

JAMES MOORE & CO., P.L.
121 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114-1180

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC
1530 CORNERSTONE BLVD, 210
DAYTONA BEACH, FL 32117-7129



JAMES MOORE & CO., P.L.

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC
1530 CORNERSTONE BLVD 210
DAYTONA BEACH, FL 32117-7129

DEAR BOARD OF DIRECTORS:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. **PLEASE SIGN AND RETURN FORM 8879 AND FORM 2848 TO OUR OFFICE BY EITHER DROPPING OFF AT OUR OFFICE, EMAILING THEM TO OUR EFILE ASSISTANT AT EFILE@JMCO.COM OR YOU CAN MAIL US THE SIGNED FORMS**, WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US **BY MAY 15, 2024**.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JAMES MOORE & CO., P.L.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC
1530 CORNERSTONE BLVD 210
DAYTONA BEACH, FL 32117-7129

PREPARED BY:

JAMES MOORE & CO., P.L.
121 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114-1180

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN AND RETURN FORM 8879-TE TO OUR OFFICE BY EITHER DROPPING OFF AT OUR OFFICE, EMAILING THEM TO OUR EFILE ASSISTANT AT EFILE@JMCO.COM OR YOU CAN MAIL US THE SIGNED FORMS, WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2024.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC**

EIN or SSN
59-1099774

Name and title of officer or person subject to tax **COURTNEY EDGCOMB
PRESIDENT & SECRETARY**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,669,527.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize JAMES MOORE & CO., P.L. to enter my PIN 05312
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59255305496

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JAMES MOORE & CO., P.L.

Date 04/25/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1530 CORNERSTONE BLVD 210 City or town, state or province, country, and ZIP or foreign postal code DAYTONA BEACH, FL 32117-7129 F Name and address of principal officer: COURTNEY EDGCOMB SAME AS C ABOVE	D Employer identification number 59-1099774 E Telephone number 386-253-0563 G Gross receipts \$ 9,914,652. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTPS://WWW.UNITEDWAYVFC.ORG/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	770
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,916,766.	Current Year 3,727,305.
	9 Program service revenue (Part VIII, line 2g)	29,336.	32,886.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	498,988.	916,859.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,090.	-7,523.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,447,180.	4,669,527.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,109,367.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		911,832.	962,173.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		501,056.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		613,421.	677,147.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,634,620.	4,035,860.	
19 Revenue less expenses. Subtract line 18 from line 12	-187,440.	633,667.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,867,048.	End of Year 16,068,794.
	21 Total liabilities (Part X, line 26)	188,417.	950,507.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,678,631.	15,118,287.

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 COURTNEY EDGCOMB, PRESIDENT & SECRETARY Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JAMES A. HALLERAN	Preparer's signature JAMES A. HALLERAN
	Firm's name JAMES MOORE & CO., P.L.	Date 04/25/24
	Firm's address 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114-1180	Check if self-employed <input type="checkbox"/> PTIN P00005496
		Firm's EIN 59-3204548
		Phone no. 386-257-4100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 \$ 2,458,250. including grants of \$ 2,396,540.) (Revenue \$)
COMMUNITY DISTRIBUTIONS: DISTRIBUTIONS THROUGH PARTNERSHIPS WITH LOCAL AGENCIES AND NON-PROFIT ORGANIZATIONS TO BENEFIT EDUCATION, INCOME, HEALTH AND SOCIAL SERVICES IN THE COMMUNITY. DISTRIBUTIONS THROUGH WOMEN UNITED GROUPS IN VOLUSIA AND FLAGLER COUNTIES STRIVING TO IMPROVE THE QUALITY OF LIFE FOR WOMEN AND CHILDREN IN VOLUSIA AND FLAGLER COUNTIES. DISTRIBUTIONS THROUGH DUKE ENERGY NEIGHBORHOOD FUND TO HELP FAMILIES PAY UTILITY BILLS. DISTRIBUTIONS THROUGH AGENCIES PROVIDING RESIDENTIAL MENTAL HEALTH TREATMENT TO HOMELESS VETERANS, ADDICTS, AND THE MENTALLY ILL.

