

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 20 10

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization United Way of Escambia County, Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1301 W. Government Street
 City or town, state or country, and ZIP + 4
Pensacola, FL. 32502

D Employer identification number
59 : 0651076

E Telephone number
 (850) 434-3157

F Name and address of principal officer: Jean Norman

G Gross receipts \$ _____

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ _____

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1944 **M** State of legal domicile: FL

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Funding provided to local partner agencies and their programs as part of the organization's funds distribution process, with a focus on achieving improvements in three focus areas in Escambia County, Florida; education, financial stability, and health.</u>			
	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)	<u>3</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>32</u>	
	5	Total number of employees (Part V, line 2a)	<u>32</u>	
	6	Total number of volunteers (estimate if necessary)	<u>3,063</u>	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<u>3,231,448</u>	<u>3,345,977</u>
	9	Program service revenue (Part VIII, line 2g)	<u>53,359</u>	<u>48,088</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>(55,958)</u>	<u>13,939</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,848</u>	<u>(1,118)</u>
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3,232,697</u>	<u>3,406,886</u>	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,142,260</u>	<u>2,092,629</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>833,226</u>	<u>778,570</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>903</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>370,347</u>	<u>359,175</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>3,345,833</u>	<u>3,231,277</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>(113,136)</u>	<u>175,609</u>	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	<u>3,179,127</u>	<u>3,358,859</u>
	21	Total liabilities (Part X, line 26)	<u>1,988,314</u>	<u>1,976,159</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,190,813</u>	<u>1,382,700</u>	

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] Date 2/15/11
 Signature of officer

TOM HILTON, CHIEF OPERATING OFFICER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (see instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no. ▶ () _____

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
To improve lives by mobilizing the caring power of the Community.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,054,480 including grants of \$ 2,014,443) (Revenue \$ 95,500)
Funds distribution program. - principal function is to effectively administer and distribute available funds to local agencies and programs that improve Education, Financial Stability and/or Health in Escambia County. Volunteers commit 20-30 hours each to read funding applications from more than 50 local health and human service agencies. Funding is awarded only to programs that demonstrate specific, measurable outcomes in the priority areas of education, financial stability, and health. Allocations are awarded to programs through this process total \$1,115,942, including a partner process funded by Escambia County Government in the amount of \$95,500. In addition to the \$1,115,192 distributed through dedicated review processes staffed by community volunteers, another \$899,251 was designated for distribution to specific agencies by donors participating in the annual United Way Campaign (\$196,421) as well as the Federal military and civilian campaign administered by United Way (\$654,091) and the State employee campaign administered by United Way (\$48,739)

4b (Code: _____) (Expenses \$ 292,998 including grants of \$ _____) (Revenue \$ 143,075)
2-1-1 Escambia provides comprehensive health and human service information and referrals to individuals in Escambia (approximately 36,000 annually) and six northwest Florida communities (5,000 annually). 2-1-1 maintains an annually updated database of over 3,000 programs and services associated with 359 agencies in the service area. Child care resource and referrals are also offered to 1,600 families each year. An average of 98% of all customers surveyed stated that they would recommend the service to a friend. The program is available 24 hours a day, seven days a week, through a combination of in-house personnel and overnight contracted service with another 2-1-1. In addition to telephone referrals, the www.2-1-1escambia.org website provides the same information options to over 3,000 individuals monthly.

4c (Code: _____) (Expenses \$ 48,340 including grants of \$ _____) (Revenue \$ 40,077)
Financial Stability Coalition (FSC) - The goal of FSC is to improve the financial condition of our lower wage residents in Escambia County. This is done almost entirely by volunteers through outreach, financial literacy education, and improved access to resources, including free income tax preparation. In 2010, more than 1,400 residents obtained a total of \$1.9 million in tax refunds through the free volunteer income tax program. The average wage of those served was about \$20,000. Clients of the free tax preparation service are informed of and encouraged to attend a free basic money management workshop. The FSC partners with the FDIC to increase community participation in the free MoneySmart (basic money management) programs. Currently, 19 local organizations have partnered with the FSC to have their employees and volunteers trained to teach basic money management curriculum. The FSC is working to expand access to the curriculum as it is proven to help participants reduce their financial stress and be less likely to need emergency financial assistance for rent and utilities.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 229,445 including grants of \$ 78,186) (Revenue \$ 157,777)

