

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 3747 W International Speedway Blvd City or town, state or country, and ZIP + 4 Daytona Beach, FL 32124 F Name and address of principal officer Ray Salazar 3747 W International Speedway Blvd Daytona Beach, FL 32124	D Employer identification number 59-1099774 E Telephone number (386) 253-0563 G Gross receipts \$ 4,569,400
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
J Website: www.unitedway-vfc.org		L Year of formation 1977 M State of legal domicile FL
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities To increase the organized capacity of this community to care for its people Through our initiatives and Partner Agencies we continue to bring nutritious food to those in need, keep at-risk youth engaged in education programs, help individuals and families achieve financial stability, and ensure the viability of human service nonprofits																									
	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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">3</td> <td align="right">50</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td align="right">50</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)</td> <td align="right">17</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td align="right">2,210</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td align="right">0</td> </tr> <tr> <td>7b Net unrelated business taxable income from Form 990-T, line 34</td> <td align="right">0</td> </tr> </table>	3	50	4 Number of independent voting members of the governing body (Part VI, line 1b)	50	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	17	6 Total number of volunteers (estimate if necessary)	2,210	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	7b Net unrelated business taxable income from Form 990-T, line 34	0												
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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 Ray Salazar President Type or print name and title	Date 2013-11-11
Paid Preparer Use Only	Prnt/Type preparer's name Firm's name Firm's address	Preparer's signature Date Check <input type="checkbox"/> if self-employed Firm's EIN Phone no

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 To Increase the organized capacity of our community to care for its people

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

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

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

4a (Code) (Expenses \$ 1,768,988 including grants of \$ 0) (Revenue \$ 0)
 Community Distributions - 1) \$1,496,600 in funding was made to 34 local partner agencies to benefit the community in the areas of education, income and health 2) Through focused distributions of \$60,500 the Women's Initiative strived to improve the quality of life for women and children in Volusia and Flagler counties 3) The Community Foundation, a division of the United Way of Volusia-Flagler Counties Inc and the UWVF Volunteer Center teamed up to award 7 scholarships to local students entering their freshman year in college totaling \$8,600 4) The Community Foundation also hosted their annual Herbert M Davidson Memorial Dinner which raised \$10,200 and was distributed to a local non-profit to provide after school nourishment, tutoring, and support to disadvantage school children 5) Additionally the Community Foundation provided a \$14,200 match to \$14,200 of federal funds to provide down payment assistance to 9 first time homebuyers 6) Approximately \$20,000 was distributed to help families pay utility bills through the Progress Energy Neighborhood Fund 7) United Way provides fiscal sponsor services for several community service programs Each of the programs has a steering committee of several community residents who provide all the support for fundraising and fund distribution decisions This year the programs provided \$97,900 to the community

4b (Code) (Expenses \$ 200,298 including grants of \$ 0) (Revenue \$ 0)
 1) United Way's Public Policy Committee strives to affect public policy for the common good of the community The committee's goal is to educate businesses, community leaders, and policymakers regarding the strengths of our local providers, as well as, the gaps in service provision 2) UWVF administers the federal Emergency Food and Shelter Program for Volusia and Flagler Counties This funding is used to supplement emergency food and shelter programs in the two county area During this fiscal year the United Way was able to administer \$306,700 for emergency food and shelter needs in Volusia and Flagler Counties 3) FamilyWize Prescription Drug Cards - offers free prescription discount cards to those in our community who do not have health insurance, or need medicine not covered by their insurance plan During this fiscal year Volusia and Flagler County residents used the FamilyWize prescription discount cards over 54,000 times saving a total of approximately \$942,000 4) The Campaign For Working Families(CFWF) continued to provide free tax preparation at fourteen Volunteer Income Tax Assistance (VITA) sites in Volusia and Flagler Counties With 135 dedicated volunteers and approximately 4,600 hours of time donated, they were able to provide 2,840 Tax Returns filed, \$3,500,000 in Tax Refunds, and \$1,769,000 in EITC and Child Tax Credit Refunds

