			** PUBLIC DISC	LOSURE CC)PY **			
		00	Return of Organization	Exempt I	From I	ncome T	ax	OMB No. 1545-0047
Forr	n 9	90	Under section 501(c), 527, or 4947(a)(1) of the					2021
		••	Do not enter social security numb					Open to Public
		of the Treasury nue Service	► Go to www.irs.gov/Form990 for		-	-		Inspection
			ar year, or tax year beginning JUL 1,2				2022	
	heck if		organization	-		D Employer		tion number
	pplicabl		ED WAY OF VOLUSIA-FLAGLER			D Employer	lacitation	
	Addre		TIES, INC					
	Name		usiness as			59-1	099774	L
	_ chang ∣Initial			t addraga)	Deem/euite			I
-]return]Final		and street (or P.0. box if mail is not delivered to street CORNERSTONE BLVD		Room/suite 210	E Telephone	253-05	563
	/return termin				210			12,632,069.
	ated ∖Amen	ded TA VIT	own, state or province, country, and ZIP or foreign ONA BEACH,FL 32117-7129			G Gross receipts		
-	_lreturn ∖Applic		nd address of principal officer: COURTNEY			H(a) Is this a		
	⊥tiòn pendir		AS C ABOVE	DGCOMB			rdinates?	
<u> </u>						H(b) Are all subc		
		empt status: [.) 4947(a)(1)	or 527	1 '		t. See instructions
			S://WWW.UNITEDWAYVFC.ORG/	046 au		H(c) Group ex		
	orm of I rt I	Summary	X Corporation Trust Association	Other ►	L Year	of formation: 1	9// MS	state of legal domicile: ${f FL}$
Fd					COURDI			
ė	1	Briefly describ	e the organization's mission or most significant ac	tivities: SEE	SCHEDU	LE O		
anc								
ernö		Check this bo	· 6	•	sed of more	than 25% of its		
Ň			ing members of the governing body (Part VI, line 1					24
ن ھ			ependent voting members of the governing body					24
es			of individuals employed in calendar year 2021 (Pa					22
iviti			of volunteers (estimate if necessary)					1000
Activities & Governance			d business revenue from Part VIII, column (C), line					0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I,	line 11	<u></u>		7b	0.
						Prior Year		Current Year
e			and grants (Part VIII, line 1h)			4,967,0		2,916,766.
ent		•	ce revenue (Part VIII, line 2g)			429,		29,336.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)			572,8		498,988.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	111e)			395.	2,090.
			- add lines 8 through 11 (must equal Part VIII, colu			5,969,1		3,447,180.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)			1,122,9		2,109,367.
							0.	0.
Se			compensation, employee benefits (Part IX, colum			930,0		911,832.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e) \ldots				0.	0.
xpe	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 🛛 🕨 _	567,6	88.			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)			618,4		613,421.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A),	, line 25)		2,671,	524.	3,634,620.
	19	Revenue less	expenses. Subtract line 18 from line 12			3,297,0	657.	-187,440.
ces					Be	ginning of Curre		End of Year
Net Assets or -und Balances	20	Total assets (F	Part X, line 16)			16,506,0		13,867,048.
t As Id B	21	Total liabilities	(Part X, line 26)			205,		188,417.
			fund balances. Subtract line 21 from line 20			16,301,0	029.	13,678,631.
	rt II	Signature						
Unde	er pena	alties of perjury,	declare that I have examined this return, including acco	mpanying schedule	s and stateme	ents, and to the b	est of my kn	owledge and belief, it is
true,	correc	ct, and complete	Declaration of preparer (other than officer) is based on a	all information of w	hich preparer	has any knowled	ge.	
Sigr	ı	Signatur	e of officer			Date		
Her	е		TNEY EDGCOMB, PRESIDENT &	SECRETAR	RY			
		Type or p	rint name and title					
		Drint/Type pre	Dreparer's name			Date	Check	1 PTIN

	Print/Type preparer's name	Preparer's signature	
Paid	JAMES A. HALLERAN	JAMES A. HALLERAN	05/05/23 self-employed P00005496
Preparer	Firm's name 🕨 JAMES MOORE & CO	.,P.L.	Firm's EIN 59-3204548
Use Only	Firm's address 🖌 121 EXECUTIVE CI	RCLE	
	DAYTONA BEACH, F	L 32114-1180	Phone no. $386 - 257 - 4100$
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
			- 000 ()

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

orm	UNITED WAY OF VOLUSIA-FLAGLER 1990 (2021) COUNTIES, INC 59-1099774 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: TO INCREASE THE ORGANIZED CAPACITY OF OUR COMMUNITY TO CARE FOR ITS
	PEOPLE.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	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.
a	(Code:) (Expenses \$2, 316, 797. including grants of \$2, 109, 367.) (Revenue \$)
	COMMUNITY DISTRIBUTIONS: DISTRIBUTIONS THROUGH PARTNERSHIPS WITH LOCAL
	AGENCIES AND NON-PROFIT ORGANIZATIONS TO BENEFIT EDUCATION, INCOME,
	HEALTH AND SOCIAL SERVICES IN THE COMMUNITY. DISTRIBUTIONS THROUGH
	WOMEN UNITED GROUPS IN VOLUSIA AND FLAGLER COUNTIES STRIVING TO IMPROVE THE QUALITY OF LIFE FOR WOMEN AND CHILDREN IN VOLUSIA AND FLAGLER
	COUNTIES. DISTRIBUTIONS THROUGH DUKE ENERGY NEIGHBORHOOD FUND TO HELP
	FAMILIES PAY UTILITY BILLS. DISTRIBUTIONS THROUGH AGENCIES PROVIDING
	RESIDENTIAL MENTAL HEALTH TREATMENT TO HOMELESS VETERANS, ADDICTS, AND
	THE MENTALLY ILL.
)	(Code:) (Expenses \$ 291,719. including grants of \$) (Revenue \$ 29,336.)
	COMMUNITY IMPACT: UNITED WAY'S PUBLIC POLICY COMMITTEE STRIVES TO AFFECT POLICY FOR THE COMMON GOOD OF THE COMMUNITY WITH THE GOAL TO
	EDUCATE BUSINESSES, COMMUNITY LEADERS, AND POLICYMAKERS REGARDING THE
	STRENGTHS OF OUR LOCAL PROVIDERS AS WELL AS THE GAPS IN SERVICE
	PROGRAMS. THE FEDERAL EMERGENCY FOOD AND SHELTER PROGRAM FOR VOLUSIA
	AND FLAGLER COUNTIES ADMINISTERS FUNDING TO SUPPLEMENT AND EXPAND THE
	ONGOING WORK OF LOCAL SERVICE ORGANIZATIONS, BOTH NON-PROFIT AND
	GOVERNMENTAL, TO PROVIDE SHELTER, FOOD, AND SUPPORTIVE SERVICES TO
	INDIVIDUALS AND FAMILIES WHO EXPERIENCE ECONOMIC EMERGENCIES.
	FAMILYWIZE PRESCRIPTION DRUG CARDS OFFERS FREE PRESCRIPTION DISCOUNT
	CARDS TO THOSE WHO DO NOT HAVE HEALTH INSURANCE OR NEED MEDICATION NOT COVERED BY THEIR INSURANCE PLAN. THE CAMPAIGN FOR WORKING FAMILIES
;	(Code:) (Expenses \$92,434. including grants of \$) (Revenue \$) (Revenue \$)
•	FIRST CALL FOR HELP: UNITED WAY'S 2-1-1/FIRST CALL FOR HELP IS AN EASY
	NUMBER THAT ANYONE CAN CALL TO GET DIRECTED TO THE SOCIAL SERVICE
	PROVIDERS FOR ASSISTANCE. 211 HAS LIVE INFORMATION AND REFERRAL (I&R)
	OPERATORS 24 HOURS A DAY, 7 DAYS A WEEK. THE I&R STAFF IS CERTIFIED BY
	THE NATIONAL ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS. IT ALSO ACTS
	AS A HOTLINE NUMBER FOR MULTIPLE COMMUNITY PROGRAMS INCLUDING: FDOH
	DIABETES EDUCATION RESOURCE CENTER; FDOA SUMMER BREAKSPOT; VITA TAX
	PREP SCHEDULING; AND HELP ME GROW FLORIDA. SEVERAL DIRECT SERVICE
	COMMUNITY PROGRAMS ARE SUPPORTED BY THE ORGANIZATION, WITH THE LARGEST PROGRAM PROVIDING FUNDING TO IMPROVE POLICING SKILLS, LEADERSHIP, AND
	CRIME REDUCTION THROUGH TRAINING PROGRAMS AND THE ACQUISITION AND USE
	OF HIGH TECHNOLOGY.
ł	Other program services (Describe on Schedule O.)
-	(Expenses \$ 73,826 including grants of \$) (Revenue \$)
•	
	Form 990 (2021)
0	SEE SCHEDULE O FOR CONTINUATION(S)
5	505 789407 203843.1 2021.05080 UNITED WAY OF VOLUSIA-FLA 20384

