

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: UNITED WAY OF VOLUSIA-FLAGLER COUNTIES INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 3747 W INTERNATIONAL SPEEDWAY BLVD
 City or town, state or province, country, and ZIP or foreign postal code: DAYTONA BEACH, FL 32124

D Employer identification number: 59-1099774

E Telephone number: (386) 253-0563

F Name and address of principal officer: COURTNEY EDGCOMB, 3747 W INTERNATIONAL SPEEDWAY BLVD, DAYTONA BEACH, FL 32124

G Gross receipts \$ 9,495,488

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

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

J Website: WWW.UNITEDWAY-VFC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1977 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO INCREASE THE ORGANIZED CAPACITY OF THIS COMMUNITY TO CARE FOR ITS PEOPLE. THROUGH OUR INITIATIVES AND PARTNER AGENCIES WE CONTINUE TO BRING NUTRITIOUS FOOD TO THOSE IN NEED, KEEP AT-RISK YOUTH ENGAGED IN EDUCATION PROGRAMS, HELP INDIVIDUALS AND FAMILIES ACHIEVE FINANCIAL STABILITY, AND ENSURE THE VIABILITY OF HUMAN SERVICE NONPROFITS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	20
6 Total number of volunteers (estimate if necessary)	6	541
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,342,381	3,022,412
9 Program service revenue (Part VIII, line 2g)	80,046	12,708
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	912,331	771,504
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,018
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,334,758	3,832,642
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,825,915	1,556,326
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	919,466	948,217
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶605,265		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	749,427	829,670
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,494,808	3,334,213
19 Revenue less expenses. Subtract line 18 from line 12	839,950	498,429

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,280,319	10,320,209
21 Total liabilities (Part X, line 26)	1,527,024	1,326,611
22 Net assets or fund balances. Subtract line 21 from line 20	8,753,295	8,993,598

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2019-07-14
 COURTNEY EDGCOMB CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-07-14
 Firm's name: OLIVARI & ASSOCIATES CPA'S
 Firm's address: 141 SAGE BRUSH TRAIL SUITE D, ORMOND BEACH, FL 32174
 Check if self-employed PTIN: P01290808
 Firm's EIN: 59-2425904
 Phone no.: (386) 672-0775

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO INCREASE THE ORGANIZED CAPACITY OF OUR COMMUNITY TO CARE FOR ITS PEOPLE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,874,589 including grants of \$ 1,556,326) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 420,046 including grants of \$) (Revenue \$ 216,735)
See Additional Data

4c (Code:) (Expenses \$ 164,780 including grants of \$) (Revenue \$ 174,195)
See Additional Data

(Code:) (Expenses \$ 104,199 including grants of \$) (Revenue \$ 30,850)

UNITED WAY'S VOLUNTEER CENTER STRIVES TO PROMOTE ANND NURTURE VOLUNTEERISM THROUGH THE RECRUITMENT, DEVELOPMENT, PLACEMENT, AND RECOGNITION OF INDIVIDUALS AND GROUPS WHO LIVE UNITED THROUGH VOLUNTEERS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 104,199 including grants of \$) (Revenue \$ 30,850)