4c (Code) (Expenses \$ 120,673 including grants of \$ 0) (Revenue \$ 0)
 United Way's Volunteer Center strives to promote and nurture volunteerism through the recruitment, development, placement, and recognition of individuals and groups who Live United through volunteerism This year the Volunteer Center connected approximately 2,200 local volunteers who served more than 27,000 hours at a value of more than \$598,000 to our community when calculated at the national average of \$21.79 per hour Additionally, the Volunteer Center received a \$95,000 grant, Reading Pals, which was used to recruit, train, implement, and do follow up evaluations for 67 volunteers to go to 6 different schools and read to 192 Pre-Kindergarten children Students receiving the mentoring and tutoring had improved test scores in the areas of literacy and phonological awareness which demonstrated that the Reading Pals had a tremendous impact on building on teachers' instructions and improve school readiness and literacy rates

(Code) (Expenses \$ 219,339 including grants of \$ 0) (Revenue \$ 0)
 1) United Way's 2-1-1/First Call For Help is an easy to remember number that anyone can call to get directed to the social service providers who may be able to assist them The Information and Referral staff is certified by the national Alliance of Information and Referral Systems Last year more than 19,000 phone calls were answered by our certified Information and Referral Specialists 2) Several Direct Service Community Programs are supported by the Organization The largest program provides funding to improve policing skills, leadership, and crime reduction through training programs and the acquisition and use of high technology

4d Other program services (Describe in Schedule O)
 (Expenses \$ 219,339 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 2,309,298

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
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)*

<p>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></p>	<p>21</p>	<p>Yes</p>	
<p>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></p>	<p>22</p>	<p>Yes</p>	
<p>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></p>	<p>23</p>		<p>No</p>
<p>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></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>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></p>	<p>25a</p>		<p>No</p>
<p>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></p>	<p>25b</p>		<p>No</p>
<p>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></p>	<p>26</p>		<p>No</p>
<p>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></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>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></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>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></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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></p>	<p>33</p>		<p>No</p>
<p>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></p>	<p>34</p>		<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>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></p>	<p>35b</p>		
<p>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></p>	<p>36</p>		<p>No</p>
<p>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></p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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
 John Holcomb 3747 W International Speedway Blvd Daytona Beach, FL (386) 366-9040

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if 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			
See Additional Data Table										

