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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

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒

 Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 1,665,597 including grants of \$) (Revenue \$ 0)

Community Distributions - \$1,460,000 in funding allocations were made to 35 local partner agencies to benefit the community in the areas of education, income and health Through focused distributions of \$55,700, the Women's initiative strived to improve the quality of life for women and children in Volusia and Flagler counties The Community Foundation, a division of the United Way of Volusia-Flagler Counties Inc and the UWVF Volunteer Center teamed up to award 12 scholarships to local students entering their freshman year in college totaling \$19,000 The BraLive Program provided \$16,000 to assist veterans, and their families, who were in the wars in Iraq and Afghanistan by offering free mental health and substance abuse counseling Approximately \$20,000 was distributed to help families pay utility bills through the Progress Energy Neighborhood Fund First time homeowners were awarded \$15,000 in matching funds through the Assets For Independence Grant

4b

(Code) (Expenses \$ 130,400 including grants of \$) (Revenue \$ 0)

United Way Volunteer Center - strives to promote and nurture volunteersm through the recruitment, development, placement, and recognition of individuals and groups who Live United through volunteerism This year the Volunteer Center connected approximately 2,300 local volunteers who served more than 27,000 hours at a value of \$575,000 to our community when calculated at the national average of \$21 36 per hour

4c

(Code) (Expenses \$ 128,237 including grants of \$) (Revenue \$ 0)

United Way's 2-1-1/First Call For Help - is an easy to remember number that anyone can call to get directed to the social service providers who may be able to assist them The Information and Referral staff is certified by the national Alliance of Information and Referral Systems This year more than 27,000 phone calls were answered by our certified Information and Referral Specialists

(Code) (Expenses \$ 354,423 including grants of \$) (Revenue \$ 0)

Community Investments - A) United Way's Public Policy Committee strives to affect public policy for the common good of the community through the identification of issues that affect a broad spectrum of the social service sector The committee's goal is to educate businesses, community leaders, and policymakers regarding the strengths of our local providers, as well as, the gaps in service provision B) Assets For Independence Grant - The AFI Grant is a \$150,000 grant from the Federal Government for matched savings for homeownership The Community Foundation, a division of United Way of Volusia-Flagler Counties, provided the match funding of \$150,000 to allow the federal matching funds In year two of the grant, four more program participants purchased new homes with assistance from this grant C) BraLive Grant - is a grant for \$180,000 from the BraLive Fund and the Community Foundation in Jacksonville that provides free mental health counseling for veterans from the wars in Iraq and Afghanistan D) Emergency Food and Shelter Funding - UWVF administers the federal Emergency Food and Shelter Program for Volusia and Flagler Counties This funding is used to supplement emergency food and shelter programs in the two county area Funding is provided in the following categories Served Meals, Other Food, Mass Shelter, Other Shelter, Supplies/Equipment, Emergency Repairs, Rent/Mortgage Assistance, and Utilities Assistance During this fiscal year the United Way was able to allocate \$233,176 for emergency food and shelter needs in Volusia and Flagler Counties E)Familywize Prescription Drug Cards - Is in its third year with a partnership with FamilyWize to offer free prescription discount cards to those in our community who do not have health insurance, or need medicine not covered by their insurance plan This card could lower the cost of one's medicine by an average of 35% During this fiscal year Volusia and Flagler County residents used the FamilyWize prescription discount cards 23,762 times saving a total of approximately \$400,000 F) The Campaign For Working Families(CFWF) is a prosperity campaign started in May 2004 by a coalition of community service agencies, governmental, corporations and individuals who want to help low and moderate income working families in Volusia and Flagler Counties build financial stability by focusing on providing free tax return preparation, providing financial education classes, promoting and encouraging savings and education on Earned Income Tax Credit This past tax season, CFWF continued to provide free tax preparation at fourteen Volunteer Income Tax Assistance (VITA) sites in Volusia and Flagler Counties With 150 dedicated volunteers and approximately 7,200 hours of time donated, they were able to provide a valuable service to the community including 2,498 Tax Returns filed, \$3,312,000 in Tax Refunds, and \$1,741,300 in EITC and Child Tax Credit Refunds G) United Way provides fiscal sponsor services for several community service programs Each of the programs has a steering committee of several community residents who provide all the support for fundraising and fund distribution decisions This year the programs provided \$161,000 to the community The two largest programs provide funding to 1) Improve policing skills, leadership, and crime reduction through training programs and the acquisition and use of high technology and 2) Help break the poverty cycle for homeless and economically disadvantaged children enrolled in the Volusia County School System by providing free breakfast and lunch, tutoring programs, transportation to & from school, and a reward system that encourages parental participation

