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Return of Organization Exempt From Income Tax

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

2012

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

A For the 2012 calendar year, or tax year beginning July 1, 2012, 2012, and ending June 30, 20 13

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

C Name of organization United Way of Escambia County
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1301 W. Government Street
 City, town or post office, state, and ZIP code
Pensacola, Florida 32502

D Employer identification number
59-0651076

E Telephone number
850-434-3157

G Gross receipts \$ 4,289,338

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

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

J Website: ▶ www.unitedwayescambia.org

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation: 1944 **M** State of legal domicile FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To unite the efforts and resources of Escambia County with programs and initiatives that can create measurable and sustainable positive changes in the areas of health, education, and financial stability. Through collaborative efforts and resources from individuals and corporate contributions, we strategically invest in outcomes-based programs & initiatives in priority areas, leveraging resources to maximize impact.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	2,246
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	55
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,257,602	3,504,327
	9 Program service revenue (Part VIII, line 2g)	45,478	53,082
	10 Investment income (Part VIII, column (A), lines 3, 4 and 7d)	21,426	45,654
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,920	22,626
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,361,426	3,625,689
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,133,079	2,308,392
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	805,905	853,493
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,541	11,927
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	361,811	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	341,258	353,455
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,286,793	3,527,267	
19 Revenue less expenses. Subtract line 18 from line 12	6,541	98,422	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,564,185	3,830,545
	21 Total liabilities (Part X, line 26)	1,813,292	1,952,822
	22 Net assets or fund balances. Subtract line 21 from line 20	1,750,893	1,877,723

Part II Signature Block

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

Sign Here Signature of officer [Signature] Date 2/11/14
 Type or print name and title TOM HILTON, CHIEF FINANCIAL OFFICER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

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

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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:
Uniting our community and leveraging resources to improve lives. We create these opportunities by serving as a safety net that leverages volunteer manpower, in-kind and financial contributions and public awareness to support our partner agencies whose programs effectively meet our community's health and human services needs.

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 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 \$ 2,352,191 including grants of \$ 2,308,392) (Revenue \$ 94,105)
Funds distributions programs - principal objective is to effectively administer and distribute funds to local agencies and programs, with a focus on improving education, health, and financial stability in Escambia County. of the \$2,308,392 set aside for distribution, over \$1,650,000 stayed locally in Escambia County, including over \$1,470,000 awarded or distributed to our partner agencies, primarily through an application process that uses community volunteers to assess partner applications. The application process focuses on measurable outcomes in the focus areas noted above that were identified as the key measures to improving life in Escambia County, Florida. Agencies apply for funding, host site visits and have oral presentations to allow our volunteers to better assess the effectiveness of their applicant programs. In addition, agencies that are awarded funds must provide quarterly reports that disclose how effective the agencies have been in achieving the results they claimed they would in their initial applications. In addition to the allocations process, we have partnered with local agencies to distribute toys to children at Christmas (Communities Caring at Christmas) as well as school supplies for low income children in Escambia County (Cram the Van). These programs were able to distribute over \$80,000 worth of goods towards their goals this year.

4b (Code: 624200) (Expenses \$ 314,444 including grants of \$) (Revenue \$ 246,541)
211 Northwest Florida - During this year, the program continued its expansion into the nine counties of northwest Florida. 211 provides 24/7 comprehensive information and referral services to a population of nearly one million individuals. Over 37,000 callers dialed 211 in search of assistance with health and human services. For these callers, 211 Northwest Florida provided over 60,000 referrals to programs that assist with utilities (25%), rent or mortgage (21%), and health care (18%). They maintained a 98% quality rating and managed a website (211nwf.org) that experienced over 10,000 visits monthly. The program is integral to the health and human service community structure of providing support.

