| | | | ** 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

14110505 789407 203843.1

| 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 |
|--------------|----|------------|-------|
|--------------|----|------------|-------|

| 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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| b If Yes, "enter the name of the foreign country → See instructions for filling requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR), See B Was the organization party to a prohibited tax sheller transaction at any time during the tax year? See C Deb dary taxable party notify the organization if the organization from 886-7. See C Deb set to organization have annual gross receipts that are normally great than \$100,000, and tid the organization site as detactible contributions are spress statement that such contributions or gifts were not tax deductibles contributions under section 179(c). Ge D Uf the organization melue as year interest of the source section 179(c). Tax D Uf the organization melue as year year interest of the source section 179(c). Tax D Uf the organization melue as year year interest of the source section 179(c). Tax D Uf the organization melue as year year interest of the source section 179(c). Tax D Uf the organization melue as year year interest of the source section 1800 as required. Tax To X Tax Tax D Uf the organization network as year premismes. a personal benefit contract? Tex To X Tax Tax Tax <td>4a</td> <td>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a</td> <td></td> <td></td> <td></td> | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
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| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 4 Did the organization subject to the section 4968 tax on payment(s) of more than \$1,000,000 | | | 9a | | |
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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 | | | |
| 132000 | 12-09-21 | <u> </u> | - , , | Form | 990 | (2021) |
| .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. |
| 132007 12-09-21 | I | Λ | | | | | | U • | 0. | Form 990 (2021) |

132007 12-09-21

Form 990 (2021)

14110505 789407 203843.1

| 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

132008 12-09-21

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) | | | | | | | | | |

132010 12-09-21

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)

132011 12-09-21

| | 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) |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | al | | | | | | | | | |

59-1099774 Page 2

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

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| UNITED | WAY | OF | VOLUSIA-FLAGLEF |
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| | | | |

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 |

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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

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| UNITED | WAY | OF | VOLUSIA-FLAGLER |
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| | 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

132026 01-04-22

| 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

132027 01-04-22

| 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, |
| | | | | | |
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| 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 | | | |
| | | | | | | | |
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| | | | | | | | |
| 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 |
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| 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 | Ι Ρ | age 2 |
| 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 | | | | | | | | | |
| 1 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 | i) 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. | | | | | |
| 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 2e from line 1 | | | 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. |
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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 |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | 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. (i) | (vi) Amount paid to (or retained by) organization |
| | | | | Yes | No | | | | |
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| | ich the organizatio | | ed or licensed to solicit o | contrib | ▶ utions | or has been notified | it is | exempt from re | egistration |
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| LHA For Paperwork R | eduction Act Noti | ce, see the | Instructions for Form 9 | 990 or | 990-E | : Z . | | 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 |
| | 9 Other direct expenses | · · · | 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 | | | | | | |
| 1 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> \$ 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. | ,, | , | |
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| 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) | | | | |
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| | | | | | Schedule G (F | orm 990) |
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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 | Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | | | | | | | | 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) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) 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) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) 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) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) 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) 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 | (f) 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 | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) 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 | |
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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 | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
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| | | | | | |
| 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 . | |
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| 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 2 |
|---|---|
| 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> MA 1 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 | n: 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 8868 (F | Rev. 1-2022) |

123841 01-12-22