4d

Other program services (Describe in Schedule O)

(Expenses \$ 354,423 including grants of \$ 0) (Revenue \$ 0)

4e











Total program service expenses

\$ 2,278,657

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. 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		No
5	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
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.		No
c	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.		No
d	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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
f	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. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	9
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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 lines 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
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	47		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	47
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ John Holcomb 3747 W International Speedway Blvd Daytona Beach, FL 32124 (386) 366-9040

Check if Schedule O contains a response to any question in this Part VII ☐

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	137,018	0	20,419

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ►

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a15,003	2,857,012			
	b	Membership dues	1b0				
	c	Fundraising events	1c75,718				
	d	Related organizations	1d0				
	e	Government grants (contributions)	1e73,875				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f2,692,416				
	g	Noncash contributions included in lines 1a-1f \$ 22,213					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	Program Management	561000110,240	110,240	0	0	
	b	Resource Materials	5191003,619	3,619	0	0	
	c	Designation Admin Revenue	5610006,389	6,389	0	0	
	d						
	e						
	f	All other program service revenue	0	0	0	0	
	g	Total. Add lines 2a-2f		120,248			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		115,165	115,165	0	0
	4	Income from investment of tax-exempt bond proceeds . .		0	0	0	0
	5	Royalties		0	0	0	0
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss) 0		0			
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss) -66,886		0			
	d	Net gain or (loss)		-66,886	-66,886	0	0
	8a	Gross income from fundraising events (not including \$ 75,718 of contributions reported on line 1c) See Part IV, line 18		94,288	0		
		a	94,288				
		b	94,288				
c	Net income or (loss) from fundraising events . .		0		0	0	
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		3,025,539	168,527	0	0	

Part IX

Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,631,597	1,631,597		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	34,000	34,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	159,218	55,437	40,093	63,688
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	407,311	164,718	13,705	228,888
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,671	11,357	151	14,163
9	Other employee benefits	70,359	28,032	7,015	35,312
10	Payroll taxes	41,624	16,021	3,538	22,065
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	18,500	0	18,500	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	35,014	0	0	35,014
g	Other	0	0	0	0
12	Advertising and promotion	797	721	0	76
13	Office expenses	35,139	28,271	1,528	5,340
14	Information technology	14,599	7,106	721	6,772
15	Royalties	0	0	0	0
16	Occupancy	45,983	19,978	3,778	22,227
17	Travel	30,729	17,166	1,569	11,994
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	21,337	4,668	358	16,311
20	Interest	0	0	0	0
21	Payments to affiliates	27,250	10,903	2,100	14,247
22	Depreciation, depletion, and amortization	26,618	10,911	2,102	13,605
23	Insurance	2,954	1,708	82	1,164
24	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)				
a	Professional Fees	63,725	52,170	8,120	3,435
b	Printing and Publications	38,021	15,419	333	22,269
c	Equipment Service and Lease Contracts	25,855	13,315	2,394	10,146
d	Community Program Direct Expense	144,725	144,725	0	0
e					
f	All other expenses	44,606	10,434	4,456	29,716
25	Total functional expenses. Add lines 1 through 24f	2,945,632	2,278,657	110,543	556,432
26	Joint costs. 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				600	1	396
	2	Savings and temporary cash investments				2,075,468	2	882,448
	3	Pledges and grants receivable, net				782,733	3	801,931
	4	Accounts receivable, net				19,040	4	9,161
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				0	6	0
	7	Notes and loans receivable, net				0	7	0
	8	Inventories for sale or use				0	8	0
	9	Prepaid expenses and deferred charges				18,303	9	16,447
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	653,158				
	b	Less: accumulated depreciation	10b	360,706	310,496	10c	292,452	
	11	Investments—publicly traded securities				3,838,261	11	5,206,360
	12	Investments—other securities. See Part IV, line 11				0	12	0
	13	Investments—program-related. See Part IV, line 11				0	13	0
	14	Intangible assets				0	14	0
	15	Other assets. See Part IV, line 11				186,814	15	178,727
	16	Total assets. Add lines 1 through 15 (must equal line 34)				7,231,715	16	7,387,922
Liabilities	17	Accounts payable and accrued expenses				92,046	17	67,620
	18	Grants payable				1,459,364	18	1,475,485
	19	Deferred revenue				28,603	19	31,082
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				147,230	25	154,393
	26	Total liabilities. Add lines 17 through 25				1,727,243	26	1,728,580
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				4,254,988	27	4,229,731
	28	Temporarily restricted net assets				613,276	28	793,403
	29	Permanently restricted net assets				636,208	29	636,208
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				5,504,472	33	5,659,342
	34	Total liabilities and net assets/fund balances				7,231,715	34	7,387,922