4e Total program service expenses ► \$2,625,263

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)? If "Yes," complete Schedule A	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	✓	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
			✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		✓

Part IV Checklist of Required Schedules (continued)

	Yes	No	
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		✓
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		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a		✓
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		✓
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		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		✓
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		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		✓
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		✓
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	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34		✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35		✓
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		✓
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		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
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)?		✓
	4a		
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
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?		✓
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
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?		✓
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
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		

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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	32	
1b	Enter the number of voting members that are independent	32	
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?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?		✓
6	Does the organization have members or stockholders?	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		✓
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	✓	

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Florida
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Tom Hilton, 1301 W. Government Street, Pensacola Florida, 32502 (850) 444-7132

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
Buzz Ritchie Chairperson	2	✓		✓				0	0	0
Jean Norman Secretary	45			✓				88,598	0	6,723
Marvin Beasley Treasurer	2	✓		✓				0	0	0
Doris Young Chairperson Elect	2	✓		✓				0	0	0
David Alexander Director	1	✓						0	0	0
Kathy Anthony Director	2	✓						0	0	0
Dick Appleyard Director	1	✓						0	0	0
Justin Beck Director	1	✓						0	0	0
Judy Bense Director	1	✓						0	0	0
Deborah Calder Director	1	✓						0	0	0
Susan Cruz Director	1	✓						0	0	0
Jim Donatelli Director	2	✓						0	0	0
Kevin Doyle Director	1	✓						0	0	0
Mark Faulkner Director	1	✓						0	0	0
Martin Gonzalez Director	1	✓						0	0	0
Keith Gregory Director	2	✓						0	0	0

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

(A) Name and title	(B) Average hours per week	(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			
Robin Herr Director	1	<input checked="" type="checkbox"/>						0	0	0
Skip Housh Director	2	<input checked="" type="checkbox"/>						0	0	0
David Jones Director	2	<input checked="" type="checkbox"/>						0	0	0
Oliver Jones Director	1	<input checked="" type="checkbox"/>						0	0	0
Ted Kircharr Director	1	<input checked="" type="checkbox"/>						0	0	0
Shannon Lands Director	1	<input checked="" type="checkbox"/>						0	0	0
Flack Logan Director	1	<input checked="" type="checkbox"/>						0	0	0
Grace McCaffery Director	1	<input checked="" type="checkbox"/>						0	0	0
Rex McKinney Director	2	<input checked="" type="checkbox"/>						0	0	0
Bob McLaughlin Director	1	<input checked="" type="checkbox"/>						0	0	0
Robert Mills Director	1	<input checked="" type="checkbox"/>						0	0	0
Gary Moore Director	1	<input checked="" type="checkbox"/>						0	0	0
Gary Sammons Director	1	<input checked="" type="checkbox"/>						0	0	0
1b Total										

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

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.

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	811,598			
	b	Membership dues	1b				
	c	Fundraising events	1c	73,270			
	d	Related organizations	1d				
	e	Government grants (contributions).	1e	146,864			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,314,245			
	g	Noncash contributions included in lines 1a-1f: \$		9,077			
	h	Total. Add lines 1a-1f ▶		3,345,977			
Program Service Revenue			Business Code				
	2a	Emergency Response		17,883	17,883		
	b	Information and Referral		14,660	14,660		
	c	Emergency Food Shelter Adm		3,514	3,514		
	d	Designation Fees Assessed		12,031	12,031		
	e					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		48,088				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		17,359	17,359		
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	35,548				
	b	Less: cost or other basis and sales expenses	38,968				
	c	Gain or (loss)	(3,420)				
	d	Net gain or (loss) ▶		(3,420)	(3,420)		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a	2,497					
b	Less: cost of goods sold b	3,615					
c	Net income or (loss) from sales of inventory ▶		(1,118)	(1,118)			
Miscellaneous Revenue		Business Code					
11a						
b						
c						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			3,406,886	60,909		