4e Total program service expenses ▶ 2,563,614

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	No

Part V Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
Check if Schedule O contains a response or note to any line in this Part V <input type="checkbox"/>			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: WILLIAM BABIEZ 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32124 (386) 253-0563	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	194,093			
	d Related organizations	1d				
	e Government grants (contributions)	1e	235,577			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,592,742			
	g Noncash contributions included in lines 1a - 1f: \$ _____					
	h Total. Add lines 1a-1f		3,022,412			
Program Service Revenue	2a PROGRAM MANAGEMENT	Business Code	9,488	9,488		
	b DESIGNATION ADMIN FEES		3,220	3,220		
	c _____					
	d _____					
	e _____					
	f All other program service revenue.					
	g Total. Add lines 2a-2f		12,708			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		469,588		469,588	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	5,911,755			
		(ii) Other				
		b Less: cost or other basis and sales expenses	5,609,839			
		c Gain or (loss)	301,916			
	d Net gain or (loss)		301,916	301,916		
	8a Gross income from fundraising events (not including \$ 194,093 of contributions reported on line 1c). See Part IV, line 18	a		79,025		
		b Less: direct expenses		53,007		
c Net income or (loss) from fundraising events			26,018			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions.		3,832,642	314,624	469,588		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,550,940	1,550,940		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,386	5,386		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,033	43,233	27,735	58,065
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	620,749	313,674	18,384	288,691
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	143,955	69,980	14,377	59,598
9 Other employee benefits				
10 Payroll taxes	54,480	25,154	3,844	25,482
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,711		52,711	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	15,422	14,192		1,230
13 Office expenses	87,158	43,843	5,723	37,592
14 Information technology				
15 Royalties				
16 Occupancy	69,862	31,116	7,080	31,666
17 Travel	25,620	10,654	1,125	13,841
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,112	9,563	331	9,218
20 Interest				
21 Payments to affiliates	37,110	16,793	2,785	17,532
22 Depreciation, depletion, and amortization	22,252	10,681	4,228	7,343
23 Insurance	3,516	2,643	132	741
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL SERVICES	243,482	194,566	25,153	23,763
b BAD DEBT EXPENSE	158,024	158,024		
c PROGRAM EXPENSES	41,550	41,550		
d EQUIPMENT RENTAL	30,930	15,066	636	15,228
e All other expenses	22,921	6,556	1,090	15,275
25 Total functional expenses. Add lines 1 through 24e	3,334,213	2,563,614	165,334	605,265
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	275	1	275
	2 Savings and temporary cash investments	809,171	2	687,225
	3 Pledges and grants receivable, net	666,144	3	674,541
	4 Accounts receivable, net	54,166	4	64,539
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	1,680
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	54,674	9	58,332
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	631,632		
	b Less: accumulated depreciation	463,554		
	11 Investments—publicly traded securities	8,246,115	11	8,397,235
	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	259,446	15	268,304
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,280,319	16	10,320,209	
Liabilities	17 Accounts payable and accrued expenses	135,793	17	78,572
	18 Grants payable	1,299,499	18	1,163,932
	19 Deferred revenue	26,000	19	15,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	65,732	25	69,107
	26 Total liabilities. Add lines 17 through 25	1,527,024	26	1,326,611
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,003,088	27	7,520,777
	28 Temporarily restricted net assets	1,113,999	28	616,896
	29 Permanently restricted net assets	636,208	29	855,925
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,753,295	33	8,993,598	
34 Total liabilities and net assets/fund balances	10,280,319	34	10,320,209	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,832,642
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,334,213
3	Revenue less expenses. Subtract line 2 from line 1	3	498,429
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,753,295
5	Net unrealized gains (losses) on investments	5	-251,965
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,161
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,993,598

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-1099774

Name: UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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.

Form 990, Part III, Line 4b:

COMMUNITY INVESTMENTS 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. FAMILYWISE 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 (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 4c:

2-1-1/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 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS BURNS FORMER SEC/P	40.00	X		X				83,970	0	16,153
AUBREY LONG DIRECTOR	0.30	X						0	0	0
BILL NAVARRA DIRECTOR	0.30	X						0	0	0
BOBBIE KING DIRECTOR	0.30	X						0	0	0
BROOKS MATTHEWS DIRECTOR	0.30	X						0	0	0
BRUCE PAGE DIRECTOR	0.30	X						0	0	0
CHIP WILE DIRECTOR	0.30	X						0	0	0
ERUM KISTEMAKER DIRECTOR	0.30	X						0	0	0
JAMIE BROWN DIRECTOR	0.30	X						0	0	0
JESSICA SCOTT DIRECTOR	0.30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JILL PIAZZA DIRECTOR	0.30	X						0	0	0
JIM CAMERON DIRECTOR	0.30	X						0	0	0
JOHN WALSH DIRECTOR	0.30	X						0	0	0
KAHLIN GRANT DIRECTOR	0.30	X						0	0	0
KATHY MILTHORPE DIRECTOR	0.30	X						0	0	0
LAQUETTA MCGILL DIRECTOR	0.30	X						0	0	0
LINDSEY PRESTON DIRECTOR	0.30	X						0	0	0
LISA VICCARO DIRECTOR	0.30	X						0	0	0
LORI CAMPBELL BAKER DIRECTOR	0.30	X						0	0	0
LORI CATRON DIRECTOR	0.30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BUCKNER DIRECTOR	0.30	X						0	0	0
MIKE COFFIN DIRECTOR	0.30	X						0	0	0
RENE ADAMS DIRECTOR	0.30	X						0	0	0
ROB GROSSMAN DIRECTOR	0.30	X						0	0	0
ROBIN KING DIRECTOR	0.30	X						0	0	0
ROGER MANALO DIRECTOR	0.30	X						0	0	0
RON NOWVISKIE DIRECTOR	0.30	X						0	0	0
SAM WILLETT DIRECTOR	0.30	X						0	0	0
SARAH BATES DIRECTOR	0.30	X						0	0	0
TRISH GIACCONE DIRECTOR	0.30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOYCE SHANAHAN BOARD CHAIR	0.30	X						0	0	0
JAMES HALLERAN IMMEDIATE PA	0.30	X						0	0	0
DON NEEDHAM TREASURER	0.30	X						0	0	0
JOHN HOLCOMB FORMER CFO	36.00			X				60,345	0	12,610
COURTNEY EDGCOMB CEO	40.00			X				46,812	0	6,577
WILLIAM BABIEZ CFO	40.00			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number
59-1099774

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,116,906	2,849,580	3,215,523	3,342,381	3,022,412	15,546,802
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	3,116,906	2,849,580	3,215,523	3,342,381	3,022,412	15,546,802
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6	Public support. Subtract line 5 from line 4.						15,546,802

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	3,116,906	2,849,580	3,215,523	3,342,381	3,022,412	15,546,802
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	323,159	312,120	348,432	535,085	469,588	1,988,384
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						17,535,186
12	Gross receipts from related activities, etc. (see instructions)					12	91,733

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	88.660 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	89.900 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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?		
6	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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>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).</i>		

Section 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 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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):	1	
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	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 59-1099774

Name: UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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

Employer identification number
59-1099774

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	3	3
2 Aggregate value of contributions to (during year)	68,120	126,252
3 Aggregate value of grants from (during year)	43,900	303,395
4 Aggregate value at end of year	212,726	17,364

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,764,471	6,898,927	6,511,817	6,952,634	636,208
b Contributions	20,486	673,875	56,700	59,529	6,316,426
c Net investment earnings, gains, and losses	227,213	884,131	1,073,118	-151,672	
d Grants or scholarships	33,757	132,679	10,290	100	
e Other expenditures for facilities and programs	225,503	559,783	732,418	348,574	
f Administrative expenses	3,866				
g End of year balance	7,749,044	7,764,471	6,898,927	6,511,817	6,952,634

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 83.000 %
 - b** Permanent endowment ▶ 3.000 %
 - c** Temporarily restricted endowment ▶ 14.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,056		92,056
b Buildings		401,591	332,545	69,046
c Leasehold improvements				
d Equipment		137,985	131,009	6,976
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				168,078

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
GIFT ANNUITY OBLIGATIONS	64,078
DONOR ADVISED FUNDS	5,029
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 69,107

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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	3,323,579
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-251,965
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		61,865
e	Add lines 2a through 2d		2e	-190,100
3	Subtract line 2e from line 1		3	3,513,679
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		52,711
b	Other (Describe in Part XIII.)	4b		266,252
c	Add lines 4a and 4b		4c	318,963
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,832,642

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,083,276
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		57,056
e	Add lines 2a through 2d		2e	57,056
3	Subtract line 2e from line 1		3	3,026,220
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		52,711
b	Other (Describe in Part XIII.)	4b		255,282
c	Add lines 4a and 4b		4c	307,993
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,334,213

Part 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.