4c (Code: 624100) (Expenses \$ 63,632 including grants of \$) (Revenue \$ 103,169)
Financial Stability - The financial stability program is made up of two components: voluntary income tax assistance (VITA) and My Free Taxes, a program to provide phone support to individuals using a free nationwide tax preparation web site promoted by United Way Worldwide and funded in part by Walmart. The local VITA program was operated by 52 volunteers who provided over 5,426 donated hours to provide free tax preparation services to low income individuals and families in Escambia and Santa Rosa Counties. In total, our volunteers submitted over 2,050 returns, generating over \$2.8 million in tax refunds while saving our clients over \$227,000 in preparer's fees. Included in the \$2.8 million of refunds was over \$926,000 of earned income tax credits which can often be overlooked by filers who are unfamiliar with the EITC program. The My Free Taxes program provided phone support to over 5,400 callers who had questions about various aspects of their tax returns.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 136,121 including grants of \$) (Revenue \$ 73,240)

4e Total program service expenses **▶** 2,865,388

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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	✓	
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		✓
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		✓
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	✓	
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	✓	
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	✓	
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		✓
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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	✓	
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	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	✓	
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 and XII is optional		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
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, Parts I and IV		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		✓
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 (see instructions)		✓
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	✓	
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
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>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
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?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
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>		✓
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>		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, 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>		
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>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 27		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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 ► **Florida**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year.
- 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 Florida 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) David Jones Chairperson	8.5	✓		✓						
(2) Meri Asmar Secretary	12.6	✓		✓						
(3) Bob Sanders Treasurer	6.9	✓		✓						
(4) Gary Sammons Chair Elect	7.0	✓		✓						
(5) Andrea Krieger Chief Executive Officer				✓			\$103,943		\$6,448	
(6) Tom Hilton Chief Financial Officer	44.2			✓			\$59,059		\$5,590	
(7) Doris Young Director	1.6	✓								
(8) Kathy Anthony Director	7.0	✓								
(9) Kendrick Doidge Director	2.6	✓								
(10) Kevin Doyle Director	4.1	✓								
(11) Cathy England Director	7.5	✓								
(12) Mark Faulkner Director	2.7	✓								
(13) Hal George Director	4.2	✓								
(14) Carol Hawthorne Director	1.9	✓								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) Linda Hoffman Director	7.1	<input checked="" type="checkbox"/>								
(16) Kathie Jeffcoat Director	6.6	<input checked="" type="checkbox"/>								
(17) Oliver Jones Director	1.4	<input checked="" type="checkbox"/>								
(18) Ted Kircharr Director	2.2	<input checked="" type="checkbox"/>								
(19) Shannon Lands Director	15.0	<input checked="" type="checkbox"/>								
(20) Trip Maygarden Director	4.3	<input checked="" type="checkbox"/>								
(21) Paula Shell Director	4.8	<input checked="" type="checkbox"/>								
(22) Bob McLaughlin Director	7.1	<input checked="" type="checkbox"/>								
(23) Yvette McLellan Director	18.9	<input checked="" type="checkbox"/>								
(24) Robert Mills Director	3.0	<input checked="" type="checkbox"/>								
(25) Vaughn Nichols Director	2.3	<input checked="" type="checkbox"/>								
1b Sub-total							\$163,002		\$12,038	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							\$163,002		\$12,038	

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 **▶ 1**

	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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<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. 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 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
26 11 David Peaden Director	11.7	✓								
27 2 Ed Ranelli Director	2.0	✓								
28 3 Malcolm Thomas Director	2.8	✓								
29 4 Patrice Whitten Director	4.3	✓								
30 5 Johnnie Wright Director	1.8	✓								
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	7,823					
	b Membership dues	1b						
	c Fundraising events	1c	66,497					
	d Related organizations	1d						
	e Government grants (contributions)	1e	159,413					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,270,594					
	g Noncash contributions included in lines 1a-1f \$		43,968					
	h Total. Add lines 1a-1f			3,504,327				
	Program Service Revenue				Business Code			
2a Non Profit Training Seminars			624200	2,344	2,344			
b Escambia 211 Serving NW Florida			624200	18,600	18,600			
c Emergency Food Shelter Program			624200	2,697	2,697			
d Designation Fee Income			900099	21,521	21,521			
e Affordable Non Profit Rent			624110	7,920	7,920			
f All other program service revenue .								
g Total. Add lines 2a-2f				53,082				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			34,210	34,210			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				651,783				
		b Less: cost or other basis and sales expenses		640,339				
		c Gain or (loss)		11,444				
	d Net gain or (loss)			11,444	11,444			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		27,124				
		b Less: direct expenses	b	23,028				
		c Net income or (loss) from fundraising events .			4,096			4,096
	9a Gross income from gaming activities. See Part IV, line 19	a						
		b Less: direct expenses	b					
		c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances	a		337					
	b Less: cost of goods sold	b	282					
	c Net income or (loss) from sales of inventory . .			55			55	
Miscellaneous Revenue			Business Code					
11a <u>Event Sponsorships</u>		900099	18,475	18,475				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			18,475					
12 Total revenue. See instructions.			3,625,689	117,211	55		4,096	

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).