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,092,629	2,092,629		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	146,708	56,193	67,357	23,158
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	497,428	245,914	96,820	154,694
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,518	2,855	2,178	3,485
9	Other employee benefits	53,458	26,352	10,217	16,889
10	Payroll taxes	72,458	34,468	17,706	20,284
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	20,600		15,100	5,500
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	903			903
f	Investment management fees	5,266		5,266	
g	Other	24,497	14,039	6,571	3,887
12	Advertising and promotion	50,149	14,437	12,464	23,248
13	Office expenses	46,518	27,394	10,964	8,160
14	Information technology	5,478	3,729	809	940
15	Royalties				
16	Occupancy	33,232	19,110	7,492	6,630
17	Travel	2,967	672	446	1,849
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,647	2,844	1,842	3,961
20	Interest	13,405	6,237	4,936	2,232
21	Payments to affiliates	24,788	14,625	5,701	4,462
22	Depreciation, depletion, and amortization	47,365	27,945	10,894	8,526
23	Insurance	20,711	10,821	6,511	3,379
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Staff Development	3,825	2,251	1,542	32
b	Dues and Subscriptions	9,886	3,715	2,705	3,466
c	Government Fees and Assessments	2,479	808	686	985
d	Meals	18,737	4,748	5,310	8,679
e	Volunteer Support	17,708	11,994	19	5,695
f	All other expenses	2,917	1,483	395	1,039
25	Total functional expenses. Add lines 1 through 24f	3,231,277	2,625,263	293,931	312,083
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	609	1	609	
	2 Savings and temporary cash investments	441,104	2	471,043	
	3 Pledges and grants receivable, net	1,283,632	3	1,406,840	
	4 Accounts receivable, net	14,590	4	32,386	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	320	8	4,230	
	9 Prepaid expenses and deferred charges	31,542	9	63,551	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,339,722			
	b Less: accumulated depreciation	10b 625,610	755,923	10c	714,112
	11 Investments—publicly traded securities	651,407	11	666,088	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,179,127	16	3,358,859		
Liabilities	17 Accounts payable and accrued expenses	131,648	17	36,120	
	18 Grants payable	1,678,263	18	1,764,898	
	19 Deferred revenue		19	3,600	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	1,961	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	178,403	23	169,580	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,988,314	26	1,976,159	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	558,104	27	785,520	
	28 Temporarily restricted net assets	365,783	28	330,254	
	29 Permanently restricted net assets	266,926	29	266,926	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		33			
34 Total liabilities and net assets/fund balances		34			

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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

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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization United Way of Escambia County	Employer identification number 59 0651076
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,260,625	3,345,072	3,442,514	3,231,448	3,345,977	17,625,636
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	4,260,625	3,345,072	3,442,514	3,231,448	3,345,977	17,625,636
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						17,625,636

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,260,625	3,345,072	3,442,514	3,231,448	3,345,977	17,626,636
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,568	98,418	61,725	24,667	17,359	232,737
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	44,934	45,477	39,432	53,359	48,088	231,290
11 Total support. Add lines 7 through 10						18,090,663
12 Gross receipts from related activities, etc. (see instructions)					12	59,775
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97 %
16a 33 1/3 % support test—2009. 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—2008. 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—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33 1/3 % support tests—2009.** 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—2008.** 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 ►

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization United Way of Escambia County	Employer identification number 59 : 0651076
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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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization United Way of Escambia County	Employer identification number 59 : 0651076
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CFC Naval Air Tech Training Center 230 Chevalier Field Avenue Pensacola, FL. 32508	\$ 87,211	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CFC Center for Information Dominance 640 Roberts Avenue Pensacola, FL. 32511	\$ 82,075	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Gulf Power Company One Energy Place Pensacola, FL. 32520	\$ 147,307	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Baptist Healthcare Foundation 1000 W. Moreno Street Pensacola, FL. 32501	\$ 106,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Ascend Performance Materials, Inc. PO Box 97 Gonzalez, FL. 32560	\$ 94,069	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Regions Bank/Morgan Keegan, Inc. 70 S. Baylen Street Pensacola, FL. 32501	\$ 90,748	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization United Way of Escambia County	Employer identification number 59 ; 0651076
---	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Escambia County School District ----- 215 W. Garden Street ----- Pensacola, FL. 32501 -----	\$ 79,159	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Armstrong World Industries ----- PO Box 1991 ----- Pensacola, FL. 32589 -----	\$ 74,489	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization United Way of Escambia County	Employer identification number 59 : 0651076
--	---

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	218,828	240,121			
b Contributions					
c Net investment earnings, gains, and losses	22,113	(19,310)			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	(1,980)	(1,983)			
g End of year balance	238,961	218,828			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶%
 - b Permanent endowment ▶100.00%
 - c Term endowment ▶%
- 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 | | ✓ |
| (ii) related organizations | | ✓ |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,350		92,350
b Buildings		1,005,491	400,214	605,277
c Leasehold improvements				
d Equipment		241,881	225,396	16,485
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				714,112

