
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,389,619		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 673,422	<b>10c</b>	716,197
	<b>11</b> Investments—publicly traded securities . . . . .	666,088	<b>11</b>	775,261
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,358,859	<b>16</b>	3,773,509	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	36,120	<b>17</b>	45,176
	<b>18</b> Grants payable . . . . .	1,764,898	<b>18</b>	1,876,257
	<b>19</b> Deferred revenue . . . . .	3,600	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	1,961	<b>21</b>	5,637
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	169,580	<b>23</b>	158,649
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,976,159	<b>26</b>	2,085,719
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	785,520	<b>27</b>	1,012,025
	<b>28</b> Temporarily restricted net assets . . . . .	330,254	<b>28</b>	408,839
	<b>29</b> Permanently restricted net assets . . . . .	266,926	<b>29</b>	266,926
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,382,700	<b>33</b>	1,687,790
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	3,358,859	<b>34</b>	3,773,509

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>3,664,634</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>3,418,904</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>245,730</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>1,382,700</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	<b>59,360</b>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	<b>1,687,790</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b> 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.	✓	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		✓
<b>b</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		

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

United Way of Escambia County, Inc.

Employer identification number

59-0651076

**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? ☐
- 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	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	3,345,072	3,442,514	3,231,448	3,345,977	3,557,669	16,922,680
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	3,345,072	3,442,514	3,231,448	3,345,977	3,557,669	16,922,680
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						16,922,680

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	3,345,072	3,442,514	3,231,448	3,345,977	3,557,669	16,922,680
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	98,418	61,725	24,667	17,359	17,847	220,016
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	45,477	39,432	53,359	48,088	38,575	224,931
<b>11 Total support.</b> Add lines 7 through 10						17,367,627
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	147,133
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ► <input type="checkbox"/>		

**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. Also complete this part for any additional information. (See instructions).

**Part II, Line 10 - Other income**

Other income includes miscellaneous programmatic revenues, including providing information and referral services for neighboring communities and miscellaneous revenues from providing support for local coalitions, such as the EVC Vista Coalition in the current year.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

United Way of Escambia County, Inc.

59-0651076

**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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance	238,961	218,828	240,121	264,303	
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	43,048	22,113	(19,310)	(22,730)	
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	(2,014)	(1,980)	(1,983)	(1,452)	
<b>g</b> End of year balance	279,995	238,961	218,828	240,121	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 0 %
- b** Permanent endowment ☒ 100 %
- c** Temporarily restricted endowment ☐ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		92,350		92,350
<b>b</b> Buildings		1,014,801	437,051	577,750
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		282,468	236,371	46,097
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				716,197

**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
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
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
(10) . . . . .		
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
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
(10) . . . . .	
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) Book value
(1) Federal income taxes . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
(10) . . . . .	
(11) . . . . .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) 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 (ASC 740).

**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	3,664,634
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,418,904
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	245,730
4	Net unrealized gains (losses) on investments	4	68,382
5	Donated services and use of facilities	5	7,893
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	(16,915)
9	Total adjustments (net). Add lines 4 through 8	9	59,360
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	305,090

**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	2,687,833
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	68,382
b	Donated services and use of facilities	2b	7,893
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	76,275
3	Subtract line 2e from line 1	3	2,611,558
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	5,494
b	Other (Describe in Part XIV.)	4b	1,047,582
c	Add lines 4a and 4b	4c	1,053,076
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,664,634

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

1	Total expenses and losses per audited financial statements	1	2,382,743
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,915
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	16,915
3	Subtract line 2e from line 1	3	2,365,828
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	5,494
b	Other (Describe in Part XIV.)	4b	1,047,582
c	Add lines 4a and 4b	4c	1,053,076
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,418,904

**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 IV, Line 2A Custodial Funds**

The organization holds fees remitted by members of the UWADA (United Way Agency Directors Association) as annual dues to cover the costs of maintaining the association, including the costs related to professional development for agency staff, as well as meeting costs.

In addition, the organization holds funds set aside by other agencies to recognize local volunteers.