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	2,308,392	2,308,392		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	203,364	50,448	123,452	29,464
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	528,231	266,110	142,985	119,136
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,756	1,911	2,511	1,334
9 Other employee benefits	46,707	26,367	7,602	12,738
10 Payroll taxes	69,435	36,776	17,971	14,688
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,780		17,780	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	11,927			11,927
f Investment management fees	6,129		6,129	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,397	5,315	500	582
12 Advertising and promotion	39,935	10,907	5,060	23,968
13 Office expenses	58,108	34,856	16,662	6,590
14 Information technology	10,588	408	4,392	5,788
15 Royalties				
16 Occupancy	59,722	28,678	19,645	11,399
17 Travel	9,943	5,845	1,441	2,657
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,726	5,171	26	529
20 Interest	398	198	122	78
21 Payments to affiliates	31,531	15,721	9,642	6,168
22 Depreciation, depletion, and amortization	59,024	35,537	14,382	9,105
23 Insurance	3,739	1,596	1,517	626
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues and Subscriptions	2,457	815	1,603	39
b Volunteer Support	18,441	17,228	687	526
c Governmental Fees, Licenses	1,724	619	398	707
d Meals	19,956	12,188	4,403	3,365
e All other expenses	1,857	302	1,489	66
25 Total functional expenses. Add lines 1 through 24e	3,527,267	2,865,388	400,399	261,480
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	536,797	1	684,307
	2 Savings and temporary cash investments	231,326	2	198,266
	3 Pledges and grants receivable, net	1,233,614	3	1,250,715
	4 Accounts receivable, net	11,057	4	118,839
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	925	8	3,268
	9 Prepaid expenses and deferred charges	44,053	9	45,151
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,466,850		
	b Less: accumulated depreciation	10b 781,803	10c	685,047
	11 Investments—publicly traded securities	776,411	11	844,952
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,564,185	16	3,830,545	
Liabilities	17 Accounts payable and accrued expenses	50,087	17	58,821
	18 Grants payable	1,560,297	18	1,629,728
	19 Deferred revenue		19	8,312
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	42,521	21	111,091
	22 Loans and other 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	148,445	23	135,323
	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	11,942	25	9,547
	26 Total liabilities. Add lines 17 through 25	1,813,292	26	1,952,822
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,088,759	27	1,131,888
	28 Temporarily restricted net assets	395,208	28	478,909
	29 Permanently restricted net assets	266,926	29	266,926
	Organizations that do not follow SFAS 117 (ASC 958), 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	1,750,893	33	1,877,723	
34 Total liabilities and net assets/fund balances	3,564,185	34	3,830,545	

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	3,625,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,527,267
3	Revenue less expenses. Subtract line 2 from line 1	3	98,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,750,893
5	Net unrealized gains (losses) on investments	5	28,408
6	Donated services and use of facilities	6	21,377
7	Investment expenses	7	6,076
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(27,453)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,877,723

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

United Way of Escambia County

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—Non-functionally integrated
 - 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,231,448	3,345,977	3,557,669	3,299,832	3,504,327	16,939,253
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	3,231,448	3,345,977	3,557,669	3,299,832	3,504,327	16,939,253
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.						16,939,253

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,231,448	3,345,977	3,557,669	3,299,832	3,504,327	16,939,253
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,667	17,359	17,847	21,426	34,210	115,509
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	53,359	48,088	38,575	38,937	53,082	232,041
11 Total support. Add lines 7 through 10						17,286,803
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98 %
16a 33 1/3% support test—2012. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. 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		<input type="checkbox"/>
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		<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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Part II, Section B, Line 10 - Other income includes various fees from providing Non Profit Training Seminars to local agencies, information and referral services on behalf of a local United Way in Panama City, designation fee income, and administration of the local Emergency Food and Shelter Program in Escambia County, as well as subsidized rent from a local agency co-located in the United Way building.