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,025,539
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,945,632
3	Revenue less expenses Subtract line 2 from line 1	3	79,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,504,472
5	Other changes in net assets or fund balances (explain in Schedule O)	5	74,963
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,659,342

Part XII Financial Statements and Reporting

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

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC	Employer identification number 59-1099774
--	--

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

An organization organized and operated exclusively to test for public safety Se**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 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)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,674,868	3,731,254	2,898,830	2,885,614	2,857,012	16,047,578
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,674,868	3,731,254	2,898,830	2,885,614	2,857,012	16,047,578
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						16,047,578

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,674,868	3,731,254	2,898,830	2,885,614	2,857,012	16,047,578
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	168,233	110,279	90,005	116,594	115,165	600,276
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						16,647,854

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

12835,943

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))

1496.394%

15 Public Support Percentage for 2010 Schedule A, Part II, line 14

1596.352%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 59-1099774
Name: UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 354,423 including grants of \$) (Revenue \$ 0)
Community Investments - A) United Way's Public Policy Committee strives to affect public policy for the common good of the community through the identification of issues that affect a broad spectrum of the social service sector The committee's goal is to educate businesses, community leaders, and policymakers regarding the strengths of our local providers, as well as, the gaps in service provision B) Assets For Independence Grant - The AFI Grant is a \$150,000 grant from the Federal Government for matched savings for homeownership The Community Foundation, a division of United Way of Volusia-Flagler Counties, provided the match funding of \$150,000 to allow the federal matching funds In year two of the grant, four more program participants purchased new homes with assistance from this grant C) BrAive Grant - is a grant for \$180,000 from the BrAive Fund and the Community Foundation in Jacksonville that provides free mental health counseling for veterans from the wars in Iraq and Afghanistan D) Emergency Food and Shelter Funding - UWVF administers the federal Emergency Food and Shelter Program for Volusia and Flagler Counties This funding is used to supplement emergency food and shelter programs in the two county area Funding is provided in the following categories Served Meals, Other Food, Mass Shelter, Other Shelter, Supplies/Equipment, Emergency Repairs, Rent/Mortgage Assistance, and Utilities Assistance During this fiscal year the United Way was able to allocate \$233,176 for emergency food and shelter needs in Volusia and Flagler Counties E)Familywize Prescription Drug Cards - Is in its third year with a partnership with FamilyWize to offer free prescription discount cards to those in our community who do not have health insurance, or need medicine not covered by their insurance plan This card could lower the cost of one's medicine by an average of 35% During this fiscal year Volusia and Flagler County residents used the FamilyWize prescription discount cards 23,762 times saving a total of approximately \$400,000 F) The Campaign For Working Families(CFWF) is a prosperity campaign started in May 2004 by a coalition of community service agencies, governmental, corporations and individuals who want to help low and moderate income working families in Volusia and Flagler Counties build financial stability by focusing on providing free tax return preparation, providing financial education classes, promoting and encouraging savings and education on Earned Income Tax Credit This past tax season, CFWF continued to provide free tax preparation at fourteen Volunteer Income Tax Assistance (VITA) sites in Volusia and Flagler Counties With 150 dedicated volunteers and approximately 7,200 hours of time donated, they were able to provide a valuable service to the community including 2,498 Tax Returns filed, \$3,312,000 in Tax Refunds, and \$1,741,300 in EITC and Child Tax Credit Refunds G) United Way provides fiscal sponsor services for several community service programs Each of the programs has a steering committee of several community residents who provide all the support for fundraising and fund distribution decisions This year the programs provided \$161,000 to the community The two largest programs provide funding to 1) Improve policing skills, leadership, and crime reduction through training programs and the acquisition and use of high technology and 2) Help break the poverty cycle for homeless and economically disadvantaged children enrolled in the Volusia County School System by providing free breakfast and lunch, tutoring programs, transportation to & from school, and a reward system that encourages parental participation