COUNTIES, INC

Part IV Checklist of Required Schedules

Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
с	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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(a.a.c. ::
132003	12-09-21	Form	aan	(2021)

132003 12-09-21

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Form	990 (2021) COUNTIES, INC 59-1099	9774	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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? If "Yes," complete			
		23		x
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
32				x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a reasonance or note to any line in this Dart V	1.00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Schedule O contains a response or note to any line in this Part V		v -	
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
132004	↓ 12-09-21	Form	990	(2021)

132004 12-09-21

2021.05080 UNITED WAY OF VOLUSIA-FLA 203843.1

UNITED WAY ()F	VOLUSIA-FL	AGLER
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Part VI Statements Regarding Other IRS Filings and Tax Compliance continued 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the total canced view or endog with or within the vare covered by the intervient Statements? 2a X b It at least one is reported on Term W3, Transmittal of Wage and Tax Statements, the total canced view or endog with or within the vare covered by the intervient State Intervient Intervient Sta	Form	<u>990 (2021)</u> COUNTIES, INC 59-1099	774	Р	age 5
a Enter the number of employees reported on Ferm W3. Transmittal of Wage and Tax Statements. 22 b If a least one is reported on line 2a, did the organization fiel all equired decial enguined decian enguined decial enguined decial enguined decial enguined dec	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
It all bit or the capencing verse ending with or within the year covered by this return 2a 22 In the same of inserts 1 and 2a is greater than 260, your may be required to <i>c</i> , <i>de</i> . See instructions. 3a In the same of inserts 1 and 2a is greater than 260, your may be required to <i>c</i> , <i>de</i> . See instructions. 3a In the same of inserts 1 and 2a is greater than 260, your may be required to <i>c</i> , <i>de</i> . See instructions. 3a In the same of inserts 1 and 2a is greater than 260, your may be required to <i>c</i> , <i>de</i> . See instructions. 3b In the same of inserts 1 and 2a is greater than 320, your de an explanation on Scheduki 0. 3b In the same of inserts 1 and				Yes	No
b It least one is reported on line 2n, diff the organization life all required to ends. So instructions. 2b X 3a Diff the organization have unclude builtings grows noove of \$1,000 or more during the year? 3a X 3b Diff the organization have unclude builtings grows noove of \$1,000 or more during the year? 3b X 3b If Yes, "has if field a Form 993 To this year? If No? to line 3b, provide an explanation or Schedule O 3b X 3b If Yes, "has if field a Form 993 To this year? If No? to line 3b, provide an explanation or Schedule O 3b X 3b If Yes, "has if field a Form 993 To the line 3b, provide an explanation or Schedule O 3b X 3c X Diff organization have anneal the lenging country by the organization field mether transaction at any time during the tax year? Sa X 3c If Yes, "idd the organization field mether transaction at any time during the tax year? Sa X 3c If Yes, "idd the organization field mether transaction at any time during the tax year? Sa X 3c If Yes, "idd the organization field exhifts	2a				
Note: If the sum of ines 1s and 2s is greater than 250, you may be required to a days. See instructions. Image: See instruction: See instruction: See instruction: See instruction: Se		filed for the calendar year ending with or within the year covered by this return 2a 22			
ab Det the organization have unrelated business gross income of \$1,000 or more during the year? ga X b H**** Instancial accountly to the site site of more of Scheduke O Bb X c A at any time during the calendar year, did the organization have an interest in, or other financial accountly own; a time during the tax year? Ba X b M*set, fractor the name of the foreign cauntry b* Set instructions for fing requirements for FinCEN Form 114, Paport of Foreign Bank and Financial Accounts (PBAR), Set X c M*set the organization in a bay to a prohibited tax shoter transaction 7 Set Set X c M*set the organization in foreign Bank and Financial Accounts (PBAR), Set X c M*set the organization in the organization fine M was or tas party to a prohibited tax shote transaction? Set X d M*set, did the organization include with every solication an express statement that such combinitors or gifts were not tax deductibles of matable combinitors and any time during the payor 7 Sa X d M*set, did the organization include with every solication and express statement that such combinitors or gifts were not tax deductibles at matable combinitors in Avee access at the payor 7 Sa X d Did	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes," has it filed a form 900 Tro this yea? If Yes," the it if Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account()? Is b If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account()? Is b If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts f(FBAR), Is 5a Was the organization have many the organization have an large provide an at my time during the tax year? Is 5a Was the organization have many prose needback that was or is a prive to a prohibeted as shelfer transaction? Is 5a Did any tasable party notify the organization have manal gross needback? Is Is 6a Did any tasable party notify the organization have manal gross needback? Is Is 6a Did any tasable party notify the organization have manal gross needback? Is Is 7 Organization have many prose needback? Is Is Is 7 Organization have many prose needback? Is Is Is Is 7 Organization have many task accollation and party for goods and services provided? Ta X 7 Organization have acon parym		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a data francial accounts (or other functial accounts)? 4 X b If "Yes," enter the name of the foreign country (b) 5 5 8 5 5 We show the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions are section 170(c). 5a X b If "Yes," idd the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 7a X b If 'Yes," idd the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles contributions and gravity for goods and services provided? 7a X c Idd the organization noith we down of the value of the goods or services provided? 7a X c Idd the organization noithy any for goods and services provided? 7a X d If 'Yes," indicate the number of Forms 3282 fined during the year 7d X d Id 'Yes, 'indicate the number of Forms 3282 fined during as cany anneal benefit contract? 7t	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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If "Yes," complete Form 6069.	17				
			17		-
	190000		Form	990	(2021)

Form	990 (2021) COUNTIES, INC		59-1099	774	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and for a	"No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	24	-		
	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 on Schedule 0.					
-	Enter the number of voting members included on line 1a, above, who are independent	1b	24	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			77
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	airect	supervision			x
			filedO	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assored the organization have members or stockholders?			6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					- 23
74				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u> </u>		
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Δ	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10	х	
10	on Schedule O how this was done			12c	37	<u> </u>
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			13 14	X X	<u> </u>
15	Did the organization have a written document retention and destruction policy?			14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by iiit	lependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	x	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	t interest policy, and	d finano	cial	
00	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo WILLIAM BABIEZ $-386-275-1934$	oks and	recoras 🏲			
	1530 CORNERSTONE BLVD, STE 210, DAYTONA BEACH, FL	321	17-7129			
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.52000				1 0111		(-321)

Form 990 (2021)	COUNTIES,	INC			59-1099774	Page 7
Part VII Comp	ensation of Officers, Di	rectors, Trustee	s, Key Employees	, Highest Compen	sated	
Emplo	oyees, and Independent	Contractors				
Check i	f Schedule O contains a respor	nse or note to any line	e in this Part VII			
Section A. Office	rs, Directors, Trustees, Key E	mployees, and High	est Compensated Em	oloyees		
1a Complete this ta	able for all persons required to b	pe listed. Report com	pensation for the calen	dar year ending with or v	vithin the organization's	s tax year.
 List all of the of 	organization's current officers,	directors, trustees (v	hether individuals or or	ganizations), regardless	of amount of compensation	ation.