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

Employer identification number

United Way of Escambia County

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 XIII, 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 XIII, 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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	263,125	279,995	238,961	218,828	240,121
b Contributions					
c Net investment earnings, gains, and losses	29,864	(14,815)	43,048	22,113	(19,310)
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	(2,214)	(2,055)	(2,014)	(1,980)	(1,462)
g End of year balance	290,775	263,125	279,995	238,961	218,828

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ 100%
 - c Temporarily restricted endowment ▶ %
- 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:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | ✓ |
| (ii) related organizations | 3a(ii) | ✓ |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII 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		92,350		92,350
b Buildings		1,056,086	516,819	539,267
c Leasehold improvements				
d Equipment		318,414	264,984	53,430
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				685,047

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	9,547
(2) Capitalized printer lease obligation	
(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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements		1	2,417,252
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	28,408	
b	Donated services and use of facilities	2b	21,377	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,927	
e	Add lines 2a through 2d	2e		61,712
3	Subtract line 2e from line 1	3		2,355,540
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	6,076	
b	Other (Describe in Part XIII.)	4b	1,264,073	
c	Add lines 4a and 4b	4c		1,270,149
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,625,689

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

1	Total expenses and losses per audited financial statements		1	2,290,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	21,377	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,927	
e	Add lines 2a through 2d	2e		33,304
3	Subtract line 2e from line 1	3		2,257,118
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	6,076	
b	Other (Describe in Part XIII.)	4b	1,264,073	
c	Add lines 4a and 4b	4c		1,270,149
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,527,267

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV - The organization maintains custody of fees remitted by members of the UWADA (United Way Agency Directors Association) as annual dues to cover the costs of maintaining the Association, including costs related to professional development of the membership, as well as meeting costs. In addition, the organization maintains custody of funds for several local programs that are held in partnership with other local agencies and civic groups to meet common goals.

Part XI, 2D/Part XII, 2D- The audited financial statements netted fundraising fees of \$11,927 against income, reducing total revenue and total expense per the audited financial statements, while fundraising fees were reported as an expense on the tax return.

Part XIII Supplemental Information (continued)

Part XI, 4B/Part XII, 4B - Campaign designations of \$1,264,073 were netted against campaign revenue on the audited financial statements, reducing audited revenues and expenses, while they were recorded as grants and other assistance on Part IX, Line 1 of the tax return.

Lined area for supplemental information with horizontal dashed lines.

Supplemental Information Regarding Fundraising or Gaming Activities

2012
Open to Public Inspection

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.

Name of the organization
United Way of Escambia County

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.
 - a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name 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.

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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	(b) Event #2	(c) Other events	(d) Total events
		<u>Passport to Unite</u> (event type)	<u>Ascend Golf Trmt</u> (event type)	<u>Navy Fed Sp Event</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	27,124	21,596	14,772	63,492
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	27,124	21,596	14,722	63,492
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,700			1,700
	6 Rent/facility costs	7,845			7,845
	7 Food and beverages	5,799			5,799
	8 Entertainment				
	9 Other direct expenses	7,684			7,684
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(23,028)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				40,464	

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: _____
- _____
- _____

**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

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

United Way of Escambia County, Inc.

59-0651076

Part I General Information on Grants and Assistance

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

Yes No

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. 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) Salvation Army, PO Box 18569, Pensacola, FL 32523	58-0660607	501(c)3	\$144,552.46				Designation/Allocation
(2) ARC Gateway, 3932 N 10th Ave, Pensacola, FL 32503	59-1940528	501(c)3	\$99,731.09				Designation/Allocation
(3) Council on Aging of W. Fl., PO Box 17066, Pensacola, FL 32522	59-1373939	501(c)3	\$77,765.83				Designation/Allocation
(4) YMCA of Northwest Fl., 415B N Tarragona St, Pensacola, FL 32501	59-0624465	501(c)3	\$74,900.93				Designation/Allocation
(5) Early Learning Coalition, 3300 N Pace Blvd Ste 210, Pensacola FL 32505	59-3683222	501(c)3	\$73,680.14				Designation/Allocation
(6) BigBroSisters of NWFL, 1149 Creighton Rd Ste 1, Pensacola FL 32504	59-2996893	501(c)3	\$67,313.97				Designation/Allocation
(7) United Cerebral Palsy NWFL, 2912 North E St, Pensacola, FL 32501	59-0737912	501(c)3	\$65,924.00				Designation/Allocation
(8) Community Health Charities, PO Box 75153, Baltimore, MD 21275	13-6167225	501(c)3	\$62,679.40				Designations
(9) Catholic Charities NWFL, 1000 W Garden St, Pensacola, FL 32502	59-3213644	501(c)3	\$61,412.57				Designation/Allocation
(10) Boys & Girls Club, 923 Denton Blvd NW, Ft Walton Beach, FL 32547	59-1390241	501(c)3	\$58,370.31				Designation/Allocation
(11) Amer. Red Cross NWFL, 222 N Baylen St, Pensacola, FL 32502	59-0637808	501(c)3	\$42,438.81				Designation/Allocation
(12) Military Fam & Vet Svce Orgs., PO Box 45754, San Francisco, CA 94145	94-3193418	501(c)3	\$35,091.65				Designations