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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							136,838	0	18,841	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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 26,410					
	b	Membership dues 1b 0					
	c	Fundraising events 1c 120,658					
	d	Related organizations 1d 0					
	e	Government grants (contributions) 1e 106,965					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,374,998					
	g	Noncash contributions included in lines 1a-1f \$ 11,500					
	h	Total. Add lines 1a-1f 2,629,031					
Program Service Revenue	2a Program Revenues						
		Business Code					
		561000	72,268	72,268	0	0	
	b	Resource Materials	519100	476	476	0	
	c	Designation Admin Fees	561000	7,837	7,837	0	
	d						
	e						
f	All other program service revenue		0	0	0		
g	Total. Add lines 2a-2f		80,581				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	131,973	131,973	0	0	
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0	
	5	Royalties	0	0	0	0	
	6a	(i) Real					
		(ii) Personal					
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
		b	Less cost or other basis and sales expenses	1,604,073	0		
		c	Gain or (loss)	1,505,871	0		
	d	Net gain or (loss)	98,202	98,202	0	0	
	8a	Gross income from fundraising events (not including \$ 120,658 of contributions reported on line 1c) See Part IV, line 18					
	a		123,742				
b	Less direct expenses b	123,742					
c	Net income or (loss) from fundraising events	0		0	0		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		2,939,787	310,756	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,731,894	1,731,894		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	37,094	37,094		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	157,646	59,818	41,637	56,191
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	416,139	175,330	23,253	217,556
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,911	11,001	1,311	14,599
9	Other employee benefits	70,568	26,157	11,566	32,845
10	Payroll taxes	41,556	16,729	1,768	23,059
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	18,500	0	18,500	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	43,233	0	0	43,233
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	823	641	0	182
13	Office expenses	30,960	23,494	171	7,295
14	Information technology	13,201	7,219	874	5,108
15	Royalties	0	0	0	0
16	Occupancy	73,680	31,140	9,563	32,977
17	Travel	24,879	12,316	1,171	11,392
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	17,832	8,769	337	8,726
20	Interest	0	0	0	0
21	Payments to affiliates	28,271	11,562	2,995	13,714
22	Depreciation, depletion, and amortization	28,109	11,497	2,978	13,634
23	Insurance	2,280	924	240	1,116
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	Program Direct Expenses	87,835	87,835	0	0
b	Professional Fees	27,964	16,503	6,700	4,761
c	Printing & Publications	50,302	20,664	1,174	28,464
d	Equipment Service Contracts	20,273	10,756	2,412	7,105
e	All other expenses	21,678	7,955	5,882	7,841
25	Total functional expenses. Add lines 1 through 24e	2,971,628	2,309,298	132,532	529,798
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	396	1	12,707
	2 Savings and temporary cash investments	882,448	2	890,884
	3 Pledges and grants receivable, net	801,931	3	772,593
	4 Accounts receivable, net	9,161	4	12,491
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	16,447	9	19,190
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	663,214		
	b Less accumulated depreciation	388,816		
	11 Investments—publicly traded securities	292,452	10c	274,398
	12 Investments—other securities See Part IV, line 11	5,206,360	11	5,751,895
	13 Investments—program-related See Part IV, line 11	0	12	0
	14 Intangible assets	0	13	0
	15 Other assets See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	178,727	15	186,090	
	7,387,922	16	7,920,248	
Liabilities	17 Accounts payable and accrued expenses	67,620	17	91,381
	18 Grants payable	1,475,485	18	1,449,929
	19 Deferred revenue	31,082	19	34,715
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	154,393	25	142,098
	26 Total liabilities. Add lines 17 through 25	1,728,580	26	1,718,123
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	4,229,731	27	4,906,649
	28 Temporarily restricted net assets	793,403	28	659,268
	29 Permanently restricted net assets	636,208	29	636,208
	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	5,659,342	33	6,202,125	
34 Total liabilities and net assets/fund balances	7,387,922	34	7,920,248	

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	2,939,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,971,628
3	Revenue less expenses Subtract line 2 from line 1	3	-31,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,659,342
5	Net unrealized gains (losses) on investments	5	582,452
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,828
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,202,125

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 12000197
Software Version: v1.00
EIN: 59-1099774
Name: UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

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

(A) Name and Title	(B) Average hours per week (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			
Alma Dixon Director	3 0	X						0	0	0
Betty Goodman Director	3 0	X						0	0	0
Bill Griffin Director	3 0	X						0	0	0
Bo Brewer Director	3 0	X						0	0	0
Bob Davis Director	3 0	X						0	0	0
Bobbie King Director	3 0	X						0	0	0
Bruce Page Chair Community Building	3 0	X						0	0	0
Bud Ritchey Director	3 0	X						0	0	0
Dan Bolergack Assistant Treasurer	3 0	X						0	0	0
Dan Davis Director	3 0	X						0	0	0
Dan Waller Director	3 0	X						0	0	0
Dona DeMarsh Butler Board Chair	3 0	X		X				0	0	0
Donna Sue Sanders Director	3 0	X						0	0	0
Dwayne Murray Director	3 0	X						0	0	0
Elan Kaney Immediate Past Board Chair	3 0	X						0	0	0
Erum Kistemaker Chair Special Events	3 0	X						0	0	0
Jack Wiles Director	3 0	X						0	0	0
James Halleran Treasurer	3 0	X		X				0	0	0
Jeff Blass Chair United Way of Florida	3 0	X						0	0	0
Jerry Doty Director	3 0	X						0	0	0
Jessica Scott Director	3 0	X						0	0	0
Jill Piazza Director	3 0	X						0	0	0
Jim Cameron Director	3 0	X						0	0	0
Jim Rose Director	3 0	X						0	0	0
Jim Weite Director	3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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				
John Guthrie Co-Chair-Campaign	3 0	X							0	0	0
John Walsh Director	3 0	X							0	0	0
Joseph Disanti Co-Chair Campaign	3 0	X							0	0	0
Joyce Shanahan Chair Fund Distribution	3 0	X							0	0	0
Julie Rand Director	3 0	X							0	0	0
Kathy Milthorpe Director	3 0	X							0	0	0
Kim Rogers Director	3 0	X							0	0	0
Larry Volenec Director	3 0	X							0	0	0
Lori Campbell Baker Director	3 0	X							0	0	0
Lori Catron Chair Marketing	3 0	X							0	0	0
Manlyn Chandler Ford Chair Administration	3 0	X							0	0	0
Mark Andrews Director	3 0	X							0	0	0
Maurie Johnson Director	3 0	X							0	0	0
Michael Olivari Director	3 0	X							0	0	0
Miguel Maldonado Director	3 0	X							0	0	0
Mike Coffin Director	3 0	X							0	0	0
Paula Kelton Director	3 0	X							0	0	0
Rick Fraser Director	3 0	X							0	0	0
Rob Grossman Director	3 0	X							0	0	0
Ron Novwiskie Director	3 0	X							0	0	0
Sam Willett Director	3 0	X							0	0	0
Scott Sels Director	3 0	X							0	0	0
Tom Still Director	3 0	X							0	0	0
Van Canada Director	3 0	X							0	0	0
William Gngat Chair Community Foundation	3 0	X							0	0	0