**Part XI, Line 8**

\$16,915 of in kind support was expensed during the fiscal year

**Part XIV** Supplemental Information *(continued)***Part XII, Line 4B - Other reconciling revenue items**

Donor designations to agencies totalling \$1,047,582 were netted against campaign revenue for financial statement purposes, but are reported separately as grants to agencies on the Form 990.

**Part XIII, Line 4B - Other reconciling expense items**

Donor designations to agencies totalling \$1,047,582 were netted against campaign revenue for financial statement purposes, but are reported separately as grants to agencies on the Form 990.

**Part X, Section 2**

The United Way is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been recognized. The United Way annually files federal information returns (Form 990), which are subject to possible examination by the taxing authorities until the expiration of the related statute of limitations, which is generally three years. Management believes it has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements and no returns are currently under examination.

**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

**2010**

Open to Public  
Inspection

Name of the organization

United Way of Escambia County, Inc.

Employer identification number

59-0651076

**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.
- |  |  |
|--|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations      | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations   | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations                | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations |  |
- 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Total** . . . . . ▶

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

Florida



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

		(a) Event #1 <u>Ascend Perf Golf T</u> (event type)	(b) Event #2 <u>Navy Fed Sp Event</u> (event type)	(c) Other events <u>Regions Sp Event</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	21,101	11,236	5,428	37,765
	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	21,101	11,236	5,428	37,765
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶	( )			
11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶	37,765				

**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 . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶	( )			
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

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? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- |           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity operated in:   |                              |                             |
| <b>a</b>  | The organization's facility   | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility   | <b>13b</b>                   | %                           |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |                              |                             |

Name 

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name 

Address ►

**16 Gaming manager information:**

Name 

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

OMB No. 1545-0047

# 2010

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**► Attach to Form 990.**

Name of the organization

**Employer Identification number**

**United Way of Escambia County, Inc.**

## 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. Part III can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) The Salvation Army, PO Box 18569, Pensacola, FL 32523	58-0660607	501c3	\$181,586				Allocations/Design
(2) United Way of Santa Rosa County, PO Box 284, Milton, FL 32572	59-6142612	501c3	\$111,844				Designations
(3) Council on Aging of West Florida, PO Box 17066, Pensacola, FL 32522	59-1373939	501c3	\$111,090				Allocations/Design
(4) ARC Gateway, 3932 North 10th Ave, Pensacola, FL 32503	59-0940528	501c3	\$110,356				Allocations/Design
(5) United Cerebral Palsy of NW FL, 2912 North E St, Pensacola, FL 32501	59-0737912	501c3	\$100,273				Allocations/Design
(6) Community Health Charities, PO Box 75153, Baltimore, MD 21275-5153	13-6167225	501c3	\$95,599				Designations
(7) Big Brothers Big Sisters, 1149 Creighton Rd Ste 1, Pensacola, FL 32504	59-2996893	501c3	\$84,943				Allocations/Design
(8) YMCA of NW FL, 415B Tarragona St, Pensacola, FL 32501	59-0624465	501c3	\$82,142				Allocations/Design
(9) Boys & Girls Club Emerald Coast, 923 DentonBlvdNW, FtWaltonBeach, FL32547	59-1390241	501c3	\$78,483				Allocations/Design
(10) Catholic Charities of NW FL, 1000 W Garden St, Pensacola, FL 32502	59-3213644	501c3	\$76,914				Allocations/Design
(11) Early Learning Coalition, 3636D North L St Ste A, Pensacola, FL 32505	59-3683222	501c3	\$68,224				Allocations/Design
(12) Mil Veterans Patriot Srv Orgs, PO Box 45754, San Francisco, CA 94145	94-3193418	501c3	\$61,615				Designations
2 Enter total number of section 501(c)(3) and government organizations							62
3 Enter total number of other organizations							0

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

Cat No. 50055P

Schedule I (Form 990) (2010)

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

Grants are awarded to agencies through either an allocation process or designation process. The allocation process includes written applications by agencies for funding, which are reviewed by

independent volunteer panels for efficiency and effectiveness of program outcomes. Annually, applicants are reviewed for the effectiveness of their use of funds as they apply for funding in the

subsequent cycle. Designations are directed by the donors to specific agencies, and United Way places no restrictions on the use of funds by recipient agencies.