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**

3 Enter total number of other organizations listed in the line 1 table **0**

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

Cat No 50055P

Schedule I (Form 990) (2012)

**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

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

United Way of Escambia County, Inc.

59-0651076

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. 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) Lutheran Svcs of NW FL, 4610 W Fairfield Dr, Pensacola, FL 32506	59-2198911	501(c)3	\$34,838.81				Designation/Allocation
(2) Childrens Home Soc of FL, PO Box 19136, Pensacola, FL 32523	59-0192430	501(c)3	\$34,824.75				Designation/Allocation
(3) FavorHouse of NW FL, 2001 W Blount St, Pensacola, FL 32501	59-2075120	501(c)3	\$33,979.97				Designation/Allocation
(4) Animal Charities of America, PO Box 45754, San Francisco CA 94145	94-3193389	501(c)3	\$32,108.53				Designations
(5) Gulf Coast Kids House, 3401 N. 12th Ave, Pensacola, FL 32503	59-3520130	501(c)3	\$30,575.58				Designation/Allocation
(6) AMIKids Pensacola, 3685 Muldoon Rd, Pensacola, FL 32526	59-3051944	501(c)3	\$26,789.41				Designation/Allocation
(7) Baptist Health Care Fdtn, 1000 W Moreno Ste409, Pensacola FL 32501	59-0192265	501(c)3	\$24,900.86				Designation/Allocation
(8) America's Charities, Suntrust Bk Lockbox79570, Balto., Md 21279	54-1517707	501(c)3	\$24,603.19				Designations
(9) United Way of Santa Rosa Cty, PO Box 284, Milton, FL 32572	59-6142612	501(c)3	\$23,348.67				Designations
(10) Christian Svc Charities, PO Box 79704, Baltimore, MD 21279	94-3193374	501(c)3	\$23,230.20				Designations
(11) Lakeview Center Inc, 1221 W Lakeview Ave, Pensacola, FL 32501	59-0737872	501(c)3	\$22,835.73				Designation/Allocation
(12) Manna Food Bank, 116 E Gonzalez St, Pensacola, FL 32501	59-2181031	501(c)3	\$19,211.23				Designations
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							12
3 Enter total number of other organizations listed in the line 1 table							0

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

Cat No 50055P

Schedule I (Form 990) (2012)

**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

2012

**Open to Public
Inspection**

Employer identification number

59-0651076

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. 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) Health&MedResearchCharities, POBox45754 SanFranciscoCA94145	94-3217739	501(C)3	\$18,926.63				Designations
(2) Chain Reaction, 1301 E Gadsden St, Pensacola, FL 32501	20-5966578	501(C)3	\$18,340.98				Designation/Allocation
(3) CancerCure of America, PO Box 45754, San Francisco, CA 94145	81-0648432	501(C)3	\$17,712.25				Designations
(4) Childrens Charities of America, POBox45754, SanFrancisco,CA94145	94-3148588	501(C)3	\$17,251.90				Designations
(5) Health & Hope Clinic, 9999 Chemstrand Rd, Pensacola, FL 32514	26-4336638	501(C)3	\$16,494.61				Designation/Allocation
(6) New Beginnings Group Inc, 820 Gerhardt Dr, Pensacola, FL 32503	59-3597194	501(C)3	\$15,265.24				Designation/Allocation
(7) Covenant Hospice, 5041 N 12th Ave, Pensacola, FL 32504	59-2208300	501(C)3	\$15,125.64				Designations
(8) Ronald McDonald Hse NWFL, 5200 Bayou Blvd, Pensacola, FL 32503	59-2172279	501(C)3	\$14,213.24				Designations
(9) Christian Charities USA, PO Box 45754, San Francisco, CA 94145	94-3255961	501(C)3	\$13,663.36				Designations
(10) American Red Cross, PO Box 73857, Chicago, IL 60673	53-0196605	501(C)3	\$13,594.67				Designations
(11) Andrews Research Inst., PO Box 17500, Pensacola, FL 32522	26-3263612	501(C)3	\$13,350.00				Designations
(12) Pillars for Promise, 1048 Ft Pickens Rd, Pensacola Bch, FL 32561	26-2848376	501(C)3	\$13,350				Designations