4b (Code:) (Expenses \$ 438,808. including grants of \$) (Revenue \$ 32,886.)
COMMUNITY IMPACT: UNITED WAY'S PUBLIC POLICY COMMITTEE STRIVES TO AFFECT POLICY FOR THE COMMON GOOD OF THE COMMUNITY WITH THE GOAL TO EDUCATE BUSINESSES, COMMUNITY LEADERS, AND POLICYMAKERS REGARDING THE STRENGTHS OF OUR LOCAL PROVIDERS AS WELL AS THE GAPS IN SERVICE PROGRAMS. THE FEDERAL EMERGENCY FOOD AND SHELTER PROGRAM FOR VOLUSIA AND FLAGLER COUNTIES ADMINISTERS FUNDING TO SUPPLEMENT AND EXPAND THE ONGOING WORK OF LOCAL SERVICE ORGANIZATIONS, BOTH NON-PROFIT AND GOVERNMENTAL, TO PROVIDE SHELTER, FOOD, AND SUPPORTIVE SERVICES TO INDIVIDUALS AND FAMILIES WHO EXPERIENCE ECONOMIC EMERGENCIES. 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

4c (Code:) (Expenses \$ 52,625. including grants of \$) (Revenue \$)
FIRST CALL FOR HELP: UNITED WAY'S 2-1-1/FIRST CALL FOR HELP IS AN EASY NUMBER THAT ANYONE CAN CALL TO GET DIRECTED TO THE SOCIAL SERVICE PROVIDERS FOR ASSISTANCE. 211 HAS LIVE INFORMATION AND REFERRAL (I&R) OPERATORS 24 HOURS A DAY, 7 DAYS A WEEK. THE I&R STAFF IS CERTIFIED BY THE NATIONAL ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS. IT ALSO ACTS AS A HOTLINE NUMBER FOR MULTIPLE COMMUNITY PROGRAMS INCLUDING: FDOH DIABETES EDUCATION RESOURCE CENTER; FDOA SUMMER BREAKSPOT; VITA TAX PREP SCHEDULING; AND HELP ME GROW FLORIDA. SEVERAL DIRECT SERVICE COMMUNITY PROGRAMS ARE SUPPORTED BY THE ORGANIZATION, WITH THE LARGEST PROGRAM PROVIDING FUNDING TO IMPROVE POLICING SKILLS, LEADERSHIP, AND CRIME REDUCTION THROUGH TRAINING PROGRAMS AND THE ACQUISITION AND USE OF HIGH TECHNOLOGY.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,949,683.

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

Form 990 (2022)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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	X
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	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
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	X
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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4
b Enter the number of Forms W-2G included on 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	X

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		23
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O.	1a	31		
b Enter the number of voting members included on line 1a, above, who are independent	1b	31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 - 386-275-1934
1530 CORNERSTONE BLVD, STE 210, DAYTONA BEACH, FL 32117-7129

