

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning		, 2013, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SANTA ROSA COUNTY		D Employer Identification Number 59-6142612
	Doing Business As		E Telephone number (850) 623-4507
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	PO BOX 284		
	City or town, state or province, country, and ZIP or foreign postal code		
MILTON FL 32572		G Gross receipts \$ 519,955.	
F Name and address of principal officer: GUY THOMPSON 6568 CAROLINE STREET MILTON FL 32572		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? If "No," attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶	
J Website: ▶ N/A			
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1957	M State of legal domicile: FL

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE SANTA ROSA COUNTY COMMUNITY.</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)	3 30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 30
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 5
	6	Total number of volunteers (estimate if necessary)	6 100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year Current Year 368,382.
	9	Program service revenue (Part VIII, line 2g)	49,771.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,304.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	506,458.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	134,045.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 49,144.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	200,173.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	483,341.	
19	Revenue less expenses. Subtract line 18 from line 12	23,117.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year End of Year 1,576,146. 1,587,452.
	21	Total liabilities (Part X, line 26)	1,140,148. 1,128,337.
	22	Net assets or fund balances. Subtract line 21 from line 20	435,998. 459,115.

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

Sign Here	Signature of officer	Date			
	GUY THOMPSON Type or print name and title.	EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOSHUA C. DURST, CPA, PA				P00436839
	Firm's name ▶ DURST JORDAN, CPA, PA				
	Firm's address ▶ 4459-B HIGHWAY 90 PACE FL 32571	Firm's EIN ▶ 45-0529207			
					Phone no.