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Cat No 50055P

Schedule I (Form 990) (2012)

**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

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

United Way of Escambia County, Inc.

59-0651076

Part I General Information on Grants and Assistance

- 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
- 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. 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) ChildrensMedRsrchCharAmerica POBox45754 San Francisco CA 94145	27-0093393	501(c)3	\$12,990.82				Designations
(2)							
(3) Seastars Aquatics, 5425 Hibiscus Rd, Pensacola, FL 32504	20-1199276	501(c)3	\$12,668.92				Designation/Allocation
(4) NW FL Legal Svces, 701 South J St, Pensacola, FL 32501	59-1817996	501(c)3	\$12,288.20				Designation/Allocation
(5) Global Impact, P.O. Box 409616, Atlanta, GA 30384	52-1273585	501(c)3	\$12,280.97				Designations
(6) Community Drug & Alcohol Coun- cil, 3804 N9thAv, Pensacola, FL 32503	59-1380927	501(c)3	\$10,513.27				Designation/Allocation
(7) Wildlife Sanctuary of NWFL, 105 North S St, Pensacola, FL 32505	59-2222303	501(c)3	\$10,454.98				Designations
(8) Waterfront Rescue Mission, PO Box 870, Pensacola, FL 32591	59-0838106	501(c)3	\$10,378.96				Designations
(9) Epilepsy Society of NW FL, 5192 Bayou Blvd, Pensacola, FL 32503	23-7377993	501(c)3	\$10,272.90				Designation/Allocation
(10) Boy Scouts GulfCoast Council, 9440 Univ.Pkwy, Pensacola FL 32514	59-0624405	501(c)3	\$10,063.13				Designations
(11) Bay Area Food Bank, 5709 In- dustrial Blvd, Milton, FL 32563	63-0821997	501(c)3	\$9,853.71				Designation/Allocation
(12) Pace Ctr for Girls, 1201 College Blvd, Pensacola, FL 32504	59-2414492	501(c)3	\$9,600.12				Designation/Allocation

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11**
- Enter total number of other organizations listed in the line 1 table **0**

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

Cat No. 50055P

Schedule I (Form 990) (2012)

**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

2012

Open to Public
Inspection

Employer identification number

59-0651076

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

(1) 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! PO Box 45754 San Francisco, CA 94145	94-319338/	501(c)3	\$5,785.61				Designations
(2) Legal Services of North Florida 118 S Baylen St. Pensacola FL 32502	51-0197090	501(c)3	\$5,045.54				Designation/Allocation
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

2

0

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

Cat No 50055P

Schedule I (Form 990) (2012)