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 the instructions for definition of "key employee."

UNITED WAY OF VOLUSIA-FLAGLER

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona	_	nploy	st cor yee	-	1000 NEO		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) COURTNEY EDGCOMB	55.00		_							
PRESIDENT & SECRETARY				Х				87,419.	Ο.	6,645.
(2) WILLIAM BABIEZ	55.00									
CFO				Х				66,160.	0.	18,159.
(3) JOSEPH MORREALE	0.30									
DIRECTOR		Х						0.	0.	0.
(4) HEATHER SHUBIRG	0.30									
CHAIR ELECT		Х		Х				0.	0.	0.
(5) ED NOSEWORTHY	0.30									
RESOURCE DEVELOPMENT CHAIR		Х		Х				0.	0.	0.
(6) GREG SULLIVAN	0.30									
COMMUNITY FOUNDATIONS CHAIR		Х		Х				0.	0.	0.
(7) MATT HORTON	0.30									_
ADMINISTRATION CHAIR		Х		Х				0.	0.	0.
(8) SHERRYL WEEEMS	0.30									-
DIVERSITY, EQUITY, & INCLUSION CHAIR		Х		X				0.	0.	0.
(9) IVAN COSIMI	0.30								•	•
TREASURER		X		X				0.	0.	0.
(10) RYAN PAGE	0.30								•	•
OPERATIONS CHAIR		X		X				0.	0.	0.
(11) BROOKS CASEY	0.30								•	•
DIRECTOR		X						0.	0.	0.
(12) CARMEN HALL	0.30							0	0	0
DIRECTOR	0.20	Х						0.	0.	0.
(13) KAREN JACOBS	0.30							0	0	0
DIRECTOR	0.20	Х						0.	0.	0.
(14) NICOLE MILLER	0.30	37						0	0	0
DIRECTOR	0.20	Х						0.	0.	0.
(15) KIM MCBEE	0.30	37		37				0	0	0
IMMEDIATE PAST CHAIR	0.20	Х		Х		-		0.	0.	0.
(16) BOBBY THIGPEN	0.30	х							<u> </u>	<u>م</u>
DIRECTOR (17) DAVID PETRACCA	0 20	Δ				-		0.	0.	0.
(17) DAVID PETRACCA DIRECTOR	0.30	х						0.	0.	0.
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Form 990 (2021)

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UNITED WAY OF VOLUSIA-FLAGLE

Form 990 (2021) COUNTIES	, INC		, O 1						59-1	099'	774	Pa	age 8
Part VII Section A. Officers, Directors, Trus	-	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee					<u> </u>
(A)	(B)		,	(0				(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable	,	Fs	stimate	ed.
	hours per					than o s both		compensation	compensatio			nount	
	week	offi	cer ar	nd a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ctor						the	organizatior	ns	com	pensa	tion
	hours for	r dire			eq			organization	(W-2/1099-MI	SC/	fr	om the	е
	related	itee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC))	org	anizati	ion
	organizations	al trus	nal tr		oyee	e comp		1099-NEC)			an	d relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	line)	lnd	lnst	Offi	Key	e Hig	For						
(18) JANET MILLER	0.30												•
DIRECTOR		Х						0.		0.			0.
(19) KATE MEYERING	0.30												
DIRECTOR		Х						0.		0.			0.
(20) NICHOLAS PRINCE	0.30												
DIRECTOR		Х						0.		0.			Ο.
(21) MARITZA RODRIGUEZ	0.30												
DIRECTOR		х						0.		0.			0.
(22) BELKYS STALLINGS	0.30												
DIRECTOR		х						0.		0.			0.
(23) MICHELLE WALKER	0.30												
DIRECTOR		Х						0.		0.			0.
(24) MAUREEN WALSH	0.30												
DIRECTOR		Х						0.		0.			0.
(25) LISA VICCARO	0.30												
DIRECTOR		Х						0.		0.			0.
(26) DUSTIN SMURDON	0.30												
CHAIR		Х		Х				0.		0.			0.
1b Subtotal								153,579.		0.	2	4,80	04.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								153,579.		0.	2	4,80	04.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	е			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	, director, trust	ee, ł	key e	empl	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes.	" со	mple	ete S	Sche	dule	e J fe	or such individual	-		4		Х
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ıch r	Ders	on .		-			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	at received more than \$	100,000 of com	pensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)							T	(B)			(0)	
Name and business address NONE Description of services								C		nsatio	n		

2 Total number of independent contractors (including but not limited to those listed above) who received more than 0 \$100,000 of compensation from the organization Form 990 (2021)

NONE

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UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC

			2021) COUNTIES, INC				59-1099	77 4 Page 9
Pa	rt V							
			Check if Schedule O contains a response	or note to any lin	e 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 - 514
nts 1ts	1	а	Federated campaigns 1a					
Grai			Membership dues 1b	500.				
ts, (Am			Fundraising events 1c	199,967.				
ilar İlar			Related organizations 10	115 737				
ns, Sim			Government grants (contributions) 1e	115,737.				
utio		t	All other contributions, gifts, grants, and similar amounts not included above 1f	2,600,562.				
Contributions, Gifts, Grants and Other Similar Amounts		a	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	473,715.				
Con		-	Total. Add lines 1a-1f	 ►	2,916,766.			
0.0				Business Code	, , -			
ø	2	а	PROGRAM REVENUES	900099	29,336.	29,336.		
Program Service Revenue	_	b						
Sei		с						
am		d						
-pe B		е						
đ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		29,336.			
	3		Investment income (including dividends, intere		645 657			
	4		other similar amounts)		645,657.			645,657.
	4 5		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	а	Gross rents 6a	(
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 8,963,256.					
		b	Less: cost or other basis					
evenue			and sales expenses					
evel			Gain or (loss)		146 660			146 660
Other R			Net gain or (loss)	▶	-146,669.			-146,669.
Othe	8	а	Gross income from fundraising events (not including \$199,967. of					
0			contributions reported on line 1c). See					
			Part IV, line 18	76,616.				
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	►	1,652.			1,652.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b	-				
\rightarrow		C	Net income or (loss) from sales of inventory	Business Code				
sno	11	а	OTHER INCOME	900099	438.			438.
nec		b						
ella		c						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d	►	438.			
	12		Total revenue. See instructions	►	3,447,180.	29,336.	٥.	501,078.
132009	9 12-	09-	21					Form 990 (2021)