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COURTNEY EDGCOMB PRESIDENT & SECRETARY	55.00			X			96,557.	0.	11,676.	
(2) WILLIAM BABIEZ CFO	55.00			X			69,850.	0.	15,445.	
(3) DUSTIN SMURDON CHAIR	0.30	X		X			0.	0.	0.	
(4) NICOLE MILLER CHAIR-ELECT	0.30	X		X			0.	0.	0.	
(5) ROBIN KING TREASURER	0.30	X		X			0.	0.	0.	
(6) KIM MCBEE IMMEDIATE PAST CHAIR	0.30	X					0.	0.	0.	
(7) BRANDON YOUNG DIRECTOR	0.30	X					0.	0.	0.	
(8) KATHLEEN DULKO DIRECTOR	0.30	X					0.	0.	0.	
(9) RYAN PAGE DIRECTOR	0.30	X					0.	0.	0.	
(10) PRESTON ROOT DIRECTOR	0.30	X					0.	0.	0.	
(11) NIKKI RISELEY DIRECTOR	0.30	X					0.	0.	0.	
(12) RENE BELL ADAMS DIRECTOR	0.30	X					0.	0.	0.	
(13) MICHAEL CHIUMENTO DIRECTOR	0.30	X					0.	0.	0.	
(14) GREG SULLIVAN DIRECTOR	0.30	X					0.	0.	0.	
(15) KAREN JACOBS DIRECTOR	0.30	X					0.	0.	0.	
(16) MARITZA RODRIGUEZ DIRECTOR	0.30	X					0.	0.	0.	
(17) JANE KATONA DIRECTOR	0.30	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ABHA BHANDAIR DIRECTOR	0.30	X					0.	0.	0.	
(19) BEV JOHNSON DIRECTOR	0.30	X					0.	0.	0.	
(20) BRITTANI PRESCHER DIRECTOR	0.30	X					0.	0.	0.	
(21) BOBBY THIGPEN DIRECTOR	0.30	X					0.	0.	0.	
(22) SHERRYL WEEMS DIRECTOR	0.30	X					0.	0.	0.	
(23) DR. ROOSEVELT HARRIS DIRECTOR	0.30	X					0.	0.	0.	
(24) JANET MILLER DIRECTOR	0.30	X					0.	0.	0.	
(25) GREG MOTTO DIRECTOR	0.30	X					0.	0.	0.	
(26) MICHELLE (ANNETTE) WALKER DIRECTOR	0.30	X					0.	0.	0.	
1b Subtotal							166,407.	0.	27,121.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							166,407.	0.	27,121.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) KATE MEYERING DIRECTOR	0.30	X					0.	0.	0.	
(28) BROOKS CASEY DIRECTOR	0.30	X					0.	0.	0.	
(29) RANDY DYE DIRECTOR	0.30	X					0.	0.	0.	
(30) DR. DONALD DOUDNA DIRECTOR	0.30	X					0.	0.	0.	
(31) DR. AUDREY BUTLER DIRECTOR	0.30	X					0.	0.	0.	
(32) DAVID PETRACCA DIRECTOR	0.30	X					0.	0.	0.	
(33) BELKYS STALLINGS DIRECTOR	0.30	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	320,768.				
	1 b	Membership dues	1,200.				
	1 c	Fundraising events	256,258.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	73,463.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	3,075,616.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		3,727,305.			
Program Service Revenue	2 a	PROGRAM REVENUES	900099	32,886.	32,886.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		32,886.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		389,783.		389,783.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	5,041,255.	620,238.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	5,026,766.	107,651.			
7 c	Gain or (loss)	14,489.	512,587.				
7 d	Net gain or (loss)		527,076.		527,076.		
8 a	Gross income from fundraising events (not including \$ 256,258. of contributions reported on line 1c). See Part IV, line 18		101,561.				
			110,708.				
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events		-9,147.		-9,147.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	900099	1,624.		1,624.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		1,624.			
12	Total revenue. See instructions		4,669,527.	32,886.	0.	909,336.	