**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

2012

**Open to Public
Inspection**

Employer identification number

59-0651076

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. 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) Panhandle Youth Asst Program, 4150 CedarSprgsRd, Molino FL 32577	59-3490012	501(C)3	\$9,563.86				Allocation
(2) EarthShare, CFC Reg.#0194, Dept 4011, Washington, DC 20042	52-1601960	501(C)3	\$9,353.43				Designations
(3) HealthFirst America's Char. Sun-trust Lockbx79570 Balto.MD 21279	20-8693253	501(C)3	\$8,018.41				Designations
(4) ChildrenFirst Amer'sChar. Sun-trust Lockbx79570 Balto.Md 21279	30-0186795	501(C)3	\$7,072.25				Designations
(5) Medical Research Charities, 125 WashingtonStSte201 Salem MA01970	94-3148591	501(C)3	\$6,979.15				Designations
(6) Charities Under 1% Overhead, POBox45754, SanFranciscoCA94145	27-3132554	501(C)3	\$6,829.41				Designations
(7) Pensacola Habitat For Humanity, 300 W Leonard, Pensacola FL 32501	59-2186044	501(C)3	\$6,807.63				Designations
(8) USO Inc., 2111 Wilson Blvd Ste 1200, Arlington, VA 22201	13-1610145	501(C)3	\$6,715.77				Designations
(9) Univ of West FL Fdtn, 11000 Univ Blvd, Pensacola, FL 32514	59-616629	501(C)3	\$6,646.03				Designations
(10) Human Care Char of Amer, PO Box 45754, SanFrancisco CA 94145	94-3067804	501(C)3	\$6,125.14				Designations
(11) Autism Pensacola, PO Box 30213, Pensacola, FL 32503	11-3643957	501(C)3	\$5,940.51				Designation/Allocation
(12) BRACE, 1301 W Government St, Pensacola, FL 32501	20-4815891	501(C)3	\$5,904.18				Designation/Allocation

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

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

12
0

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

Cat No 50055P

Schedule I (Form 990) (2012)

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
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

United Way of Escambia County

59-0651076

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	2	6,785	FMV per Investment Broker
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Food)	✓	18	16,581	Provided by Donor
26 Other ▶ (Office Furniture)	✓	6	10,475	Provided by Donor
27 Other ▶ (Office Supplies)	✓	7	2,581	Provided by Donor
28 Other ▶ (Misc)	✓	48	7,546	Provided by Donor

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		✓

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	✓	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		✓
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

United Way of Escambia County

Employer identification number

59-0651076

Part III, 4D - Other Program Expenses, United Way provides additional support to local agencies in the form of infrastructure support.

Included in this additional support is the local Emergency Food and Shelter program for which United Way is the administrator, ensuring approximately \$140,000 or so annually of federal funds to assist with rental assistance and food assistance is effectively distributed to local agencies. In addition United Way provides training to local agencies through its Non-Profit Training seminars, which cover non profit governance, budgeting, planning, marketing and outreach, as well as fundraising topics. United Way also manages a Loaned Executive program that provides local volunteers with knowledge of local non profits and how non profits operate in general, with the goal of giving local executives the skills necessary to serve on the Boards of local agencies.

Part VI, Section B, 11B - A draft of the complete form 990 is sent to all Board members via email prior to submission. All Board members are asked to review the document and direct any questions to the organization's Chief Financial Officer.

Part VI, Section B, 12C - All Board members are required to disclose annually any potential conflicts of interest in a written disclosure document. The primary potential for conflict of interest exists in the decisions to award grant funds to recipient agencies, of which, some Board members may also sit. Any Board member with a potential conflict in these situations is asked to disclose their role on the recipient agency, and the Board has authority to recuse such Board member from participating in the decisions regarding grants to said agency.

Part IV, Section B, 15 - The CEO's salary is reviewed and approved by the Board of Directors annually. The salary is compared to similar non profits locally for reasonableness. The CFO's salary is approved by the CEO and executive committee as part of the annual budgeting process as well.

Part XI, Line 9 - Other changes in Net Assets

Donated Services expensed per GAAP, not Tax	(\$21,377)
Investment Expenses netted against income per GAAP, not Tax	(\$6,076)
Total Other Changes in Net Assets	(\$27,453)

Name of the organization

Employer identification number

United Way of Escambia County

59-0651076

Part VI, Section B, Line 19 - The organization posts its most recently completed audited financial statements and Form 990 on its website for public review. In addition, the 990 is available on Guidestar.org and the organization is listed as a BBB accredited charity under the Better Business Bureau's Wise Giving Alliance. Governing documents and documents concerning policies and procedures are available upon request.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Escambia County

Employer identification number

59-0651076

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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.

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

(a) Name, address, and EIN (if applicable) 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) <u>United Way of Escambia County Foundation, LLC</u> <u>1301 W. Government Street, Pensacola, Florida 32502</u>	<u>Fundraising</u>	<u>Florida</u>	<u>\$44,753</u>	<u>\$554,177</u>	<u>UW Escambia Cty</u>
(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) _____							

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	(a) Name of other organization	(b) Transaction type (a-e)	(c) Amount involved	(d) Method of determining amount involved
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.				
(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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1).....													
(2).....													
(3).....													
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