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,406,886
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,231,277
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	175,609
4	Net unrealized gains (losses) on investments	4	51,108
5	Donated services and use of facilities	5	43,607
6	Investment expenses	6	(5,266)
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	(25,439)
9	Total adjustments (net). Add lines 4 through 8	9	64,010
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	239,619

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

1	Total revenue, gains, and other support per audited financial statements	1	2,596,181
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	51,108
b	Donated services and use of facilities	2b	43,607
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	94,715
3	Subtract line 2e from line 1	3	2,501,466
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	5,266
b	Other (Describe in Part XIV.)	4b	900,154
c	Add lines 4a and 4b	4c	905,420
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,406,886

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

1	Total expenses and losses per audited financial statements	1	2,356,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	30,705
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	30,705
3	Subtract line 2e from line 1	3	2,325,857
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	5,266
b	Other (Describe in Part XIV.)	4b	900,154
c	Add lines 4a and 4b	4c	905,420
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,231,277

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

The Organization adopted the FASB Accounting Standards Codification section Accounting for Uncertainty in Income

Taxes effective July 1, 2009. This guidance prescribes a recognition threshold and measurement attributes for the

financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Tax

exempt nonprofit entities such as United Way of Escambia County, Inc. may have tax positions that require evaluation

for uncertainty. For example, a tax position might be the entity's status as tax exempt. In addition, a tax position

might involve unrelated business income subject to income taxes. The Organization believes that any tax positions it

has taken or expects to take that are more likely than not sustainable, as described in the Codification, would not be

Part XIV Supplemental Information *(continued)*

material to the financial statements taken as a whole. Accordingly, no liability has been provided for unrecognized tax benefits, nor has any interest or penalty been accrued.

Endowment Funds - The intended use of the Organization's endowment funds is to generate net income annually that can be used in the Organization's operations, replacing the equivalent annual campaign contributions made by the donors to the endowed funds.

Part XI - Other reconciling items between change in net assets per return and per financial statements

Donated Services expensed during the year (\$30,705), Management fees on investments \$5,266 Total (\$25,409)

Part XII/Part XIII - Lines 4B, reconciling revenue and expense items

Contributions designated to specific agencies \$899,251, Professional fundraising fees assessed \$903, Total \$900,154

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LIG Breakfast (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	73,270		73,270
	2	Less: Charitable contributions	73,270		73,270
	3	Gross income (line 1 minus line 2)	0		0
Direct Expenses	4	Cash prizes	0		0
	5	Noncash prizes	0		0
	6	Rent/facility costs	3,577		3,577
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	439		439
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			(4,016)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶			69,254

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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 ▶			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a		
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 ▶ \$			

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: **United Way of Escambia County** Employer identification number: **59-0651076**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army, 1501 N Q St Pensacola FL 32505	58-0660607	501c3	168,453				Allocations/Design
Comm Hlth Charities, 200 N Glebe Ste 801 Arlington VA 22203	13-6167225	501c3	101,242				Designations
UCP of NW FL, 2912 N E St Pensacola FL 32501	59-0737912	501c3	95,987				Allocations/Design
Catholic Charities NW FL, 1815 N 6th Ave Pensacola FL 32503	59-3213644	501c3	87,372				Allocations/Design
YMCA NW FL, 415B N Tarragona Pensacola FL 32501	59-0624465	501c3	82,715				Allocations/Design
ARC Gateway, Inc 3916 N 10th Ave Pensacola FL 32503	59-0940528	501c3	78,090				Allocations/Design
Boys & Girls Club Esc Co PO Box 13 Pensacola FL 32591	59-1390241	501c3	75,857				Allocations/Design
Council on Aging W FL 875 Royce Pensacola FL 32503	59-1373939	501c3	75,762				Allocations/Design
LW Santa Rosa City PO Box 284 Milton FL 32573	59-6142612	501c3	68,149				Designations
Big Brothers Big Sisters 1149 Creighton Pensacola FL 32504	59-2996893	501c3	68,149				Allocations/Design
Am Red Cross NW FL PO Box 33614 Pensacola FL 32508	59-0637808	501c3	66,589				Allocations/Design
Early Learning Coalition 3636 N O St Pensacola FL 32505	59-3683222	501c3	63,058				Allocations/Design