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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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,396,540.	2,396,540.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	242,681.	33,474.	142,257.	66,950.
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	585,065.	234,427.	175,249.	175,389.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,179.	12,878.		13,301.
9 Other employee benefits	50,396.	23,760.		26,636.
10 Payroll taxes	57,852.	19,160.	20,542.	18,150.
11 Fees for services (nonemployees):				
a Management	36,174.	19,019.	857.	16,298.
b Legal	1,887.	992.	45.	850.
c Accounting	25,700.		25,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,657.		27,657.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	48,598.	26,268.	1,184.	21,146.
12 Advertising and promotion	4,392.	553.		3,839.
13 Office expenses	180,466.	40,952.	107,917.	31,597.
14 Information technology	117,424.	24,938.	39,838.	52,648.
15 Royalties				
16 Occupancy	21,080.	4,658.	7,440.	8,982.
17 Travel	36,404.	13,241.	9,168.	13,995.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,073.	14,416.	1,091.	13,566.
20 Interest				
21 Payments to affiliates	29,021.	9,606.	7,884.	11,531.
22 Depreciation, depletion, and amortization	7,534.	2,691.	2,153.	2,690.
23 Insurance	7,029.	2,343.	1,874.	2,812.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	61,710.	61,710.		
b LEASE EXPENSE	27,808.	5,906.	9,434.	12,468.
c DUES & FEES	11,725.	903.	3,944.	6,878.
d RECOGNITION & AWARDS	3,465.	1,248.	887.	1,330.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,035,860.	2,949,683.	585,121.	501,056.
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)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	354,324.	1	986,149.
	2 Savings and temporary cash investments	259,513.	2	228,968.
	3 Pledges and grants receivable, net	488,548.	3	302,122.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,965.	9	20,145.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	246,018.		
	b Less: accumulated depreciation	37,372.		
	11 Investments - publicly traded securities	107,650.	10c	208,646.
	12 Investments - other securities. See Part IV, line 11	11,170,919.	11	12,591,064.
	13 Investments - program-related. See Part IV, line 11	1,333,895.	12	1,141,622.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	449,368.
16 Total assets. Add lines 1 through 15 (must equal line 33)	138,234.	15	140,710.	
	13,867,048.	16	16,068,794.	
Liabilities	17 Accounts payable and accrued expenses	58,731.	17	63,509.
	18 Grants payable	9,550.	18	6,343.
	19 Deferred revenue	20,000.	19	0.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	100,136.	25	880,655.
	26 Total liabilities. Add lines 17 through 25	188,417.	26	950,507.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,160,062.	27	10,101,169.
	28 Net assets with donor restrictions	4,518,569.	28	5,017,118.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,678,631.	32	15,118,287.
33 Total liabilities and net assets/fund balances	13,867,048.	33	16,068,794.	

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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	4,669,527.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,035,860.
3	Revenue less expenses. Subtract line 2 from line 1	3	633,667.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,678,631.
5	Net unrealized gains (losses) on investments	5	805,989.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,118,287.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2022)

SCHEDULE A (Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2022

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3022412.	4278113.	4967080.	2916766.	3727305.	18911676.
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	3022412.	4278113.	4967080.	2916766.	3727305.	18911676.
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)						2496407.
6 Public support. Subtract line 5 from line 4.						16415269.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3022412.	4278113.	4967080.	2916766.	3727305.	18911676.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	469,588.	303,615.	444,540.	498,988.	389,783.	2106514.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				1,652.		1,652.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				438.	1,624.	2,062.
11 Total support. Add lines 7 through 10						21021904.
12 Gross receipts from related activities, etc. (see instructions)					12	594,942.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	78.09 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	81.14 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, 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>		
1		
2		

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>		
1		

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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>		
2a		
2b		
3a		
3b		

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

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

1 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):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
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).		

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

Schedule A (Form 990) 2022

59-1099774 Page 7

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2022

**** Do Not File **
*** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
PUBLIX SUPER MARKETS, INC./PUBLIX SUPER MARKETS CHARITIES INC.	2,324,433.	1,903,995.
PRESTON ROOT/ROOT FAMILY FOUNDATION/ROOT COMPANY	547,120.	126,682.
LARRY AND ANDREA FRANK	749,307.	328,869.
DR. FRANK HENDRICKSON	557,299.	136,861.
Total Excess Contributions to Schedule A, Part II, Line 5	2,496,407.	

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC

Employer identification number

59-1099774

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Employer identification number 59-1099774
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LARRY AND ANDREA FRANK 127 BUCKSKIN LANE ORMOND BEACH, FL 32174	\$ 248,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROOT FAMILY FOUNDATION 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174	\$ 137,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PUBLIX SUPER MARKET CHARITIES P.O. BOX 407 LAKELAND, FL 33802	\$ 431,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CAREERSOURCE FLAGLER VOLUSIA 359 BILL FRANCE BLVD DAYTONA BEACH, FL 32114	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY 307 E 7TH AVE TALLAHASSEE, FL 32303	\$ 206,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PUBLIX SUPER MARKETS, INC. 3300 PUBLIX CORPORATE PARKWAY LAKELAND, FL 33801	\$ 495,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Employer identification number 59-1099774
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRUIST FOUNDATION, INC. P.O. BOX 1908 ORLANDO, FL 32802	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BROWN & BROWN INSURANCE 300 N BEACH ST DAYTONA BEACH, FL 32114	\$ 99,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WAYNE AND DR. ROBIN ROBERTS 1705 S ATLANTIC AVE APT 901 NEW SMYRNA BEACH, FL 32169	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Employer identification number 59-1099774
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Employer identification number 59-1099774
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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 instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and reporting).