14110505 789407 203843.1

UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Secti				npiete column (A).						
	Check if Schedule O contains a response	(A)	(B)	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		ch pontoco	general expenses						
•	and domestic governments. See Part IV, line 21	2,109,367.	2,109,367.							
2	Grants and other assistance to domestic									
-	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
U	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
Ŭ	trustees, and key employees	201,984.	26,060.	149,864.	26,060.					
6	Compensation not included above to disqualified	20272020	20,0001		20,0000					
U	persons (as defined under section 4958(f)(1)) and									
	1050(-)(0)(D)									
7	Other salaries and wages	571,125.	223,452.	23,858.	323,815.					
8	Pension plan accruals and contributions (include	<i>,</i>								
5	section 401(k) and 403(b) employer contributions)	22,369.	10,361.		12.008.					
9	Other employee benefits	61,583.	28,740.		<u>12,008.</u> 32,843.					
10	Payroll taxes	54,771.	18,091.	10,664.	26,016.					
11	Fees for services (nonemployees):	J _ , , , _ •			20,010.					
	Management	19,351.	8 381.	5,831.	5 139.					
b		856.	<u>8,381</u> . 371.	258.	<u>5,139.</u> 227.					
	Legal	28,449.	12,321.	8,573.	7,555.					
	Lobbying	20/1100	10,0010		7,555.					
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	35,051.		35,051.						
	Other. (If line 11g amount exceeds 10% of line 25,	5570510								
y	column (A), amount, list line 11g expenses on Sch 0.)	48,145.	20 851.	14,509.	12,785.					
12	Advertising and promotion	589.	20,851. 589.		1277030					
13	Office expenses	54,106.	24,287.	8,920.	20,899.					
14	Information technology	59,012.	22,039.	10,037.	26,936.					
15	Royalties	00,0120	22,0050		20,0000					
16	Occupancy	36,859.	13,766.	6,269.	16.824.					
17	Travol	19,940.	8,042.	<u>6,269.</u> 2,711.	16,824. 9,187.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	17,383.	9,573.	614.	7,196.					
20	Interest	,			,					
21	Payments to affiliates	44,302.	16,808.	9,206.	18,288.					
22	Depreciation, depletion, and amortization	18,052.	8,666.	3,429.	5,957.					
23	Insurance	6,885.	2,613.	1,430.	2,842.					
24	Other expenses. Itemize expenses not covered	·								
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а	BAD DEBT EXPENSE	207,430.	207,430.							
b	DUES	12,900.	1,993.	517.	10,390.					
с	RECOGNITION & AWARDS	4,111.	975.	415.	2,721.					
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	3,634,620.	2,774,776.	292,156.	567,688.					
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 Figure if following SOP 98-2 (ASC 958-720)									

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Form 990 (2021)

Part IX Statement of Functional Expenses

14110505 789407 203843.1

Form	990	(2021)	

UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		275.	1	354,324.
	2	Savings and temporary cash investments		2,064,513.	2	259,513.
	3	Pledges and grants receivable, net		846,312.	3	488,548.
	4	Accounts receivable, net	29,486.	4		
	5	Loans and other receivables from any current or form	mer officer, director,			
		trustee, key employee, creator or founder, substanti	al contributor, or 35%			
		controlled entity or family member of any of these pe	ersons		5	
	6	Loans and other receivables from other disqualified				
		under section 4958(f)(1)), and persons described in s		6		
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
Ř	9			30,853.	9	13,965.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10				
	b	Less: accumulated depreciation10	ъ 526,180.	125,702.	10c	107,650.
	11	Investments - publicly traded securities		13,263,015.	11	12,504,814.
	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	146,457.	15	138,234.	
	16	Total assets. Add lines 1 through 15 (must equal lin		16,506,613.	16	13,867,048.
	17	Accounts payable and accrued expenses		83,777.	17	58,731.
	18	Grants payable	59,642.	18	9,550.	
	19	Deferred revenue		19	20,000.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
es	22	Loans and other payables to any current or former c				
Liabilities		trustee, key employee, creator or founder, substanti				
lab.		controlled entity or family member of any of these po			22	
-	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated thi			24	
	25	Other liabilities (including federal income tax, payabl				
		parties, and other liabilities not included on lines 17-		62 165	0.5	100 126
		of Schedule D		<u>62,165.</u> 205,584.	25	<u>100,136.</u> 188,417.
	26	Total liabilities. Add lines 17 through 25		205,564.	26	100,41/.
S		Organizations that follow FASB ASC 958, check I	nere 🕨 🛕			
nce	07	and complete lines 27, 28, 32, and 33.		11,399,648.	07	9,160,062.
ala	27			4,901,381.	27 28	4,518,569.
ЧB	28		ahaali hara 🔉 🗔	4,501,501.	20	4,510,505.
5		Organizations that do not follow FASB ASC 958, and complete lines 29 through 33.				
٩. ۲	20				20	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equip			29 30	
Isse	30				30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated incom Total net assets or fund balances		16,301,029.	32	13,678,631.
Ź	32	Total liabilities and net assets/fund balances		16,506,613.	33	13,867,048.
	00			00	Eorm 990 (2021)	

Form **990** (2021)

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	UNITED WAY OF VOLUSIA-FLAGLER					
	990 (2021) COUNTIES, INC	59-	1099	774	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	<u>,44</u>	7,1	80.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,63		
3	Revenue less expenses. Subtract line 2 from line 1	3				40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				29.
5	Net unrealized gains (losses) on investments	5	-2	<u>,43</u>	<u>4,9</u>	53.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				-5.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	,67	8,6	31.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?		I	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Зb		

Form **990** (2021)

(Fo	SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Public Cha omplete if the organ 49/		OMB No. 1545-0047				
					Attach to Form 990 or F //Form990 for instructio			nformation.		Inspection
Nar	ne of t	the organization		-	VOLUSIA-FLAGI				Employer	identification number
				TIES, INC						9-1099774
Pa	irt I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	s.	
The	organ	ization is not a	private found	lation because it is: (l	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school dese	cribed in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	ı 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 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								
-		-		Complete Part II.)				<i>,</i> ,		
6				-	nental unit described in					
7	X	•		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	Sublic described in
•		-		complete Part II.)						
8	\square				(1)(A)(vi). (Complete Part	,	d in coniu	nation with a	land grant	
9		-			in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
		university:	ภ ส กอก-เลกฉ-บู	grant conege of agric			lame, ony	, and state of	the college	
10	\square		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns. membersh	ip fees, and	d aross receipts from
					t to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)	,		•	, ,		,
11					vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ugh 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
a		Type I. A su	upporting orga	anization operated, s	upervised, or controlled l	oy its supp	ported org	anization(s), t	pically by	giving
		the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
			0		anization vested in the sa	ime persoi	ns that co	ntrol or mana	ge the supp	ported
		¬ ~	. ,	st complete Part IV,						
c		••	-	• • • •	g organization operated				ly integrate	ed with,
	. —		0	.,.). You must complete F					
c		••	-		orting organization oper				•	
				0 0	ation generally must sati	•		•	an attentiv	/eness
		7			nplete Part IV, Sections written determination from					
e			•		nally integrated supportir			турет, туре	п, туре п	
f	Ente	er the number of								
				n about the supporte						
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
Tota	al									

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Schedule A (Form 990) 2021 COUNTIES, INC

 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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3342381.	3022412.	4278113.	4967080.	2916766.	<u>18526752.</u>		
2	Tax revenues levied for the organ-								
	ization'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	3342381.	3022412.	4278113.	4967080.	2916766.	<u>18526752.</u>		
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)						1665565.		
6	Public support. Subtract line 5 from line 4.						16861187.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	3342381.	3022412.	4278113.	4967080.	2916766.	18526752.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	535,085.	469,588.	303,615.	444,540.	498,988.	2251816.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on					1,652.	1,652.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					438.	438.		
11	Total support. Add lines 7 through 10						20780658.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	642,102.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)			
	organization, check this box and stop	ohere							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	81.14 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	89.96 %		
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	k and		
	stop here. The organization qualifies	as a publicly supp	orted organization				►X		
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation					
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-			
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line					
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the			
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>		
						Cabadula A	(Form 990) 2021		

Schedule A (Form 990) 2021

132022 01-04-22

UNITED	WAY	OF	VOLUSIA-FLAGLEF

Schedule A (Form 990) 2021 COUNTIES, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ition,
_	check this box and stop here						
Sec	ction C. Computation of Public	c Support Pe	rcentage			<u> </u>	
15	Public support percentage for 2021 (li			column (f))		15	%
16	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	1 0			ine 13, column (f))		17	%
	Investment income percentage from 2						<u>%</u>
19a	33 1/3% support tests - 2021. If the	-					1/ is not
-	more than 33 1/3%, check this box an						>
b	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	n ulu not check a	box on line 14, 19	a, or 190, check ti	nis box and see in		
13202	23 01-04-22					Schedule	e A (Form 990) 2021

¹⁵

UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC

59-1099774 Page 4

1

2

Yes No

Schedule A (Form 990) 2021 Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

INC

COUNTIES,

Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			

			103	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u> </u>				

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
	Show the box next to the method that the organization dood to battery the integral rate root daring the year	· · · · · · · · · · · · · · · · · · ·