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Al Williams Director	3	X						0	0	0
Betty Goodman Director	3	X						0	0	0
Bo Brewer Director	3	X						0	0	0
Bob Davis Director	3	X						0	0	0
Bob Elkin Chair Fund Distribution	3	X						0	0	0
Bruce Page Chair Community Building	3	X						0	0	0
Bud Ritchey Director	3	X						0	0	0
Carrie Register Director	3	X						0	0	0
Dan Bolerjack Assistant Treasurer	3	X						0	0	0
Dan Davis Director	3	X						0	0	0
Dan Waller Director	3	X						0	0	0
David Miller Director	3	X						0	0	0
Dona DeMarsh Butler Co-Chair-Campaign	3	X						0	0	0
Donna Sue Sanders Chair Special Events	3	X						0	0	0
Douglas Reece Director	3	X						0	0	0
Dwayne Murray Director	3	X						0	0	0
Elan Kaney Board Chair	3	X		X				0	0	0
Erum Kistemaker Director	3	X						0	0	0
Harmony Henry Director	3	X						0	0	0
Jack Wiles Director	3	X						0	0	0
James Halleran Treasurer	3	X		X				0	0	0
Jeff Blass Chair United Way of Florida	3	X						0	0	0
Jerry Doty Director	3	X						0	0	0
Jessica Scott Director	3	X						0	0	0
Jill Piazza Director	3	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jim Cameron Director	3	X						0	0	0
Jim Rose Director	3	X						0	0	0
Joe Cordaro Director	3	X						0	0	0
John Guthrie Co-Chair-Campaign	3	X						0	0	0
John Walsh Director	3	X						0	0	0
Joseph Disanti Director	3	X						0	0	0
Joyce Shanahan Director	3	X						0	0	0
Julie Rand Director	3	X						0	0	0
Kathy Crotty Chair Community Foundation	3	X						0	0	0
Kathy Milthorpe Director	3	X						0	0	0
Larry McKinney Director	3	X						0	0	0
Larry Volenec Director	3	X						0	0	0
Lori Catron Chair Marketing	3	X						0	0	0
Marilyn Chandler Ford Chair Administration	3	X						0	0	0
Paula Kelton Director	3	X						0	0	0
Reggie Williams Director	3	X						0	0	0
Rick Fraser Immediate Past Board Chair	3	X						0	0	0
Rob Grossman Director	3	X						0	0	0
Ron Novwiskie Director	3	X						0	0	0
Sam Willett Director	3	X						0	0	0
Steve Sally Director	3	X						0	0	0
Van Canada Director	3	X						0	0	0
Ray Salazar Office President and Secretary	40			X				82,700	0	8,950
John Holcomb Office Director of Administration	36			X				54,318	0	11,469

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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

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

Employer identification number
59-1099774

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	6
2	Aggregate contributions to (during year)	314,157
3	Aggregate grants from (during year)	172,418
4	Aggregate value at end of year	692,071

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

☒ Yes ☐ No

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	636,208	636,208	636,208	636,208	
b Contributions	0	0	0	0	
c Investment earnings or losses	0	0	0	0	
d Grants or scholarships	0	0	0	0	
e Other expenditures for facilities and programs	0	0	0	0	
f Administrative expenses	0	0	0	0	
g End of year balance	636,208	636,208	636,208	636,208	

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

- Board designated or quasi-endowment ▶

0 %
- Permanent endowment ▶

1 00 %
- Term endowment ▶

0 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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
1a Land	0	92,056		92,056
b Buildings	0	393,061	229,762	163,299
c Leasehold improvements	0	0	0	0
d Equipment	0	168,041	130,944	37,097
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				292,452

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,025,539
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,945,632
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	79,907
4	Net unrealized gains (losses) on investments	4	104,607
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-29,644
9	Total adjustments (net) Add lines 4 - 8	9	74,963
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	154,870

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	3,071,828
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	104,607
b	Donated services and use of facilities	2b	14,820
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	94,097
e	Add lines 2a through 2d	2e	213,524
3	Subtract line 2e from line 1	3	2,858,304
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	167,235
c	Add lines 4a and 4b	4c	167,235
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,025,539

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,916,958
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	14,820
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	14,820
3	Subtract line 2e from line 1	3	2,902,138
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	43,494
c	Add lines 4a and 4b	4c	43,494
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,945,632