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 59-1099774

Name: UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN POOLED INCOME FUND 2,875 CHANGE IN CASH SURRENDER VALUE 5,983 FUNDRAISING EXPENSE 53,007

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS 97,258 BAD DEBT EXPENSE 158,024 CHANGE IN VALUE OF GIFT ANNUITIES 10,970

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT FUNDRAISING EXPENSES 53,007 RECOGNITION & AWARDS 4,049

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT EXPENSE 158,024 DONOR DESIGNATIONS 97,258

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		WOMEN UNITED (event type)	POLICEMANS BALL (event type)	2 (total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	124,072	71,000	77,546	272,618
2	Less: Contributions	77,680	50,170	65,743	193,593
3	Gross income (line 1 minus line 2)	46,392	20,830	11,803	79,025
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,055	20,146	4,806	53,007
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				53,007
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				26,018

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 59-1099774

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL ASSISTANCE	1	1,337			
(2) AWARDS	90	4,049			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	OVERSIGHT FOR ALL GRANTS IS ASSIGNED TO UNITED WAY OF VOLUSIA-FLAGLER COUNTIES' 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. UWVFC HOSTS COMMUNITY IMPACT AMBASSADORS, VOLUNTEERS TWICE A YEAR TO VISIT THE ORGANIZATION, REVIEW ALL PROGRAM REPORTS, AND INTERVIEW PROGRAM STAFF ABOUT THE PROGRAM'S PERFORMANCE.
SCHEDULE I, PAGE 4, PART IV	1,337 PAID TO LYNDISAY NEAL FOR RENT ASSISTANCE.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF VOLUSIA/FLAGLER COUNTIES 101 N WOODLAND BLVD STE 400 DELAND, FL 32720			32,004				GENERAL FUND
CATHOLIC CHARITIES 600 S NOVA ROAD ORMOND BEACH, FL 32174			32,196				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF CENTRAL FLORIDA INC 1819 N SEMORAN BLVD ORLANDO, FL 32807			11,178				GENERAL FUND
COMMUNITY LEGAL SERVICES OF MID FLORIDA INC 444 SEABREEZE BLVD STE 150 DAYTONA BEACH, FL 32118			32,004				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON AGING OF VOLUSIA CO 420 FENTRESS BLVD DAYTONA BEACH, FL 32114	59-1160221		65,004				HEALTH & WELLNESS
COUNCIL ON AGING OF VOLUSIA CO 420 FENTRESS BLVD DAYTONA BEACH, FL 32114	59-1160221		65,004				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAYTONA BEACH POLICE FOUNDATION INC PO BOX 9063 DAYTONA BEACH, FL 32120			103,575				GENERAL FUND
DOMESTIC ABUSE COUNCIL PO BOX 142 DAYTONA BEACH, FL 32115	59-1881222		25,008				FINANCIAL STABILITY

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EASTERSEALS NORTHEAST CENTRAL FLORIDA INC 1219 DUNN AVE DAYTONA BEACH, FL 32114	59-0722785		115,008				HEALTH & WELLNESS
FAMILY LIFE CENTER PO BOX 2058 BUNNELL, FL 32110	59-2832976		50,004				FINANCIAL STABILITY

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FAMILY RENEW COMMUNITY INC PO BOX 250123 HOLLY HILL, FL 32125	59-2971766		50,004				AFFORDABLE HOUSING
FIRST CHRISTIAN CHURCH 326 S PALMETTO DAYTONA BEACH, FL 32114			10,000				GENERAL FUND

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FLAGLER PALM COAST HIGH SCHOOL PO BOX 488 BUNNELL, FL 32110			9,500				GENERAL FUND
FOOD BRINGS HOPE 5555 W GRANADA STE B-12 ORMOND BEACH, FL 32174			17,100				GENERAL FUND