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent o	f each of its sup	oported organizations	6. Complete line 3 below.
---	--	------------------	-----------------	-------------------	-----------------------	---------------------------

с] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2021

132025 01-04-22

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UNITED	WAY	OF	VOLUSIA-FLAGLER
		-	

	dule A (Form 990) 2021 COUNTIES, INC			59-1099774 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 COUNTIES, INC			5	9-1099774 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	_
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
-	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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Cobodula A	(Farm 000) 2021	UNITED WAY COUNTIES, 1		VOLUSIA-FLAGLER	59-1099774 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide the 2, 3b, 3c, 4b, 4c, 5a, 6 ines 2 and 3; Part IV, 5	explai 5, 9a, Sectioi	nations required by Part II, line 10; Part II, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio n E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir s 2, 5, and 6. Also complete this part for a	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
132028 01-04-2	22				Schedule A (Form 990) 2021
				20	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

59-1099774

Name of the	organization
-------------	--------------

UNITED WAY OF VOLUSIA-FLAGLER

COUNTIES, INC

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots **b** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of o	B (Form 990) (2021) rganization D WAY OF VOLUSIA-FLAGLER		Page 2 Employer identification number
	IES, INC		59-1099774
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$ <u>500,5</u>	Person X Payroll
(a) No.	(b)	(c) Total contributio	(d) ns Type of contribution
2	Name, address, and ZIP + 4	\$200,5	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$137,5	Person X Payroll
(a) No.	(b)	(c) Total contributio	(d) ns Type of contribution
<u>4</u>	Name, address, and ZIP + 4	\$442,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)

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	B (Form 990) (2021)		1	Page 3
	rganization D WAY OF VOLUSIA-FLAGLER		Employ	yer identification number
	IES, INC		59	-1099774
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	SECURITIES			
		\$5	59.	08/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
2	SECURITIES			
		\$\$	60.	_05/15/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	-	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
123453 11-11	I-21			Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)			Page 4			
	rganization			Employer identification number			
	D WAY OF VOLUSIA-FLAGLE	R		F0 1000774			
Part III	IES, INC Exclusively religious, charitable, etc., contribut	ions to organizations described in s	ection 501(c)(7). (8). or (10)	$\frac{59-1099774}{1}$			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line en	try. For organizations				
	Use duplicate copies of Part III if additional	space is needed.	less for the year. (Enter this into, o	nce.) ► ←			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-		(e) Transfer of gif	t I				
		(0)	-				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	escription of how gift is held			
		(e) Transfer of gif	I				
		(-)	-				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
Part I	(*) * * • • • • • • •	(-, 3	(-,				
		(e) Transfer of gif	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
123454 11-11	1-21			Schedule B (Form 990) (2021)			
120-104 11-11		25		Consulie B (FORM 330) (2021)			

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	HEDULE D		I Financial Statements		OMB No. 1545-0047
(Forn	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
	ment of the Treasury		Attach to Form 990.		Open to Public
	Revenue Service		90 for instructions and the latest information of the latest informati		Inspection
Indiff	e of the organizatio	COUNTIES, INC			59-1099774
Par	t I Organiza		d Funds or Other Similar Funds or	Account	
		answered "Yes" on Form 990, Part IV, line			
			(a) Donor advised funds	(b) Func	Is and other accounts
1	Total number at end	d of year	6		
2	Aggregate value of	contributions to (during year)	671,119.		
3	Aggregate value of	grants from (during year)	732,541.		
4	Aggregate value at	end of year	416,456.		
5	-		vriting that the assets held in donor advised		
			exclusive legal control?		X Yes No
6	•		dvisors in writing that grant funds can be us	2	
			r donor advisor, or for any other purpose co	° °	
Par	impermissible priva		janization answered "Yes" on Form 990, Pa		X Yes No
				t IV, line 7.	
1		ervation easements held by the organization		historically	magitant land area
		of land for public use (for example, recreat		-	mportant land area
		natural habitat of open space	Preservation of a	centined hisi	one structure
2		1 1	ed conservation contribution in the form of	a conservati	on easement on the last
2	day of the tax year.	5 S I			Held at the End of the Tax Year
а					
b					
c	•		icture included in (a)		
			fter 7/25/06, and not on a historic structure		
-					
3			eased, extinguished, or terminated by the or		luring the tax
	year 🕨			•	C C
4	Number of states w	/here property subject to conservation eas	ement is located		
5	Does the organizati	on have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conser	vation easer	nents during the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements	s during the year
	▶\$				
8			e satisfy the requirements of section 170(h)(
_					
9		•	on easements in its revenue and expense sta		
			ote to the organization's financial statement	s that descr	ibes the
Par		ounting for conservation easements.	Art, Historical Treasures, or Othe	er Similar	Assets
		the organization answered "Yes" on Form			
10			8, not to report in its revenue statement and	halance sh	eet works
ia	•		lic exhibition, education, or research in furth		
			cial statements that describes these items.		
b	· •		B, to report in its revenue statement and bal	ance sheet v	works of
	-		exhibition, education, or research in further		
		ng amounts relating to these items:	· · · · · · · · · · · · · · · · · · ·	· · ·	,
	•	c		🕨 \$	
				N A	
2	If the organization r		asures, or other similar assets for financial g		
		nts required to be reported under FASB A			
а	Revenue included of	on Form 990, Part VIII, line 1	-	► \$	·
LHA	For Paperwork Re	duction Act Notice, see the Instructions	for Form 990.	5	Schedule D (Form 990) 2021
132051	10-28-21				
			26		