2 Enter total number of section 501(c)(3) and government organizations: **56**

3 Enter total number of other organizations: **0**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

United Way of Escambia County

Employer identification number
59-3051944 0851076

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Home Society FL 1300 N Palafox Pensacola FL 32501	59-0192430	501c3	46,154				
Gulf Coast Kids House, 3401 N 12th St Pensacola FL 32503	59-3520130	501c3	38,024				
Lutheran Services of FL 4610 W Fairfield Pensacola FL 32506	59-2198911	501c3	36,165				
Animal Char AM 1100 Larkspur Larkspur CA 94939	94-3193389	501c3	34,965				
Mil Veterans Patriot Srv Orgs 1100 Larkspur Larkspur CA 94939	94-3193418	501c3	34,676				
Christian Service Charities 7620 Little River Tpke Alexandria VA	94-3193374	501c3	33,344				
Health Med Resrch Char Am 1100 Larkspur Larkspur CA 94939	94-3217739	501c3	33,227				
Favorhouse NW FL 2001 W Blount St Pensacola FL 32501	59-2075120	501c3	28,493				
Epilepsy Society NW FL 5192 Bayou Blvd, Pensacola FL 32503	23-7377993	501c3	26,753				
Americas Charities 14150 Newburg Dr, Suite 110 Chantilly Va 20151	54-1517707	501c3	26,395				
CancerCure of America 1100 Larkspur, Larkspur CA 94939	81-0648432	501c3	23,270				
Covenant Hospice Inc 5041 N 12th St Pensacola Fl 32504	59-2208300	501c3	21,732				
Manna Food Bank 116 E Gonzalez Pensacola FL 32501	59-2181031	501c3	21,685				
Childrens Char of America 1100 Larkspur Larkspur CA 94939	94-3148588	501c3	21,269				
AMI KIDS Pensacola 3685 Nuldoon Pensacola FL 32526	59-3051944	501c3	20,230				

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Name of the organization

United Way of Escambia County

Employer identification number
59-0838106

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Comm Hih Char FL PO Box 1049 Crawfordville FL 32327	59-3218006	501c3	19,507				
Global Impact 66 Canal Center Plaza Alexandria VA 22314	52-1273585	501c3	18,177				
Christian Charities USA Larkspur CA 94939	94-3255961	501c3	17,956				
American Red Cross 2025 E St Washington DC 20006	53-0196605	501c3	17,264				
Medical Research Charities 7620 Little Rive Tpk Annandale VA	94-3148591	501c3	16,112				
Earth Share 7735 Old Georgetown Road Bethesda MD 20814	52-1601960	501c3	15,536				
Boy Scouts Gulf Cst Council 9440 Univ Pkwy Pensacola FL 32514	59-0624405	501c3	15,511				
New Beginnings Group 820 Gerhardt Pensacola FL 32503	59-3597194	501c3	15,327				
Community Drug Alcohol Council 3804 N 9th Pensacola FL 32503	59-1380927	501c3	14,996				
Sacred Heart Foundation 5151 N 9th Ave Pensacola FL 32504	59-2436597	501c3	14,345				
Baptist Health Care Foundation 1000 W Moreno Pensacola FL 32501	59-0192265	501c3	13,735				
Habitat for Humanity PO Box 13204 Pensacola FL 32591	59-2186044	501c3	12,291				
USO, Inc. 2111 Wilson Blvd Arlington VA 22204	13-1610451	501c3	11,602				
Children Med Char of America 1100 Larkspur Larkspur CA 94939	27-0093393	501c3	11,491				
Waterfront Rescue Mission 112W Cervantes Pensacola FL 32501	59-0838106	501c3	10,342				

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

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Employer identification number
59-0737872