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.

Form with sections 1a-1b and 2. 1a: Reporting on art collections for public service. 1b: Reporting on art collections for public service with amounts. 2: Reporting on art collections for financial gain with amounts.

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

Schedule D (Form 990) 2022

59-1099774 Page 2

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 make 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 program
 - 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 on 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	10,929,653.	12,627,567.	8,784,403.	7,749,044.	7,764,471.
b Contributions	948,936.	432,128.	2,017,941.	1,652,417.	20,486.
c Net investment earnings, gains, and losses	1,050,174.	-1,666,513.	2,645,252.	515,075.	227,213.
d Grants or scholarships	437,836.	347,317.	742,593.	899,845.	33,757.
e Other expenditures for facilities and programs	37.	255.		189,768.	225,503.
f Administrative expenses	127,408.	115,957.	77,436.	42,520.	3,866.
g End of year balance	12,363,482.	10,929,653.	12,627,567.	8,784,403.	7,749,044.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 61.0000 %
 - b Permanent endowment 39.0000 %
 - c Term endowment _____ %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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				
b Buildings				
c Leasehold improvements		196,492.	6,550.	189,942.
d Equipment		49,526.	30,822.	18,704.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				208,646.

Schedule D (Form 990) 2022

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

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) US REAL ESTATE INVESTMENT	1,141,622.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,141,622.	

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. (Col. (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	
(2) GIFT ANNUITY	32,066.
(3) AGENCY FUND	388,194.
(4) LEASE LIABILITY	460,395.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	880,655.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC

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	5,379,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	805,989.	
b	Donated services and use of facilities	2b	19,394.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-61,710.	
e	Add lines 2a through 2d	2e	763,673.	
3	Subtract line 2e from line 1	3	4,616,059.	
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	27,657.	
b	Other (Describe in Part XIII.)	4b	25,811.	
c	Add lines 4a and 4b	4c	53,468.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,669,527.	

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	3,940,076.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	19,394.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	110,708.	
e	Add lines 2a through 2d	2e	130,102.	
3	Subtract line 2e from line 1	3	3,809,974.	
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	27,657.	
b	Other (Describe in Part XIII.)	4b	198,229.	
c	Add lines 4a and 4b	4c	225,886.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,035,860.	

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.

PART X, LINE 2:

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

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC

Schedule D (Form 990) 2022

59-1099774 Page 5

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE NETTED WITH REVENUE ON AUDITED FS -61,710.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NETTED AGAINST REVENUE ON 990 -110,708.

DONOR DESIGNATIONS INCLUDED ON 990 136,519.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 25,811.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NETTED AGAINST REVENUE ON 990 110,708.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE NETTED WITH REVENUE ON AUDITED FS 61,710.

DONOR DESIGNATIONS INCLUDED ON 990 136,519.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 198,229.

**UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC**

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN ' S INITIATIVE (event type)	HMD DINNER (event type)	1 (total number)	
Revenue	1	Gross receipts	257,719.	100,100.	357,819.
	2	Less: Contributions	159,258.	97,000.	256,258.
	3	Gross income (line 1 minus line 2)	98,461.	3,100.	101,561.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	42.		42.
	6	Rent/facility costs	29,638.	28,778.	58,416.
	7	Food and beverages	11,347.		11,347.
	8	Entertainment	800.		2,565.
	9	Other direct expenses	22,298.	15,240.	37,538.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			110,708.
11	Net income summary. Subtract line 10 from line 3, column (d)			-9,147.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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 to be 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.