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	4	o			
5	1		Λ	E	r

	~~~~~~	WAY OF VOLU	ISIA-FLAGLI	ER		-				•
	dule D (Form 990) 2021 COUNTIE		I Parts da al Tra		0.11	5	9-10	99774	<del>Ι</del> Ρ	age <b>2</b>
Par	t III Organizations Maintaining C							(contin	nued)	
3 a	Using the organization's acquisition, accessic collection items (check all that apply):	d	Loan or excl	hange program	-	nificant us	e of its			
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						e in Part	XIII.		
5	During the year, did the organization solicit or		,	,	similar as	ssets		-		_
D	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Ye	es" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
<b>1</b> a	Is the organization an agent, trustee, custodia						_	_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been j	provided on Pa	irt XIII					
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV	/, line 10.					
		(a) Current year	(b) Prior year	(c) Two years	back (d	<b>i)</b> Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	12,627,567.	8,784,403.	7,749,	044.	7,76	4,471.	6,	,898	,927.
b	Contributions	432,128.	2,017,941.	1,652,	417.	2	0,486.		673,	875.
с	Net investment earnings, gains, and losses	-1,666,513.	2,645,252.	515,	075.	22	7,213.		884,	,131.
	Grants or scholarships	347,317.	742,593.	899,	845.	3	3,757.		132,	679.
	Other expenditures for facilities			· · · ·						
•	and programs	255.		189,	768.	22	5,503.		559.	783.
f	Administrative expenses	115,957.	77,436.		520.		3,866.		,	
g		10,929,653.	12,627,567.	8,784,			9,044.	7	764	471.
2	Provide the estimated percentage of the curr						,	,		
	Board designated or quasi-endowment	60.0000	%	) field as.						
a b	Permanent endowment ► 40.0000	%								
	· ·									
С	F	%								
•	The percentages on lines 2a, 2b, and 2c should be the second seco		Para da atra da atra da ser							
Ja	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	id administered	a for the	organizat	ion	ſ	Yes	No
	by:								162	X
	(i) Unrelated organizations							3a(i)		X
_	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par				F 000 F		10				
	Complete if the organization answered	a "Yes" on Form 990,		, i						
	Description of property	(a) Cost or ot basis (investm	ient) basis	or other (other)		cumulated eciation	1	(d) Bool		
1a	Land			2,056.						56.
	Buildings		40	1,591.	38	85,99	7.	15	5,5	94.
	Leasehold improvements									
	Equipment		14	0,183.	14	40,18	3.			0.
	Other									
	. Add lines 1a through 1e. (Column (d) must ea		( column (R) line 1(	)c)				10	7,6	50.
		<u>, a</u>	., 22.2000 ( <u>197</u> , 1110 10	- <i>-y</i>			chedule	D (Form		

132052 10-28-21

UNITED	WAY	OF	VOLUSIA-FLAGLER

Schedule	D (Form 990) 2021 COUNTIES, I	NC	59	9-1099774 _{Page} 3
Part V	I Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	cial derivatives			
	ely held equity interests			
(3) Other	·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Dart V	I. (b) must equal Form 990, Part X, col. (B) line 12.) ► III Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(4)				a or year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
<u>(5)</u> (6)				
<u>(7)</u> (8)				
(9)				
	I. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities.			_
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	ederal income taxes			22 520
	SIFT ANNUITY			33,538.
	GENCY FUND			66,598.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				100 120
	olumn (b) must equal Form 990, Part X, col. (B) lin	,		100,136.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

	UNITED WAY OF VOLUSIA-FLAG	LER				
Sche	dule D (Form 990) 2021 COUNTIES, INC			59-	1099774	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	719,4	483.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-2,434,953.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-207,430.			
е	Add lines 2a through 2d			2e	-2,642,3	<u>383.</u>
3	Subtract line 2e from line 1			3	3,361,8	866.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,051.			
b	Other (Describe in Part XIII.)	4b	50,263.			
С	Add lines 4a and 4b			4c	85,3	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,447,2	180.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		ith Expenses per F	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<b></b>		
1	Total expenses and losses per audited financial statements			1	3,341,8	876.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses		84.064			
d	Other (Describe in Part XIII.)		74,964.			0.6.4
е	Add lines 2a through 2d			2e		964.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,266,9	912.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		35,051.			
b	Other (Describe in Part XIII.)	4b	332,657.		267	700
с	Add lines 4a and 4b			4c	367,	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,634,6	620.
Pa	t XIII Supplemental Information.					

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 X, LINE 2:

501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINLY IN INCOME TAXES. THE ORGANIZATION ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX PROVISIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINLY IN INCOME TAXES. THE ORGANIZATION ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX PROVISIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
TAXES. THE ORGANIZATION ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX PROVISIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
PROVISIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE
UPON EXAMINATION.
Strink Tron -         Schedule D (Form 990) 2021           132054 10-28-21         29

UNITED WAY OF VOLUSIA-FLAGLER Schedule D (Form 990) 2021 COUNTIES, INC Part XIII Supplemental Information (continued)	59-1099774 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
BAD DEBT EXPENSE	-207,430.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	-74,964.
DONOR DESIGNATIONS	125,227.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	50,263.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	74,964.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT EXPENSE	207,430.
DONOR DESIGNATIONS	125,227.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	332,657.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Infor	mation Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		2021 Open to Public							
Internal Revenue Service		Inspection							
Name of the organization	COUNTIE	S, INC	VOLUSIA-FLA					59-1099	
	complete this par		the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	r oral agreer art VII) or ent viduals or ent	f Solicita g Special nent with any individual tity in connection with p tities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Ye	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
				Yes	No				
	ich the organizatio		ed or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the	Instructions for Form 9	990 or	990-E	: <b>Z</b> .		Schedul	e G (Form 990) 2021

132081 10-21-21

	Edule G (Form 990) 2021     COUNTINE       rt II     Fundraising Events.     Complete if for the state of fundraising event contributions and g			IV, line 18, or reported	
e		(a) Event #1 WOMEN ' S INITIATIVE (event type)	(b) Event #2 HMD DINNER (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	172,391.	104,192.		276,583.
	2 Less: Contributions	107,375.	92,592.		199,967.
	3 Gross income (line 1 minus line 2)	65,016.	11,600.		76,616
	4 Cash prizes				
	5 Noncash prizes	30.	409.		439
DIrect Expenses	6 Rent/facility costs	1,140.	1,207.		2,347
	7 Food and beverages	2,992.			2,992
	8 Entertainment		750. 26,071.		750
	<ul><li>9 Other direct expenses</li></ul>	· · ·	20,071.	•	74,964
heveriue	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
es	2 Cash prizes				
	3 Noncash prizes				
UIRECT EXPENSION	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	8 Net gaming income summary. Subtract line	7 from line 1, column (d)			
	Enter the state(s) in which the organization conc Is the organization licensed to conduct gaming a				Yes N

				VOLUSIA-FLAGLER			
	edule G (Form 990) 2021	COUNTIES,					4 Page 3
				nbers? or a member of a partnership or other entity formed		Yes	No No
12				or a member of a partnership or other entity formed		Yes	No
13	Indicate the percentage of gaming						
						13a	%
						13b	%
14	Enter the name and address of th	e person who prepares	s the c	organization's gaming/special events books and reco	rds:		
	Name 🕨						
	Address						
<b>1</b> 5a	Does the organization have a con	tract with a third party	from \	whom the organization receives gaming revenue?		Yes	No No