SCHEDULE I  
(Form 990)

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.

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

United Way of Escambia County, Inc.

Employer identification number

59-6051076

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. Part II can be duplicated if additional space is needed . . . . . ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Christian Service Charities, PO Box 79704, Baltimore, MD 21279-9704	94-3193374	501c3	\$49,158				Designation
(2) Animal Charities of America, PO Box 45754, San Francisco, CA 94145	94-3193389	501c3	\$48,914				Designation
(3) CancerCURE of America, PO Box 45754, San Francisco, CA 94145	81-0648432	501c3	\$47,922				Designation
(4) Children's Home Society of FL, PO Box 19136, Pensacola, FL 32523-9136	59-0192430	501c3	\$44,230				Allocations/Design
(5) Am Red Cross NW FL, 222 N Baylen St, Pensacola, FL 32502	59-0637808	501c3	\$43,413				Allocations/Design
(6) Lutheran Svcs NW FL, 4610 W Fairfield Dr, Pensacola, FL 32506	59-2198911	501c3	\$42,387				Allocations/Design
(7) Gulf Coast Kids House, 3401 N 12th Ave, Pensacola, FL 32503	59-3520130	501c3	\$41,119				Allocations/Design
(8) American Red Cross, PO Box 73857, Chicago, IL 60673-7857	53-0196605	501c3	\$39,078				Designation
(9) Favorhouse of NW FL, 2001 W Blount St, Pensacola, FL 32501	59-2075120	501c3	\$37,304				Allocations/Design
(10) Health Med Resrch Char Am, PO Box 45754, San Francisco, CA 94145	94-3217739	501c3	\$36,407				Designation
(11) Childrens Char of America, PO Box 45754, San Francisco, CA 94145	94-3148588	501c3	\$34,924				Designation
(12) Community Health Char of FL Bldg, 200, Ste 240, Tallahassee, FL 32304	59-3218006	501c3	\$31,278				Designation

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

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

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

Cat No 50055P

Schedule I (Form 990) (2010)

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

United Way of Escambia County, Inc.

Employer identification number

59-6051076

**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. Part II can be duplicated if additional space is needed . . . . . ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMI Kids Pensacola, 3685 Muldoon Rd, Pensacola, FL 32526	59-3051944	501c3	\$30,418				Allocations/Design
(2) America's Charities, 14150 Newbrook Dr #110, Chantilly, VA 20151	54-1517707	501c3	\$29,001				Designation
(3) Epilepsy Society of NW FL, 5192 Bayou Blvd, Pensacola, FL 32503-2102	23-7377993	501c3	\$26,390				Allocations/Design
(4) Children First America Char, Suntrust Bk Lockbox 79570, Baltimore, MD 21279	30-0186795	501c3	\$23,943				Designation
(5) Covenant Hospice, 5041 N 12th Av, Pensacola, FL 32504	59-2208300	501c3	\$21,127				Allocations/Design
(6) Manna Food Bank, 116 E Gonzales St, Pensacola, FL 32501	59-2181031	501c3	\$20,348				Allocations/Design
(7) Health First America Char, Suntrust Bk Lockbox 79570, Baltimore, MD 21279	20-8693253	501c3	\$19,693				Designation
(8) Bay Area Food Bank, 5248 Mobile South St, Theodore, AL 36582	63-0821997	501c3	\$19,025				Allocations/Design
(9) Women, Child & Fam Svc Char Amer, PO Box 45754, San Francisco, CA 94145	94-3193386	501c3	\$18,834				Designation
(10) New Beginnings Homes, 820 Gerhardt Dr, Pensacola, FL 32503	59-3597194	501c3	\$18,542				Allocations/Design
(11) Global Impact, PO Box 409616, Atlanta, GA 30384-9616	52-1273585	501c3	\$18,211				Designation
(12) Christian Charities USA, PO Box 45754, San Francisco, CA 94145	94-3255961	501c3	\$18,023				Designation

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

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

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

Cat No 50055P

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

United Way of Escambia County, Inc.