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC

Part IV Supplemental Information (continued)

Blank lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" 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

2022

Open to Public
Inspection

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

Employer identification number
59-1099774

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ATLANTIC CENTER FOR THE ARTS, INC. 1414 ART CENTER AVENUE NEW SMYRNA BEACH, FL 32168	59-1998321	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BEACON CENTER P.O. BOX 142 DAYTONA BEACH, FL 32115	59-1881222	501(C)(3)	65,504.	0.			PROGRAM SUPPORT
BETHEL BAPTIST CHURCH 1407 ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168	37-1563832	501(A)	39,250.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER COUNTIES INC. - 101 N WOODLAND BLVD, STE 400 - DELAND, FL 32720	59-3158162	501(C)(3)	75,677.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES OF CENTRAL FLORIDA INC. - 1819 N SEMORAN BLVD - ORLANDO, FL 32807	59-1214353	501(C)(3)	48,160.	0.			PROGRAM SUPPORT
CHRISTINE'S BLANKETS 17 LA PALMA ST ORMOND BEACH, FL 32176	85-3467309	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **49.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC

Schedule I (Form 990)

59-1099774

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH PARISH NURSE MINISTRIES 699 WEST ST NEW SMYRNA BEACH, FL 32168	20-2887120	501(C)(3)	40,284.	0.			PROGRAM SUPPORT
COUNCIL ON AGING OF VOLUSIA COUNTY INC. - 420 FENTRESS BLVD - DAYTONA BEACH, FL 32114	59-1160221	501(C)(3)	75,074.	0.			PROGRAM SUPPORT
CWC MINISTRIES 251 JEFFERSON ST ORMOND BEACH, FL 32174	80-0253919	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
DAYTONA STATE COLLEGE FOUNDATION 1200 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114	59-1581805	501(C)(3)	6,386.	0.			PROGRAM SUPPORT
EASTERSEALS NORTHEAST CENTRAL FLORIDA, INC. - 1219 DUNN AVENUE - DAYTONA BEACH, FL 32114	59-0722785	501(C)(3)	44,645.	0.			PROGRAM SUPPORT
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC. - 600 S CLYDE MORRIS BLVD - DAYTONA BEACH, FL 32114	59-0936101	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
FAMILY LIFE CENTER P.O. BOX 2058 BUNNELL, FL 32110	59-2832976	501(C)(3)	50,607.	0.			PROGRAM SUPPORT
FAMILY RENEW COMMUNITY INC. 810 RIDGEWOOD AVE HOLLY HILL, FL 32117	59-2971766	501(C)(3)	84,404.	0.			PROGRAM SUPPORT
FEUSA INC. 712 H STREET NE, STE 1330 WASHINGTON, DC 20002	26-1640637	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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COUNTIES, INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHRISTIAN CHURCH 326 S PALMETTO AVE DAYTONA BEACH, FL 32114	59-2065830	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH OF BUNNELL - 205 N PINE ST - BUNNELL, FL 32110	59-2352866	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
FLAGLER CARES INC. 160 CYPRESS POINT PKWY, STE B302 PALM COAST, FL 32164	47-4145174	501(C)(3)	138,000.	0.			PROGRAM SUPPORT
FLAGLER COUNTY EDUCATION FOUNDATION - 1769 E MOODY BLVD, STE 2 - BUNNELL, FL 32110	59-3006312	501(C)(3)	32,293.	0.			PROGRAM SUPPORT
FOOD BRINGS HOPE INC. 2379 BEVILLE RD DAYTONA BEACH, FL 32119	45-5480270	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
FRIENDS OF WASHINGTON OAKS GARDEN STATE PARK - 6400 N OCEANSHORE BLVD - PALM COAST, FL 32137	59-3546523	501(C)(3)	5,974.	0.			PROGRAM SUPPORT
FUTURES, INC. 3750 OLSON DR DAYTONA BEACH, FL 32124	59-2560862	501(C)(3)	10,909.	0.			PROGRAM SUPPORT
GODS BATHHOUSE OF VOLUSIA INC. 444 S ADELLE AVE DELAND, FL 32720	47-3394536	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
HALIFAX MEDICAL CENTER FOUNDATION INC. - 303 N CLYDE MORRIS - DAYTONA BEACH, FL 32114	59-2893051	501(C)(3)	26,000.	0.			PROGRAM SUPPORT