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HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH, FL 32124	59-0530990		5,500				GENERAL FUND
MID FLORIDA COMMUNITY SERVICES INC 803 S WOODLAND BLVD DELAND, FL 32720	59-1235202		50,004				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PACE CENTER FOR GIRLS 208 CENTRAL AVE ORMOND BEACH, FL 32174	59-2414492		30,000				EDUCATION
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DR ORLANDO, FL 32805	59-2142315		16,778				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE HOUSE NEXT DOOR 804 N WOODLAND BLVD DELAND, FL 32720	59-1675284		72,504				EDUCATION
THE JEWISH FEDERATION OF VOLUSIA & FLAGLER COUNTIES 470 ANDALUSIA AVE ORMOND BEACH, FL 32174			18,500				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE NEIGHBORHOOD CENTER OF WEST VOLUSIA 434 S WOODLAND BLVD DELAND, FL 32720	59-1295217		40,008				AFFORDABLE HOUSING
THE NEIGHBORHOOD CENTER OF WEST VOLUSIA 434 S WOODLAND BLVD DELAND, FL 32720	59-1295217		18,538				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VOLUSIA FLAGLER COALITION FOR HOMELESS PO BOX 309 DAYTONA BEACH, FL 32115	16-1649078		140,004				AFFORDABLE HOUSING
VOLUSIA FLAGLER FAMILY YMCA 761 E ISB DELAND, FL 32724	59-3284968		15,528				MEMBERSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WORLD AFFAIRS COUNCILS OF AMERICA 1200 18TH STREET NW STE 902 WASHINGTON, DC 20036			11,000				GENERAL FUND
EARLY LEARNING COALITION (CCRN) 135 EXECUTIVE CIRCLE SUITE 100 DAYTONA BEACH, FL 32114			100,008				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLAGLER CARES 2561 MOODY BLVD SUITE 206 FLAGLER BEACH, FL 32136			87,252				
FLAGLER COUNTY EDUCATION FOUNDATION 1769 E MOODY BLVD BLD 2 BUNNELL, FL 32110			100,008				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STEWART MARCHMAN CENTER 1220 WILLIS AVE DAYTONA BEACH, FL 32114			140,004				
VARIOUS 5000			24,908				

SCHEDULE O
(Form 990 or 990-EZ)**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 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES INC

Employer identification number

59-1099774

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	COMMUNITY INVESTMENTS 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. FAMILYWISE 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 (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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	2-1-1/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 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	UNITED WAY'S VOLUNTEER CENTER STRIVES TO PROMOTE ANND NURTURE VOLUNTEERISM THROUGH THE REC RUITMENT, DEVELOPMENT, PLACEMENT, AND RECOGNITION OF INDIVIDUALS AND GROUPS WHO LIVE UNITE D THROUGH VOLUNTEERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	COPY OF 990 IS PROVIDED TO MANAGEMENT FOR REVEIW BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, EVERY BOARD MEMBER RECEIVES A LETTER FROM THE ORGANIZATION STATING THE CONFLICT OF INTEREST POLICY. ATTACHED TO THE MEMO IS A SCHEDULE OF MEMBER AGENCIES WHO WILL RECEIVE MONTHLY ALLOCATIONS FROM THE ORGANIZATION. EACH BOARD MEMBER MUST SIGN, DATE, AND RETURN THE MEMO INDICATING THAT HE/SHE AGREES TO THE POLICY AND IF HE/SHE HAS ANY AFFILIATION WITH ANY OF THE MEMBER AGENCIES RECEIVING ALLOCATIONS. IF A BOARD MEMBER DOES HAVE AN AFFILIATION WITH ONE OF THE AGENCIES, IT IS DOCUMENTED AND HE/SHE IS NOT ALLOWED TO VOTE ON ANY BOARD MOTIONS REGARDING THAT AGENCY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE ANNUAL COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE CHAIRMAN OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN POOLED INCOME FUND 2,875 CHANGE IN CASH SURRENDER VALUE 5,983 FUNDRAISING EXPENSES 53,007 DONOR DESIGNATIONS -97,258 BAD DEBT EXPENSE -158,024 CHANGE IN VALUE OF GIFT ANNUITIES -10,970 DIRECT FUNDRAISING EXPENSES -53,007 RECOGNITION & AWARDS -4,049 BAD DEBT EXPENSE 158,024 DONOR DESIGNATIONS 97,258 TOTAL -6,161