Employer identification number

59-6051076

**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. Part II can be duplicated if additional space is needed . . . . . ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Baptist Hlth Care Fdtn, Tower 1 Suite 409, Pensacola, FL 32501	59-0192265	501c3	\$17,697				Allocations/Design
(2) Ronald McDonald House, 5200 Bayou Blvd, Pensacola, FL 32503	59-2172279	501c3	\$17,306				Designation
(3) Earth Share, Fall 2010 #0194, Washington, DC 20042-4011	52-1601960	501c3	\$15,304				Designation
(4) Childrens Med Char of America, PO Box 45754, San Francisco, CA 94145	27-0093393	501c3	\$15,098				Designation
(5) Community Drug & Alcohol Council, 3804 N 9th Ave, Pensacola, FL 32503-2802	59-1380927	501c3	\$14,923				Designation
(6) Waterfront Rescue Mission, PO Box 270, Pensacola, FL 32591	59-0838106	501c3	\$13,879				Designation
(7) USO, Inc., 2111 Wilson Blvd Suite 1200, Arlington, VA 22201	13-1610451	501c3	\$13,267				Designation
(8) NW Florida Legal Services, Inc, 701 South J St, Pensacola, FL 32501	59-1817996	501c3	\$13,130				Allocations/Design
(9) Boy Scouts Gulf Coast Council, 9440 University Pkwy, Pensacola, FL 32514	59-0624405	501c3	\$13,072				Designation
(10) Medical Research Charities, PO Box 79703, Baltimore, MD 21279-9703	94-3148591	501c3	\$12,609				Designation
(11) Human Svc Charities of America, PO Box 79770, Baltimore, MD 21279-9704	94-3240353	501c3	\$11,643				Designation
(12) Wild Animals Worldwide, PO Box 45754, San Francisco, CA 94145	20-8774272	501c3	\$11,276				Designation

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

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

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

Cat No 50055P

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Escambia County, Inc.

**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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Conservation & Preserv Char of Amer PO Box 45754, San Francisco, CA	94-3217738	501c3	\$10,849				Designation
(2) Human & Civil Rights Orgs of Amer 10 Chestnut St, Salem, MA 01970	94-3193388	501c3	\$10,239				Designation
(3) Wildlife Sanctuary of NW FL 105 North S St, Pensacola, FL 32505	59-2222303	501c3	\$10,031				Designation
(4) Leaning Post Ranch, 4150 Cedar Springs Rd, Molino, FL 32577	59-3490012	501c3	\$10,000				Allocations/Design
(5) Lakeview Center, Inc, 1221 W Lakeview Ave, Pensacola, FL 32501	59-0737872	501c3	\$9,927				Allocations/Design
(6) Sacred Heart Foundation, Payne Bldg Ste 260, Pensacola, FL 32504	59-2436597	501c3	\$9,888				Designation
(7) Wounded Warriors Fam Support, 920 S 107th Av Ste 250, Omaha, NE 68114	20-1407520	501c3	\$8,222				Designation
(8) Pensacola Habitat for Humanity, 1060 N Guilemard St, Pensacola, FL 3250	59-2186044	501c3	\$7,801				Designation
(9) Human Care Charities of America, PO Box 45754, San Francisco, CA 94145	94-3067804	501c3	\$7,754				Designation
(10) Aid for Africa, PO Box 8734, Topeka, KS	06-1703295	501c3	\$6,723				Designation
(11) Sports Charities USA PO Box 45754, San Francisco, CA 94145	47-0863988	501c3	\$6,052				Designation
(12) Independent Charities of America Suite 340, Larkspur, CA 94939	94-3067804	501c3	\$6,029				Designation
2 Enter total number of section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

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

Cat No 50055P

Schedule I (Form 990) (2010)



SCHEDULE I  
(Form 990)

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Escambia County, Inc.