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Income from permanently restricted endowments is used to support specific programs and agencies per donor requests
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The organization is exempt from federal income taxes under Section 501(c)3 of the Internal Revenue Service Code and from state taxes under similar provisions of the Florida State Statutes
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in Value of Charitable Lead Trust and Pooled Income Fund (\$5,413), Change in Value of Gift Annuities (\$29,453), Change in Cash Surrender of Life Insurance Policies \$5,222
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Change in Value of Charitable Lead Trust and Pooled Income Fund (\$5,413), Change in Cash Surrender Value of Life Insurance Policies \$5,222, Fundraising Expenses Netted from Revenues \$94,288
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Donor Designations \$137,782, Change in Value of Gift Annuities \$29,453
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Donor Designations \$137,782, Fundraising Expenses Netted from Revenues (\$94,288)

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

2011

Open to Public
Inspection

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

Employer identification number
59-1099774

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

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

(i) Name 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			
Total ▶						

3

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

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Womens Initiative</u>	<u>Charity Golf</u>	<u>2</u>	(Add col (a) through	
			(event type)	Tournament	(total number)	col (c))	
1	Gross receipts		74,056	43,610	52,340	170,006	
2	Less Charitable contributions		35,068	27,426	13,224	75,718	
3	Gross income (line 1 minus line 2)		38,988	16,184	39,116	94,288	
Direct Expenses	4	Cash prizes		0	1,500	0	1,500
	5	Non-cash prizes		17,163	6,549	1,361	25,073
	6	Rent/facility costs		0	0	0	0
	7	Food and beverages		19,978	2,880	27,815	50,673
	8	Entertainment		0	0	500	500
	9	Other direct expenses		1,847	5,255	9,440	16,542
	10	Direct expense summary Add lines 4 through 9 in column (d)					(94,288)
	11	Net income summary Combine lines 3 and 10 in column (d)					0

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash 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 lines 1 and 7 in column (d)			

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 _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a
- Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐ 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

2011

Open to Public
Inspection

Employer identification number
59-1099774

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

35

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships	12	19,000	0		

Part IV

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

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

Software ID: 11000129
Software Version: v1.00
EIN: 59-1099774
Name: UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross431 White Street Daytona Beach, FL 32114	59-0637809	501(c)3	113,900				Agency Allocation
ARC Volusia100 Jimmy Huger Circle Daytona Beach, FL 32117	59-1035137	501(c)3	72,900				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys and Girls Clubs of Volusia County101 North Woodland Blvd Suite 400 DeLand,FL 32720	59-3158162	501(c)3	61,389				Agency Allocation
Boys Scouts Central Florida Division1951 South Orange Blossom Trail Suite 102 Apopka,FL 32703	59-0624376	501(c)3	32,000				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Inc207 White Street Daytona Beach, FL 32114	59-1214353	501(c)3	44,900				Agency Allocation
Center for Visually Impaired1187 Dunn Avenue Daytona Beach, FL 32114	59-2938258	501(c)3	21,000				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Advocacy Center1011 W International Speedway Blvd Daytona Beach, FL 32114	59-2065914	501(c)3	56,600				Agency Allocation
Children's Home Society2400 South Ridgewood Avenue Suite 32 Daytona Beach, FL 32119	59-0192430	501(c)3	44,600				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Legal Services128 Orange Avenue Suite 300 Daytona Beach, FL 32114	59-1156260	501(c)3	9,500				Agency Allocation
Council of Aging of Volusia County160 North Beach Street Daytona Beach, FL 32115	59-1160221	501(c)3	64,800				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Credability3670 Maguire Boulevard Suite 103 Orlando,FL 32803	59-0942924	501(c)3	11,500				Agency Allocation
Domestic Abuse CouncilPO Box 142 Daytona Beach,FL 32115	59-1881222	501(c)3	35,300				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Early Learning Coalition230 North Beach Street Daytona Beach, FL 32114	59-3646549	501(c)3	99,900				Agency Allocation
Easter Seals of Volusia and Flagler Counties1219 Dunn Avenue Daytona Beach, FL 32114	59-0722785	501(c)3	34,900				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Life Center PO Box 2058 Bunnell, FL 32110	59-2832976	501(c)3	30,128				Agency Allocation
Family Renew810 Ridgewood Avenue Holly Hill, FL 32117	59-2971766	501(c)3	32,600				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Flagler Summer Day Camp1 Corporate Drive Suite 2J Palm Coast, FL 32137	59-6000609	501(c)3	5,800				Agency Allocation
Girls Scouts of Citrus Council341 North Mills Avenue Orlando, FL 32803	59-0696293	501(c)3	27,300				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Halifax Health Foundation303 West Clyde Morris Boulevard Daytona Beach,FL 32120	59-2893051	501(c)3	13,713				Donor Designation
Halifax Urban MinistriesPO Box 6053 Daytona Beach,FL 32122	59-2093922	501(c)3	101,800				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Haven RecoveryPO Box 2196 Daytona Beach, FL 32115	59- 1849438	501(c)3	85,928				Agency Allocation
House Next Door 804 North Woodland Boulevard DeLand, FL 32720	59- 1675284	501(c)3	37,605				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lutheran Social Services of Northeast Florida 4615 Philips Highway Jacksonville, FL 32207	59-1965600	501(c)3	22,864				Agency Allocation
Mental Health Association 631 South Ridgewood Avenue Daytona Beach, FL 32114	59-6044669	501(c)3	20,000				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mid Florida Housing Partnership1834 Mason Avenue Daytona Beach, FL 32117	59-2997945	501(c)3	17,900				Agency Allocation
Neighborhood Center of West Volusia434 South Woodland Boulevard DeLand,FL 32720	59-1292577	501(c)3	80,400				Agency Allocation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pace Center for Girls208 Central Avenue Ormond Beach, FL 32174	59-2414492	501(c)3	9,700				Agency Allocation
Project Self329 Bill France Blvd Daytona Beach, FL 32114	77-0714296	501(c)3	6,000				Grant