	If "Yes," enter the amount of gam of gaming revenue retained by the If "Yes," enter name and address	e third party >\$		organization <a> \$</a> and the arr	iount		
	Name 🕨						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided	•					
	Director/officer	Employee		Independent contractor			
17	Mandatory distributions:						
a		r state law to make cha	ritable	e distributions from the gaming proceeds to			
	retain the state gaming license?					Ves	└── No
b	e Enter the amount of distributions organization's own exempt activit	•		be distributed to other exempt organizations or spent	in the		
Pa				Inations required by Part I, line 2b, columns (iii) and (v	): and Parl	t III. lines 9	. 9b. 10b.
				y additional information. See instructions.	,,	,	
1320	33 10-21-21				Schedu	ıle G (Forn	n 990) 2021
				33			

		UNITED WAY	OF	VOLUSIA-FLAGLER		
Schedule G	(Form 990) Supplemental Infor	COUNTIES,	INC		59-1099774	Page 4
Fartiv	Supplemental Infor	mation (continued)				
					Schedule G (F	orm 990)
132084 11-18-3	21				- (	,

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SCHEDULE I							Ļ	OMB No. 1545-0047		
(Form 990)			vernments, ar ete if the organizatio						20	21
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>								Open to Inspe	Public
Name of the organizati			SIA-FLAGLER	<u>.</u>				Employer i	dentificatio	n number
Part I General Ir	COUNTIES ,								59-109	99//4
	zation maintain records t		amount of the grants	or assistance the	arantees' eligibility	for the grants or assis	stance and the select	ion		
•	award the grants or assis		•			•		,	X Yes	
2 Describe in Part	IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			••••••		
Part II Grants an	d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, t	for any	
1 (a) Name and ac	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance	
ATLANTIC CENTER F	OR THE ARTS INC									
1414 ART CENTER A	,									
NEW SMYRNA BEACH.		59-1998321	501(C)(3)	10,000.	0.			PROGRAM S	SUPPORT	
				,						
BEACON CENTER										
P.O. BOX 142										
DAYTONA BEACH, FL	32115	59-1881222	501(C)(3)	40,707.	0.			PROGRAM S	SUPPORT	
BOYS & GIRLS CLUB	S OF VOLUSIA									
FLAGLER COUNTIES	INC 101 N									
WOODLAND BLVD, ST	E 400 - DELAND,									
FL 32720		59-3158162	501(C)(3)	76,405.	0.			PROGRAM S	SUPPORT	
CATHOLIC CHARITIE FLORIDA INC 18	S OF CENTRAL 19 N SEMORAN BLVD									
- ORLANDO, FL 328		59-1214353	501(C)(3)	7,500.	0.			PROGRAM S	SUPPORT	
COUNCIL ON AGING	OF VOLUSIA COUNTY SS BLVD - DAYTONA									
BEACH, FL 32114		59-1160221	501(C)(3)	65,000.	0.			PROGRAM S	SUPPORT	
DR. MARY MCLEOD B FUND, INC 300										
DAYTONA BEACH, FL	32114	83-4246218	501(C)(3)	17,500.	0.			PROGRAM S	SUPPORT	
	per of section 501(c)(3) ar			e line 1 table				►		49.
	per of other organizations							🕨		
LHA For Paperwork	Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedu	ule I (Form 9	990) 2021

Schedule I (Form 990) COUNTIES ,		DIN I DAGDUR				5	9-1099774 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EARLY LEARNING COALITION OF							
FLAGLER AND VOLUSIA COUNTIES INC.							
- 135 EXECUTIVE CIRCLE, STE 100 -							
DAYTONA BEACH, FL 32114	59-3646549	501(C)(3)	154,000.	0.			PROGRAM SUPPORT
EASTERSEALS NORTHEAST CENTRAL							
FLORIDA, INC 1219 DUNN AVENUE -							
DAYTONA BEACH, FL 32114	59-0722785	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
EMBRY-RIDDLE AERONAUTICAL							
UNIVERSITY, INC 600 S CLYDE							
MORRIS BLVD - DAYTONA BEACH, FL							
32114	59-0936101	501(C)(3)	10,900.	0.			PROGRAM SUPPORT
FAMILY LIFE CENTER							
P.O. BOX 2058							
BUNNELL, FL 32110	59-2832976	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
FAMILY RENEW COMMUNITY INC.							
810 RIDGEWOOD AVE							
HOLLY HILL, FL 32117	59-2971766	501(C)(3)	64,167.	0.			PROGRAM SUPPORT
	55 2571700	501(0/(5/	04,107.				FROGRAM SOFFORT
FAMILY WORSHIP CENTER OF PORT							
ORANGE, INC P.O. BOX 290877 -							
PORT ORANGE, FL 32127	59-2431808	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
FIRST CHRISTIAN CHURCH							
326 S PALMETTO AVE							
DAYTONA BEACH, FL 32114	59-2065830	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH OF							
PORT ORANGE - 405 DUNLAWTON AVE -							
PORT ORANGE - 405 DONLAWION AVE - PORT ORANGE, FL 32127	59-0974343	501(C)(3)	27 000	0.			PROGRAM SUPPORT
	55 0574545	501(0)(5)	27,000.	0.			INSONAL BUILORI
FLAGLER CARES INC.							
160 CYPRESS POINT PKWY, STE B302							
PALM COAST, FL 32164	47-4145174	501(C)(3)	135,000.	0.			PROGRAM SUPPORT

ssistance to Dor						59-1099774 Page
	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
59-3006312	501(C)(3)	30 000	0			PROGRAM SUPPORT
45-5480270	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
59-2560862	501(C)(3)	7,379.	0.			PROGRAM SUPPORT
25 0005016						
35-2227346	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
47-3394536	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
50 2802051	501(0)(2)	15 000	0			PROGRAM SUPPORT
35 2053031	501(0)(3)	13,000.				
59-2661284	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
		18,000.	0.			PROGRAM SUPPORT
50 2002022	501(0)(2)	12 000				PROGRAM SUPPORT
	(b) EIN 59-3006312 45-5480270 59-2560862 35-2227346 47-3394536 59-2893051 59-2661284 23-7432863	(b) EIN (c) IRC section	(b) EIN       (c) IRC section if applicable       (d) Amount of cash grant         59-3006312       501(C) (3)       30,000.         45-5480270       501(C) (3)       5,250.         59-2560862       501(C) (3)       7,379.         35-2227346       501(C) (3)       6,000.         47-3394536       501(C) (3)       9,000.         59-2893051       501(C) (3)       15,000.         59-2661284       501(C) (3)       15,000.         23-7432863       501(C) (3)       18,000.	(b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance           59-3006312         501(c) (3)         30,000.         0.           45-5480270         501(c) (3)         5,250.         0.           59-2560862         501(c) (3)         5,250.         0.           59-2560862         501(c) (3)         7,379.         0.           35-2227346         501(c) (3)         6,000.         0.           47-3394536         501(c) (3)         9,000.         0.           59-2893051         501(c) (3)         15,000.         0.           59-2661284         501(c) (3)         15,000.         0.           23-7432863         501(c) (3)         18,000.         0.	(b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)           59-3006312         501(C) (3)         30,000.         0.           45-5480270         501(C) (3)         5,250.         0.           59-2560862         501(C) (3)         7,379.         0.           35-2227346         501(C) (3)         6,000.         0.           47-3394536         501(C) (3)         9,000.         0.           59-2661284         501(C) (3)         15,000.         0.           59-2661284         501(C) (3)         15,000.         0.           23-7432863         501(C) (3)         18,000.         0.	(b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of yeluation assistance         (g) Description of non-cash assistance           59-3006312         501(C) (3)         30,000.         0.

COUNTIES, INC Schedule I (Form 990) . .

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
THE HEALTHY START COALITION OF							
FLAGLER AND VOLUSIA COUNTIES, INC.							
- 109 EXECUTIVE CIR - DAYTONA							
BEACH, FL 32114	59-3163742	501(C)(3)	55,045.	0.			PROGRAM SUPPORT
HELP A DIABETIC CHILD INC.							
P.O. BOX 110161							
NAPLES, FL 34108	46-1652118	501(C)(3)	6,379.	0.			PROGRAM SUPPORT
INDIANAPOLIS MOTOR SPEEDWAY							
FOUNDATION INC 4750 W 16TH ST -		F01(0)(2)	10.000	0			
INDIANAPOLIS, IN 46222	35-6013771	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
JEWISH FEDERATION OF VOLUSIA &							
FLAGLER COUNTIES - 470 ANDALUSIA							
AVE - ORMOND BEACH, FL 32174	59-1774958	501(C)(3)	28,995.	0.			PROGRAM SUPPORT
			,				
LIGHTHOUSE CHRIST PRESBYTERIAN							
CHURCH - 1035 WEST GRANADA BLVD -							
ORMOND BEACH, FL 32174	59-6557076	501(C)(3)	9,500.	0.			PROGRAM SUPPORT
MID FLORIDA COMMUNITY SERVICES							
INC 803 S WOODLAND BLVD -							
DELAND, FL 32720	59-1235202	501(C)(3)	80,000.	0.			PROGRAM SUPPORT
MOTORSPORTS MUSEUM & HALL OF FAME	59-1255202	501(0)(5)	80,000.	0.			FROGRAM SUFFORT
OF AMERICA FOUNDATION INC 1801							
W INTERNATIONAL SPEEDWAY BLVD -							
DAYTONA BEACH, FL 32114	38-2779981	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