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HALIFAX URBAN MINISTRIES, INC. 1340 WRIGHT ST DAYTONA BEACH, FL 32117	59-2093922	501(C)(3)	50,776.	0.			PROGRAM SUPPORT
HIGH HOPES HOUSING 1460 ADMIRAL HALSEY DAYTONA BEACH, FL 32124	85-3234452	501(C)(3)	12,550.	0.			PROGRAM SUPPORT
HOUSE NEXT DOOR INC. 804 N WOODLAND BLVD DELAND, FL 32720	59-1675284	501(C)(3)	53,538.	0.			PROGRAM SUPPORT
JEWISH FEDERATION OF VOLUSIA & FLAGLER COUNTIES - 470 ANDALUSIA AVE - ORMOND BEACH, FL 32174	59-1774958	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT CENTRAL FLORIDA 2121 CAMDEN RD ORLANDO, FL 32803	84-1267604	501(C)(3)	7,170.	0.			PROGRAM SUPPORT
LEGACY HOUSING PO BOX 10432 DAYTONA BEACH, FL 32120	84-1744418	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
LIGHTHOUSE CHRIST PRESBYTERIAN CHURCH - 1035 WEST GRANADA BLVD - ORMOND BEACH, FL 32174	59-6557076	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
MID FLORIDA COMMUNITY SERVICES INC. - 803 S WOODLAND BLVD - DELAND, FL 32720	59-1235202	501(C)(3)	90,000.	0.			PROGRAM SUPPORT
NEIGHBOR TO FAMILY 122 S SEGRAVE ST DAYTONA BEACH, FL 32114	36-4354882	501(C)(3)	12,282.	0.			PROGRAM SUPPORT

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NEIGHBORHOOD CENTER OF WEST VOLUSIA INC. - 434 S WOODLAND BLVD - DELAND, FL 32720	59-1295217	501(C)(3)	229,165.	0.			PROGRAM SUPPORT
ORMOND MEMORIAL ART MUSEUM 78 E GRANADA BLVD ORMOND BEACH, FL 32176	59-6152272	501(C)(3)	8,474.	0.			PROGRAM SUPPORT
PACE CENTER FOR GIRLS INC. 208 CENTRAL AVE ORMOND BEACH, FL 32174	59-2414492	501(C)(3)	50,703.	0.			PROGRAM SUPPORT
PORT ORANGE FAMILY DAYS COMMUNITY TRUST - 1999 CITY CENTER CIRCLE - PORT ORANGE, FL 32129	59-3533607	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
PRESBYTERIAN COUNSELING CENTER INC. - 430 BRADDOCK AVE - DAYTONA BEACH, FL 32118	59-2750846	501(C)(3)	67,364.	0.			PROGRAM SUPPORT
SALTY MINISTRIES INC. 160 E GRANADA BLVD ORMOND BEACH, FL 32176	20-4735568	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SALVATION ARMY OF WEST VOLUSIA 1240 SOUTH HIGH ST DELAND, FL 32720	58-0660607	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC. - 411 MERCY DR - ORLANDO, FL 32805	59-2142315	501(C)(3)	10,899.	0.			PROGRAM SUPPORT
SMA HEALTHCARE INC. 150 MAGNOLIA AVE DAYTONA BEACH, FL 32114	59-0976866	501(C)(3)	104,839.	0.			PROGRAM SUPPORT