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lakeview Center, Inc. 1221 W Lakeview Ave Pensacola FL 32501	59-0737872	501c3	10,153				
Ronald McDonald House Pcola 5154 Bayou Blvd Pensacola FL 32501	59-2172279	501c3	9,638				
Children First America Charities 14450 Newbrook Dr Chantilly Va 20150	30-0186795	501c3	8,932				
Wildlife Sanctuary NW FL 105 N S Street Pensacola FL 32505	59-2222303	501c3	8,914				
Aid for Africa PO Box 8734 Topka KS 66542	06-1703295	501c3	8,013				
Bay Area Food Bank 5709 Industrial Blvd Pensacola FL 32583	63-0821997	501c3	7,438				
Women Children & Fam Serv Char AI 1100 Larkspur Larkspur CA 94939	94-3193386	501c3	7,311				
Do Unto Others Am's Emg Rel Dev PO Box 45760 San Francisco CA 94110	94-3148590	501c3	6,853				
Human Care Char of America 1100 Larkspur Larkspur CA 94939	94-3067804	501c3	6,831				
Independent Char of America 1100 Larkspur Larkspur CA94939	94-3067804	501c3	6,281				
Conervation & Prev Char of AM PO Box 45759 San Francisco CA 94110	94-3217738	501c3	6,083				
Wounded Warrior Project 7020 Skinner Pkwy Jacksonville FL 32210	20-2370934	501c3	5,031				
Deaf Hard of Hearing Svcs NW FL 945 W Michigan Pensacola FL 32505	59-2842074	501c3	5,000				
Milk & Honey Outreach PO Box 1443 Pensacola FL 32597	59-3454711	501c3	5,000				

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

Cal. No. 51026W

Schedule I-1 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

United Way of Escambia County

Employer identification number

59

0651076

PART VI, QUESTION 9 - Directors, Officers, Trustees who cannot be reached by mail at UW Escambia place of business;

Buzz Ritchie - 40 N. Palafox Street, Pensacola, FL. 32502

Marvin Beasley - 316 S. Baylen Street, Pensacola, FL. 32502

Doris Young - 3405 McLemore Drive, Pensacola, FL. 32514

David Alexander PO Box 1750, Pensacola, FL. 32591

Kathy Anthony - 316 S. Baylen Street, Pensacola, FL. 32502

Dick Appleyard - 4400 Bayou Boulevard, Suite 34, Pensacola, FL. 32503

Justin Beck - 4890 Bayou Boulevard, Pensacola, FL. 32503

Judy Bense - 11000 University Parkway, Pensacola, FL. 32514

Deborah Calder - 9071 Security Place, Pensacola, FL. 32526

Susan Cruz - 815 South Palafox Street, Pensacola, FL. 32502

Jim Donatelli - 70 N Baylen Street, Pensacola, FL. 32502

Kevin Doyle - PO Box 12710, Pensacola, FL. 32591

Mark Faulkner - 1000 W. Moreno Street, Pensacola, FL. 32501

Martin Gonzalez - 1000 College Boulevard, Pensacola, FL. 32504

Keith Gregory - 2205 La Vista Drive, Pensacola, FL. 3204

Robin Herr - 1105 Willowood Circle, Gulf Breeze, FL. 32563

Skip Housh - 1304 Tour Drive, Gulf Breeze, FL. 32563

David Jones - One Energy Place, Pensacola, FL. 32502

Oliver Jones - 3780 Corry Station, Pensacola, FL. 32511

Ted Kircharr - 6723 Plantation Road, Pensacola, FL. 32504

Shannon Lands - 900 North 12th Avenue, Pensacola, FL. 32501

Flack Logan - 129 Chanteclair Circle, Gulf Breeze, FL. 32561

Grace McCaffery - PO Box 284, Pensacola, FL. 32591

Rex McKinney - 220 S. Palafox Street, Pensacola, FL. 32502

Bob McLaughlin - 2811 Valkry Way, Cantonment, FL. 32533

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Robert Mills - 6704 Plantation Road, Suite A, Pensacola, FL. 32504

Gary Moore - PO Box 97, Pensacola, FL. 32560

Gary Sammons - One Energy Place, Pensacola, FL. 32502

Rodney Scott - 913 Gulf Breeze Parkway, Suite 6, Gulf Breeze, FL. 32561

Dennis Taylor - 8383 N Davis Highway, Pensacola, FL. 32514

George Touart - 2207 Inverness Drive, Pensacola, FL. 32504

Mike Wright - 300 Myrick Street, Pensacola, FL. 32505

Part III, Other Program Services

In addition to the program services listed in Part III, Core Form 990, we are involved in several other programs that have a positive impact on Escambia County, including the following;

Emergency Services - In the event of disasters, we are the Co Lead agency in Escambia County for the coordination of volunteers and donated goods. We partner with another local agency, BRACE to provide these services, and have been been so for over 20 years. In this fiscal year, we have spent hundreds of hours working with our partners to coordinate volunteer efforts associated with the BP oil spill.