,			, , ,				
NEIGHBORHOOD CENTER OF WEST							
VOLUSIA INC 434 S WOODLAND BLVD							
- DELAND, FL 32720	59-1295217	501(C)(3)	100,850.	0.			PROGRAM SUPPORT
OUR LADY OF HOPE CATHOLIC CHURCH							
4675 S CLYDE MORRIS BLVD	59-2151299	501(C)(3)	5 300	0.			PROGRAM SUPPORT
PORT ORANGE, FL 32129	59-2151288		5,300.	U.		1	FROGRAM SUPPORT

Schedule I (Form 990) COUNTIES, INC

59-1099774 Page 1

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACE CENTER FOR GIRLS INC.							
208 CENTRAL AVE ORMOND BEACH, FL 32174	59-2414492	501(C)(3)	48,000.	0.			PROGRAM SUPPORT
	33 241492	501(0)(3)	40,000.				
PRESBYTERIAN COUNSELING CENTER							
INC 430 BRADDOCK AVE - DAYTONA	50.0750046	F01 ( a) ( 2 )	44.000				
BEACH, FL 32118	59-2750846	501(C)(3)	44,000.	0.			PROGRAM SUPPORT
PROVISION PACKS, INC.							
289 WALNUT ST							
ORMOND BEACH, FL 32174	81-4750104	501(C)(3)	20,250.	0.			PROGRAM SUPPORT
SALTY MINISTRIES INC.							
160 E GRANADA BLVD							
ORMOND BEACH, FL 32176	20-4735568	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF							
CENTRAL FLORIDA INC 411 MERCY DR - ORLANDO, FL 32805	59-2142315	501(C)(3)	30,478.	0.			PROGRAM SUPPORT
SMA HEALTHCARE INC.							
150 MAGNOLIA AVE							
DAYTONA BEACH, FL 32114	59-0976866	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
TEMPLE BETH EL							
579 N NOVA RD							
ORMOND BEACH, FL 32174	59-6192854	501(C)(3)	268,036.	0.			PROGRAM SUPPORT
THE ARC OF VOLUSIA INC.							
100 JIMMY HUGER CIR DAYTONA BEACH, FL 32117	59-1035137	501(C)(3)	24,478.	0.			PROGRAM SUPPORT
	33 1033137		21,1/0.				LICORT DOLLORI
HOUSE NEXT DOOR INC.							
804 N WOODLAND BLVD							
DELAND, FL 32720	59-1675284	501(C)(3)	52,600.	٥.			PROGRAM SUPPORT

Schedule I (Form 990) COUNTIES, INC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
VOLUSIA-FLAGLER COUNTY COALITION FOR THE HOMELESS INC P.O. BOX								
309 - DAYTONA BEACH, FL 32115	16-1649078	501(C)(3)	175,000.	0.			PROGRAM SUPPORT	

Schedule I (Form 990) 2021

COUNTIES, INC

59-1099774

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

OVERSIGHT FOR ALL GRANTS IS ASSIGNED TO UNITED WAY OF VOLUSIA-FLAGLER

COUNTIES, INC.'S (UWVFC) VICE PRESIDENT OF COMMUNITY IMPACT. GRANTS ARE

REVIEWED ON A TWO-YEAR BASIS BY A VOLUNTEER CABINET OF 15 COMMUNITY

MEMBERS. THIS GROUP SETS THE PRIORITIES AND FUNDING STRATEGIES FOR UWVFC

DONATIONS, REVIEWS ALL PROGRAM PROPOSALS, AND PROVIDES A RECOMMENDATION FOR

FUNDING TO THE BOARD OF DIRECTORS. ON A QUARTERLY BASIS, THE CABINET

RECEIVES AND REVIEWS PROGRAM REPORTS, PROVIDING FEEDBACK WHEN NECESSARY.

UNITED WAY OF VOLUSIA-FLAGLER	
Schedule I (Form 990)       COUNTIES, INC         Part IV       Supplemental Information	59-1099774 Page 2
UWVFC HOSTS COMMUNITY IMPACT AMBASSADORS, VOLUNTEERS TWICE A	
THE ORGANIZATION, REVIEW ALL PROGRAM REPORTS, AND INTERVIEW	PROGRAM STAFF
ABOUT THE PROGRAM'S PERFORMANCE .	
132291 04-01-21	Schedule I (Form 990)

	Complete if the ord	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	LU		1
	tment of the Treasury Attach to Form 990	-				Open to		ic
				I the latest information.		Inspe		
Nam	e of the organization UNITED WAY C		SIA-FLAGL	ER		identificatio		nber
Pa	COUNTIES, IN rt I   Types of Property				5	9-1099	//4	
I U		(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		of determin ntribution ar	•	s
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		6	473,715.	FMV			
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 $\ldots$							
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 ()							
26 07	Other ( )							
27	Other ()							
28	Other ()	in ations also in a	 					
29	Number of Forms 8283 received by the organ						0	
	for which the organization completed Form 82	200, Part V, L	Jonee Acknowledg	ement 29			Yes	No
200	During the year, did the organization receive b	ov oontributic	n any proporty ron	ortad in Dart L lines 1 throug	h 09 that it		Tes	No
30a	must hold for at least three years from the dat	-						
	exempt purposes for the entire holding period					302		x
h	If "Yes," describe the arrangement in Part II.					<u>30a</u>		
31	Does the organization have a gift acceptance	policy that re	auires the review	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties							
02d			•			32a		x
h	contributions? If "Yes," describe in Part II.					020		
33	If the organization didn't report an amount in a	column (c) fo	r a type of property	/ for which column (a) is chec	ked.			
	describe in Part II.				,			

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

Schedule M (Form 990) 2021

132141 11-17-21

# Noncash Contributions

#### SCHEDULE M (Form 990)

OMB No. 1545-0047

2

91

14110505 789407 203843.1

UNITED WAY OF VO	LUSIA-FLAGLER
------------------	---------------

59-1099774 Page 2

Schedule M (Form 990) 2021 COUNTIES, INC Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS MADE.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

(101111330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. UNITED WAY OF VOLUSIA-FLAGLER



59-1099774

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INC

COUNTIES

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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(CFWF) PROVIDES FREE TAX PREPARATION IN VOLUSIA AND FLAGLER COUNTIES.

HELP ME GROW FLORIDA PROGRAM PROVIDES FAMILIES WITH FREE DEVELOPMENTAL

SCREENING FOR ALL CHILDREN INFANTS TO 8 YEARS OF AGE WITHOUT WAITLISTS

OR INCOME LIMITS, SUPPORTS HEALTHY GROWING AND LEARNING, AND PROVIDES

VARIOUS COMMUNITY RESOURCES, SUCH AS PARENTING CLASSES, FOOD PANTRIES,

AND EVALUATION REFERRALS/EARLY INTERVENTION SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTEER CENTER: 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

VOLUNTEERS.

EXPENSES \$ 73,826. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

14110505 789407 203843.1

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Employer identification number 59-1099774
ON AN ANNUAL BASIS, EVERY BOARD MEMBER RECEIVES A LETTER F	ROM THE
ORGANIZATION STATING THE CONFLICT OF INTEREST POLICY. ATTA	CHED TO THE MEMO
IS A SCHEDULE OF MEMBER AGENCIES WHO WILL RECEIVE MONTHLY	ALLOCATIONS FROM
THE ORGANIZATION. EACH BOARD MEMBER MUST SIGN, DATE, AND R	ETURN THE MEMO
INDICATING THAT HE/SHE AGREES TO THE POLICY AND IF HE/SHE	HAS ANY
AFFILIATION WITH ANY OF THE MEMBER AGENCIES RECEIVING ALLO	CATIONS. IF A
BOARD MEMBER DOES HAVE AN AFFILIATION WITH ONE OF THE AGEN	CIES, IT IS
DOCUMENTED AND HE/SHE IS NOT ALLOWED TO VOTE ON ANY BOARD	MOTIONS REGARDING
THAT AGENCY.	

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.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE FINANCIALS AND THE FORM 990 ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

132212 11-11-21

14110505 789407 203843.1

(Rev. January 2022)

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a	sonarato	application	for each	roturn
гие а	Separate	application	TOT each	return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.         Ta           UNITED WAY OF VOLUSIA-FLAGLER         Ta			Taxpayer	Taxpayer identification number (TIN)	
print	COUNTIES, INC				59-1099774	
File by the due date f filing your return. See	by the date for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructior	tructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTONA BEACH, FL 32117-7129					
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
Form 99	90-T (corporation)	07	0 CORNERSTONE BLVD			
Tele ● If the ● If thi box ▶ 1 I th	request an automatic 6-month extension of time until ne organization named above. The extension is for the orga	s in the Uni Group Exe <u>and atta</u> <b>MA 1</b> anization's	mption Number (GEN) ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	If this is fo all membe	r the whole group, ers the extension is npt organization ref	s for.
3a lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
<u>a</u>	any nonrefundable credits. See instructions.			3a	\$	0.
b lf	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
e	stimated tax payments made. Include any prior year overp	de. Include any prior year overpayment allowed as a credit.			\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa		yment wit	n this form, if required, by			
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruct	<b>n:</b> If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE fo	r payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form <b>8868</b> (F	Rev. 1-2022)

123841 01-12-22