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

(A) Name and Title	(B) Average hours per week (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				
Ray Salazar Office President and Secretary	40 0			X				82,700	0	8,238	
John Holcomb Office Director of Administration	36 0				X			54,138	0	10,603	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

Employer identification number

59-1099774

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

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

- 1 A church, convention of churches, or association of churches 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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.")	3,731,254	2,898,830	2,885,614	2,857,012	2,629,031	15,001,741
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	3,731,254	2,898,830	2,885,614	2,857,012	2,629,031	15,001,741
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						15,001,741

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	3,731,254	2,898,830	2,885,614	2,857,012	2,629,031	15,001,741
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,279	90,005	116,594	115,165	131,973	564,016
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.)						
11 Total support (Add lines 7 through 10)						15,565,757

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<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	96.377 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	96.394 %

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 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).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Employer identification number

59-1099774

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and rows for Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), and 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? [X] Yes [] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [] No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): [] Preservation of land for public use, [] Protection of natural habitat, [] Preservation of open space, [] Preservation of an historically important land area, [] Preservation of a certified historic structure.

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

Table with 2 columns: Description (2a-2d) and Held at the End of the Year.

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

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

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

b If "Yes," explain the arrangement in Part 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	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	636,208	636,208	636,208	636,208	636,208
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	0	0	0	0	0
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	636,208	636,208	636,208	636,208	636,208

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

- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part 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	0	92,056		92,056
b Buildings	0	393,061	243,855	149,206
c Leasehold improvements	0	0	0	0
d Equipment	0	178,097	144,961	33,136
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				274,398

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		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Annuity Obligations	142,098
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	142,098

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	3,542,607
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	582,452
b	Donated services and use of facilities	2b	14,820
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	127,472
e	Add lines 2a through 2d	2e	724,744
3	Subtract line 2e from line 1	3	2,817,863
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII)	4b	121,924
c	Add lines 4a and 4b	4c	121,924
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,939,787

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

1	Total expenses and losses per audited financial statements	1	2,999,823
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	14,820
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	14,820
3	Subtract line 2e from line 1	3	2,985,003
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII)	4b	-13,375
c	Add lines 4a and 4b	4c	-13,375
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	2,971,628

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Income from permanently restricted endowments is used to support specific programs and agencies per donor's requests
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The Organization follows accounting standards relating to accounting for uncertainty in income taxes The Organization assessed whether there were any uncertain tax positions which may give rise to income tax liabilities and determined that there were no such matters requiring recognition in the accompanying financial statements
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Change in Value of Pooled Income Fund (\$1,896), Change in Cash Surrender Value of Life Insurance Policies \$5,626, Fundraising Expenses Netted from Revenues \$123,742
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Donor Designations \$110,367, Change In Value of Gift Annuities \$11,557
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Donor Designations \$110,367, Fundraising Expenses Netted from Revenues (\$123,742)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 59-1099774