Communities Caring at Christmas - We have partnered with other local organizations to provide toys for children at Christmas, through the Communities Caring at Christmas program, which collected and distributed items valued in total over \$47,000 to organizations serving low income individuals and families.

Cram the Van - We have partnered with other local organizations to coordinate the collection of donated school supplies for low income children, resulting in thousands of dollars in school supplies being distributed to those in need.

Unite Escambia - This is a collaborative effort including United Way of Escambia that is focused on addressing issues of poverty, health, education and environment in Escambia County. Accomplishments include the creation of a school garden program as well as a local grant initiative for organizations addressing the core issues identified above.

Part VI, Section A. Governing Body and Management

Q 6 - Under the Articles of Incorporation, United Way of Escambia County is a member organization, and any individual who contributes during the calendar year is a member.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

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Part VI, Q 11 - Has the organization provided a copy of this Form 990 to all members of its governing board before filing this form?

The Form has been submitted prior to full board review. Annually, the Board reviews the independently audited financial statements with the independent CPA, and the Board will be provided a copy of the filed Form 990, along with the reconciliation of revenues and expenses between the Form 990 and the previously reviewed audited financial statements. In future years, the Board will be provided full copy of the Form 990 prior to filing for their review and discussion.

Part VI, Q 12C - Does the organization regularly monitor and enforce compliance with the conflict of interest policy?

The volunteer Board of Directors and staff review and affirm annually that they have no conflicts of interest, or disclose any potential conflicts that may exist. Potential conflicts, if any, are reviewed by other Board members, or by the President (in the event of a potential conflict at the staff level). The greatest potential for conflict of interest exists as part of the annual allocation of funds, which is approved by the Board of Directors. During this process, the conflict of interest policy is reviewed, and any Board member who may also serve in any capacity with a potential recipient of funds is asked to disclose the nature of any relationship before the Board votes on the allocations. After any disclosures are made, the Board, at it's discretion, may elect to recuse any member with potential conflicts of interest.

Section VI, Q 15A and 15B Describe the process of determining the compensation level of officers, directors, trustees.

All Board members are volunteers, with the exception of the Secretary, who is also the President. The only other officer that is paid is the Chief Operating Officer. In the case of the President, the increase in her salary during the year was based on the independent decision of the Board of Director's Executive Committee. The Executive Committee was given comparable salary information for other CEO's/Presidents in similar sized United Ways based on information provided by The United Way of America. All other staff's salaries, including the COO's are reviewed and approved by the President, based on similar wage data provided by United Way of America.

Name of the organization United Way of Escambia County	Employer identification number 59 0651076
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Part VI, Q 18 and 19- How do you make the following Forms available to the public; 1023, 990, 990-T?

United Way publishes it's Form 990 annually on our website, and will provide it on request to those without internet access. We are not currently required to file Form 990-T, and do not have a copy of our original form 1023 available due to the age of the organization. We do have a current tax exemption letter that we make available on request. We also publish our annual audited financial statements on our website, and will provide it on request to those without internet access.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
United Way of Escambia County Foundation, L.L.C. 1301 W. Government St. Pensacola FL, 32502	Fundraising	Florida	24,466	440,641	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) royalties or (iv) rent from a controlled entity		
	b Gift, grant, or capital contribution to other organization(s)		
	c Gift, grant, or capital contribution from other organization(s)		
	d Loans or loan guarantees to or for other organization(s)		
	e Loans or loan guarantees by other organization(s)		
	f Sale of assets to other organization(s)		
	g Purchase of assets from other organization(s)		
	h Exchange of assets		
	i Lease of facilities, equipment, or other assets to other organization(s)		
	j Lease of facilities, equipment, or other assets from other organization(s)		
	k Performance of services or membership or fundraising solicitations for other organization(s)		
	l Performance of services or membership or fundraising solicitations by other organization(s)		
	m Sharing of facilities, equipment, mailing lists, or other assets		
	n Sharing of paid employees		
	o Reimbursement paid to other organization for expenses		
	p Reimbursement paid by other organization for expenses		
	q Other transfer of cash or property to other organization(s)		
	r Other transfer of cash or property from other organization(s)		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of other organization	(b) Transaction type (e-f)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