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army of DeLand121 West Plymouth Avenue DeLand, FL 32721	59-0631403	501(c)3	52,500				Agency Allocation
Second Harvest Food Bank2008 Brengle Avenue Orlando, FL 32808	59-2142315	501(c)3	29,400				Agency Allocation

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St Gerard House 1405 US 1 South St Augustine, FL 32804	59- 2483955	501(c)3	11,300				Agency Allocation
Stewart Marchman ACT1220 Willis Avenue Daytona Beach, FL 32114	59- 0976866	501(c)3	36,000				Agency Allocation

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UCP of East Central Florida WORC1100 Jimmy Ann Drive Daytona Beach, FL 32117	23-7026771	501(c)3	67,200				Agency Allocation
Volusia Flagler Family YMCA761 E International Speedway Blvd DeLand,FL 32724	59-3284968	501(c)3	130,700				Agency Allocation

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Volusia Literacy Council900 South Ridgewood Avenue Daytona Beach, FL 32114	59-2609500	501(c)3	33,725				Agency Allocation

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 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 VOLUSIA-FLAGLER COUNTIES INC**Employer identification number**

59-1099774

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	A preliminary 990 is prepared by an independent outside accounting firm. It is first reviewed by the Chief Financial Staff person of the organization. It is then sent electronically to a 7 member Finance Committee/Audit Review Board. After the review, the Finance Committee meets to discuss the audit and 990, and vote on approval. If approved, the audit and 990 are sent electronically to the 46 member Board of Directors. After the review, the Board of Directors meet to discuss the audit and the 990 and vote on approval. When approved, the 990 is sent to the IRS, and the audit and 990 are posted to the organizations website.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	On an annual basis every Board Member receives a letter from the organization stating the conflict of interest policy. Attached to the memo is a schedule of member agencies who will receive monthly allocations from the organization. Each Board member must sign, date, and return the memo indicating that he/she agrees to the policy and if he/she has any affiliation with any of the member agencies receiving allocations. If a Board Member does have any affiliation with one of the agencies, it is documented and he/she is not allowed to vote on any Board motions regarding that agency.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The annual compensation of all employees is reviewed and approved by the CEO. The annual compensation of the CEO is reviewed and approved by the Executive Committee and approved by the Chairman of the Board.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The Income Tax Return Form 990 and the Annual Audit is available on the organizations website. All other public documents are available on request.
F990_P11_S00_L05	Form 990, Part XI, Line 5	Unrealized Gains on Investments \$104,607, Change in Value of Charitable Lead Trust and Pooled Income Fund (\$5,413), Change in Value of Gift Annuities (\$29,453), Change in Cash Surrender Value of Life Insurance Policies \$5,222.