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

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

- a Mail solicitations, b Internet and 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... 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

Table with 6 columns: (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. Includes a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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>Womens Initiative</u> (event type)	<u>HMD Dinner</u> (event type)	<u>5</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	116,179	39,000	89,221	244,400
	2 Less Contributions	70,589	15,378	34,691	120,658
	3 Gross income (line 1 minus line 2)	45,590	23,622	54,530	123,742
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	12,118	333	13,450	25,901
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	29,648	19,168	26,128	74,944
	8 Entertainment	250	600	2,600	3,450
	9 Other direct expenses	3,574	3,521	12,352	19,447
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 59-1099774

Part I General Information on Grants and Assistance

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

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

See Additional Data Table

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 37
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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) Scholarships	7	8,559		0 Cash	
(2) First Time Homebuyers Assistance	9	28,535		0 Cash	

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

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

Software ID: 12000197
Software Version: v1.00
EIN: 59-1099774
Name: UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross 431 White Street Daytona Beach, FL 32114	59-0637809	501(c)3	93,002				Allocation, Grants
ARC Volusia 100 Jimmy Huger Circle Daytona Beach, FL 32117	59-1035137	501(c)3	73,988				Allocation, Grants
Boys and Girls Clubs of Volusia County 101 North Woodland Blvd Suite 400 DeLand, FL 32720	59-3158162	501(c)3	67,483				Allocation, Grants
Boys Scouts Central Florida Division 1951 South Orange Blossom Trail Suite 102 Apopka, FL 32703	59-0624376	501(c)3	32,924				Allocation, Grants
Catholic Charities Inc 207 White Street Daytona Beach, FL 32114	59-1214353	501(c)3	47,226				Allocation, Grants
Center for Visually Impaired 1187 Dunn Avenue Daytona Beach, FL 32114	59-2938258	501(c)3	21,773				Allocation, Grants
Children's Advocacy Center 1011 W International Speedway Blvd Daytona Beach, FL 32114	59-2065914	501(c)3	56,553				Allocation, Grants
Children's Home Society 2400 South Ridgewood Avenue Suite 32 Daytona Beach, FL 32119	59-0192430	501(c)3	46,393				Allocation, Grants
Community Legal Services 128 Orange Avenue Suite 300 Daytona Beach, FL 32114	59-1156260	501(c)3	8,796				Allocation, Grants
Council on Aging of Volusia County 160 North Beach Street Daytona Beach, FL 32115	59-1160221	501(c)3	68,403				Allocation, Grants
Credability 3670 Maguire Boulevard Suite 103 Orlando, FL 32803	59-0942924	501(c)3	11,808				Allocation, Grants
Daytona Beach Pop Warner	23-1582287	501(c)4	6,100				Grant
Domestic Abuse Council PO Box 142 Daytona Beach, FL 32115	59-1881222	501(c)3	37,172				Allocation, Grants
Early Learning Coalition 230 North Beach Street Daytona Beach, FL 32114	59-3646549	501(c)3	109,132				Allocation, Grants
Easter Seals of Volusia and Flagler Counties 1219 Dunn Avenue Daytona Beach, FL 32114	59-0722785	501(c)3	36,261				Allocation, Grants
Family Life Center PO Box 2058 Bunnell, FL 32110	59-2832976	501(c)3	32,389				Allocation, Grants
Family Renew 810 Ridgewood Avenue Holly Hill, FL 32117	59-2971766	501(c)3	34,015				Allocation, Grants
Flagler Summer Day Camp 1 Corporate Drive Suite 2J Palm Coast, FL 32137	59-6000609	501(c)3	5,890				Allocation, Grants
Florida United Methodist Childrens Home	59-0638479	501(c)3	6,000				Grants
Food Brings Hope Inc 303 West Clyde Morris Boulevard Daytona Beach, FL 32120	45-5480270	501(c)3	88,198				Grants