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ST. VINCENT DEPAUL SOCIETY 1310 MAXIMILIAN ST DELATONA, FL 32725	59-2948683	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
TEMPLE BETH EL 579 N NOVA RD ORMOND BEACH, FL 32174	59-6192854	501(C)(3)	88,114.	0.			PROGRAM SUPPORT
THE ARC OF VOLUSIA INC. 100 JIMMY HUGER CIR DAYTONA BEACH, FL 32117	59-1035137	501(C)(3)	67,283.	0.			PROGRAM SUPPORT
THE EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES INC. - 135 EXECUTIVE CIRCLE, STE 100 - DAYTONA BEACH, FL 32114	59-3646549	501(C)(3)	144,262.	0.			PROGRAM SUPPORT
THE HEALTHY START COALITION OF FLAGLER AND VOLUSIA COUNTIES, INC. - 109 EXECUTIVE CIR - DAYTONA BEACH, FL 32114	59-3163742	501(C)(3)	55,000.	0.			PROGRAM SUPPORT
VOLUSIA INTERFAITHS AGENCIES NETWORKING IN DISASTER - 326 S PALMETTO AVE - DAYTONA BEACH, FL 32114	59-3721382	501(C)(3)	55,000.	0.			PROGRAM SUPPORT
VOLUSIA-FLAGLER COUNTY COALITION FOR THE HOMELESS INC. - P.O. BOX 309 - DAYTONA BEACH, FL 32115	16-1649078	501(C)(3)	175,047.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

OVERSIGHT FOR ALL GRANTS IS ASSIGNED TO UNITED WAY OF VOLUSIA-FLAGLER
COUNTIES, INC.'S (UWVFC) VICE PRESIDENT OF COMMUNITY IMPACT. GRANTS ARE
REVIEWED ON A TWO-YEAR BASIS BY A VOLUNTEER CABINET OF 15 COMMUNITY
MEMBERS. THIS GROUP SETS THE PRIORITIES AND FUNDING STRATEGIES FOR UWVFC
DONATIONS, REVIEWS ALL PROGRAM PROPOSALS, AND PROVIDES A RECOMMENDATION FOR
FUNDING TO THE BOARD OF DIRECTORS. ON A QUARTERLY BASIS, THE CABINET
RECEIVES AND REVIEWS PROGRAM REPORTS, PROVIDING FEEDBACK WHEN NECESSARY.

Part IV Supplemental Information

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 .

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Employer identification number	59-1099774
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO INCREASE THE ORGANIZED CAPACITY OF THIS COMMUNITY TO CARE FOR ITS
PEOPLE. THROUGH OUR INITIATIVES AND PARTNER AGENCIES WE CONTINUE TO
BRING NUTRITIOUS FOOD TO THOSE IN NEED, KEEP AT-RISK YOUTH ENGAGED IN
EDUCATION PROGRAMS, HELP INDIVIDUALS AND FAMILIES ACHIEVE FINANCIAL
STABILITY, AND ENSURE THE VIABILITY OF HUMAN SERVICE NONPROFITS.

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

(CFWF) PROVIDES FREE TAX PREPARATION IN VOLUSIA AND FLAGLER COUNTIES.
HELP ME GROW FLORIDA PROGRAM PROVIDES FAMILIES WITH FREE DEVELOPMENTAL
SCREENING FOR ALL CHILDREN INFANTS TO 8 YEARS OF AGE WITHOUT WAITLISTS
OR INCOME LIMITS, SUPPORTS HEALTHY GROWING AND LEARNING, AND PROVIDES
VARIOUS COMMUNITY RESOURCES, SUCH AS PARENTING CLASSES, FOOD PANTRIES,
AND EVALUATION REFERRALS/EARLY INTERVENTION SERVICES.

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

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

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

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Employer identification number 59-1099774
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DOCUMENTED AND HE/SHE IS NOT ALLOWED TO VOTE ON ANY BOARD MOTIONS REGARDING THAT AGENCY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ANNUAL COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE CHAIRMAN OF THE BOARD.

THE ANNUAL COMPENSATION OF ALL EMPLOYEES IS REVIEWED AND APPROVED BY THE CEO. BASELINE COMPARISONS ARE OBTAINED FROM UNITED WAY WORLDWIDE FOR ALL MANAGEMENT POSITIONS.

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

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC	Taxpayer identification number (TIN) 59-1099774
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1530 CORNERSTONE BLVD, 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTONA BEACH, FL 32117-7129	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

WILLIAM BABIEZ - 1530 CORNERSTONE BLVD, STE 210 -

- The books are in the care of ▶ **DAYTONA BEACH, FL 32117-7129**

Telephone No. ▶ **386-275-1934** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.