Employer identification number

59-6051076

OMB No. 1545-0047

2010

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed. ☐

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. Part II

can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Educate America!, 1100 Larkspur Landing Cir, Larkspur, CA 94939	94-3193387	501c3	\$5,072				Designation
(2) Deaf Hard of Hearing Svcs NW FL 2912 North E St, Pensacola, FL 32501	59-2842074	501c3	\$5,000				Designation
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**United Way of Escambia County, Inc.**

Employer identification number

**59-0651076**

**Part III, Line 4D - Other program services**

The organization partners with local agencies to provide school supplies for children through Cram the Van, an initiative that raised \$16,650 to assist school age children. In addition, Communities Caring at Christmas raised \$54,469 to provide toys to local agencies serving families in poverty, and Unite Escambia, an initiative to bring together multiple organizations and volunteers, focused on poverty, health, and education, raised \$16,662 in support of these issues.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

United Way of Escambia County, Inc.

Employer identification number

59-0651076

**Part VI, Governance, Management, and Disclosure**

**Line 1A - Governing Board member voting rights**

The president of the UWADA (United Way Agency Director's Association) is appointed as a voting member of the Board. The UWADA representative does not vote in matters relating to allocations of funds to agencies.

**Line 1A - Delegation of authority**

The Bylaws call for the establishment of an executive committee, consisting of the officers, past Chair, current Chair, and chairs of any standing committees. In addition, the President/CEO is appointed as an ex-officio non-voting member of the executive committee.

The executive committee is authorized to have and exercise all of the powers of the Board, with the exception of approval of the budget, approval of requirements for application for funding by agencies, as well as funding allocations to agencies, selection of the President, approval of contractual agreements, and appointment of Officers.

**Line 11B - Review of Form 990**

In accordance with United Way Worldwide membership certification standards, a draft of the form 990 is distributed to all Board members, with opportunity to review prior to filing. Any Board members with questions or concerns are encouraged to contact the Chief Financial Officer for further discussion.

**Line 12C - Compliance with conflict of interest policy**

Board members are required annually to disclose any conflicts or potential conflicts of interest to the President/CEO through disclosure forms. The organization has written policies covering conflicts, specifically relating to the annual allocation of funds awarded to agencies.

**Line 15A & 15B - Compensation of officers**

The compensation for the President/CEO was determined by a committee appointed by the executive committee, which included individuals with experience of local compensation levels for comparable positions in the community, as well as information provided by independent non-profits and comparative survey results from United Way Worldwide. The Chief Financial Officer's compensation was determined by the President/CEO based upon independent comparative survey results provided by United Way Worldwide.

**Line 19 - Governing documents available to the public**

Our original Form 1023 was lost due to fire, while Form 990 is annually published on our website for review, as well as our annual audited financial statements. These documents, along with IRS determination letter, are also made available upon request.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**United Way of Escambia County, Inc.**

Employer identification number

**59-0651076**

**Part XI Other changes in net assets**

**Revenue adjustments**

Donor Designations netted against campaign revenue per book (\$1,047,582)

In kind contribution revenue not recorded per tax \$ 7,893

Unrealized investment gains not recognized per tax \$ 68,382

Management fees netted against investment income per book (\$ 5,494)

Revenue adjustments (\$ 976,801)

**Expense adjustments**

Donor Designations netted against campaign revenue per book \$1,047,582

In kind contribution expenses not recorded per tax (\$ 16,915)

Management fees netted against investment income per book \$ 5,494

Expense adjustments \$1,036,161

Other changes in net assets \$ 59,360

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Escambia County, Inc.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

59-0651076

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) United Way of Escambia County Foundation, LLC 1301 W. Government Street, Pensacola Florida 32502	Fundraising	Florida	40,036	510,160	N/A
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

Cat. No 50135Y

Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) .....										
(2) .....										
(3) .....										
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(15) .....										
(16) .....										



**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).