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Girls Scouts of Citrus Council 341 North Mills Avenue Orlando, FL 32803	59-0696293	501(c)3	27,981				Allocation, Grants
Halifax Health Foundation	59-2893051	501(c)3	6,100				Grants
Halifax Urban Ministries PO Box 6053 Daytona Beach, FL 32122	59-2093922	501(c)3	106,987				Allocation, Grants
Haven Recovery PO Box 2196 Daytona Beach, FL 32115	59-1849438	501(c)3	86,159				Allocation, Grants
House Next Door 804 North Woodland Boulevard DeLand, FL 32720	59-1675284	501(c)3	38,881				Allocation, Grants
Lutheran Social Services of Northeast Florida 4615 Philips Highway Jacksonville, FL 32207	59-1965600	501(c)3	11,082				Allocation, Grants
Mental Health Association 631 South Ridgewood Avenue Daytona Beach, FL 32114	59-6044669	501(c)3	6,744				Allocation, Grants
Neighborhood Center of West Volusia 434 South Woodland Boulevard DeLand, FL 32720	59-1292577	501(c)3	98,136				Allocation, Grants
Pace Center for Girls 208 Central Avenue Ormond Beach, FL 32174	59-2414492	501(c)3	10,914				Allocation, Grants
Project Self 329 Bill France Blvd Daytona Beach, FL 32114	77-0714296	501(c)3	5,700				Grants
Salvation Army 121 West Plymouth Avenue DeLand, FL 32721	59-0631403	501(c)3	64,987				Allocation, Grants
Second Harvest Food Bank 2008 Brengle Avenue Orlando, FL 32808	59-2142315	501(c)3	41,408				Allocation, Grants
St Gerard House 1405 US 1 South St Augustine, FL 32084	59-2483955	501(c)3	12,160				Allocation, Grants
Stewart Marchman ACT 1220 Willis Avenue Daytona Beach, FL 32114	59-0976866	501(c)3	38,219				Allocation, Grants
UCP of East Central Florida WORC 1100 Jimmy Ann Drive Daytona Beach, FL 32117	23-7026771	501(c)3	69,388				Allocation, Grants
Volusia Flagler Family YMCA 761 E International Speedway Blvd DeLand, FL 32724	59-3284968	501(c)3	135,796				Allocation, Grants
Volusia Literacy Council 900 South Ridgewood Avenue Daytona Beach, FL 32114	59-2609500	501(c)3	34,782				Allocation, Grants

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

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

Employer identification number

59-1099774

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	A preliminary 990 is prepared by an independent outside accounting firm. It is first reviewed by the Chief Financial Staff person of the organization. It is then sent electronically to a 7 member Finance Committee/Audit Review Board. After the review, the Finance Committee meets to discuss the audit and 990, and vote on approval. If approved, the audit and 990 are sent electronically to each member of the Board of Directors. After the review, the Board of Directors meet to discuss the audit and the 990 and vote on approval. When approved, the 990 is sent to the IRS, and the audit and 990 are posted to the organizations website.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	On an annual basis every Board Member receives a letter from the organization stating the conflict of interest policy. Attached to the memo is a schedule of member agencies who will receive monthly allocations from the organization. Each Board member must sign, date, and return the memo indicating that he/she agrees to the policy and if he/she has any affiliation with any of the member agencies receiving allocations. If a Board Member does have an affiliation with one of the agencies, it is documented and he/she is not allowed to vote on any Board motions regarding that agency.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The annual compensation of the CEO is reviewed and approved by the Executive Committee and approved by the Chairman of the Board. The annual compensation of all employees is reviewed and approved by the CEO. Baseline comparisons are obtained from United Way Worldwide for all management positions.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The Income Tax Return Form 990 and the Annual Audit is available on the organizations website. All other public documents are available on request.
F990_P11_S00_L09	Form 990, Part XI, Line 9	Change In Value of Pooled Income Fund (\$1,896), Change In Value of Gift Annuities (\$11,557), Change In Cash Surrender Value of Life Insurance Policies \$5,626